

VALLEY OF SUFFERING: THE PHYSICAL AND PSYCHOSOCIAL TRAUMA OF KASHMIR

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Abstract

Since the 1947 partition of British India, Kashmir has faced a prolonged and deeply entrenched conflict marked by pervasive militarization and the imposition of exceptional laws such as the Armed Forces Special Powers Act. This context has resulted in widespread human rights violations with long-term consequences for the civilian population. The objectives are to combine the existing body of evidence on human rights violations in Kashmir and explore their physical, psychological, and social repercussions. The review was conducted of literature using Google Scholar, Pubmed, and psycInfo, and also grey literature from prominent human rights organizations, 58 records met the inclusion criteria. The reviewed literature unravel a persistent pattern of grave human rights breaches, including mass killings, enforced disappearances, custodial deaths, and severe torture. The use of pellet guns has resulted in devastating physical injuries, especially blindness. Psychologically, the conflict is linked with a high prevalence of PTSD (post-traumatic stress disorder), among children, as well as increased levels of suicidal ideation. Socially, militarization and restrictive measures have substantially disrupted education, healthcare access, and routine life. The findings show that the Kashmir crisis has caused intense and multidimensional harm on its population, underscoring an urgent necessity for human rights accountability.

Keywords: Kashmir, conflict, militarization, torture, trauma

Introduction :

Kashmir valley, reputedly the paradise on earth, is unfortunately surrounded by war and conflict, with frequent unarmed protests repeatedly suppressed by pellet guns and other lethal weapons by law-enforcement time to time, which has killed thousands of civilians and left many more injured and disabled (Dar et al., 2003).

The partition of British India in 1947 led to the establishment of Pakistan and India as independent states, and princely states were allowed to choose which country to join. Most states acceded smoothly, but Jammu and Kashmir faced a dilemma (Ankit, 2016). Jammu and Kashmir, comprising Jammu, the Kashmir Valley, and Ladakh, was a Muslim-majority state (77%) under Hindu Dogra rule (Markovits, 2004). Maharaja Hari Singh initially opted for independence and offered a Standstill Agreement, which Pakistan signed, but India delayed (EFSAS, 2017). Maharaja Hari Singh, a Hindu, felt affection toward India and worried for the Hindu population under Pakistani rule, however he understood that joining Pakistan might be advantageous for the majority Muslim population (Ankit, 2016). Singh suggested an

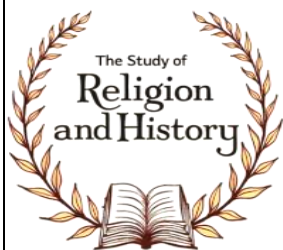
independent Kashmir to protect all communities, but the British government rejected the idea, stating it was impractical (Misra, 2016).

Mass killings of Muslims soon followed in Jammu, assisted by RSS cadres, Dogra forces, and Hindu and Sikh migrants. Muslim soldiers were disarmed, and arms were distributed to loyalists, who assaulted Muslims. Women were kidnapped and raped, and the region became Hindu-majority (Naqvi, 2016). British government and Indian leaders ignored the atrocities, but independent reports estimated 200,000–237,000 murdered and over 500,000 displaced (Alexander, 1948). The 1947 resistance and subsequent wars led to the establishment of a Line of Control (LOC), which separates the region. Since 1989, the conflict has become progressively violent, with armed resistance from the Kashmiri population. In response, India has deployed over 700,000 troops in the valley. Many Kashmiris have stressed that accession to India should have been confirmed through a referendum, which India has continually delayed since 1947, despite it being the most widely accepted solution (Khan, 1957). These two countries have encountered each other four times (1947–1948, 1965, 1971, and 1999). The latest war, known as the Kargil War, took place while both states were fully equipped with atomic weapons. Meanwhile, Pakistan and India involved in guerrilla warfare in Kashmir (Cheema, 2019). By 1990, resistance movements, composed of militants from Pakistan and Jammu and Kashmir, had grown strong. At this time, militant attacks were happening nearly every month, as a result India militarized the state in July 1989, a process that has continued to the present day. Militarization included an increased presence of Indian troops, imposition of strict curfews, and the implementation of special laws to suppress the disturbed state (Kazi, 2006). Currently, approximately 700,000 soldiers are deployed in Jammu and Kashmir, about one soldier for every ten civilians, making it one of the most heavily militarized regions in the world (Kazi, 2006).

Indian invasion of Jammu and Kashmir is illegal. Kashmir is a region in the northern part of the Indian continent. It contains the state of Jammu and Kashmir, which is controlled by India, the states of Azad Kashmir and Gilgit-Baltistan (approximately 33%) which are managed by Pakistan, and the state of Aksai Chin (approximately 22%), which is administered by China (Sankaran & Sethi, 2003; Clark, 2017).

Kashmir valley is exhibiting the biggest sub-jail in the world. Indian forces are breaching human rights as well as women's rights. They are deprived of basic rights. For the last seven decades, Kashmiri freedom fighters are fighting a Holy war of their right for self-determination against the Indian government. The Indian policy aimed at crushing this movement has reached its peak, and proponents are stating openly that they never accepted the partition of the subcontinent under two-nation theory and will not accept in future (Bashir, 2005). A large proportion of the army is stationed in Kashmir by India. The laws implemented by India in Kashmir are violating both human rights and international law. The Kashmiri women are being raped by the Indian security forces. Thousands of people have been killed by the extremely cruel Indian army. India has stationed over 700,000 security personnel in Kashmir valley. India is not ready to have dialogue with Pakistan, knowing that solution would require a referendum to reflect the will of Kashmiri people. India continues to deploy more and more personnel in valley. In order to crush the freedom movement, Indian army is using brutal and human-violating measures (Majid, 2016).

Literature Review:



“This is a proxy war, and a proxy war is a dirty war. It is played in a dirty way. That is where innovation comes in. You fight a dirty war with innovations”. Despite Criticism from the media and human rights groups such as Amnesty International, the Indian Army chief, Bipin Rawat, Justified the army officer’s action using this argument (Rowlatt, 2017) .The case reportedly occurred around the middle of the day, when armed forces entered the village during polling. Reports Confirm that Farooq Ahmad Dar was only a witness and not involved in any protest, even so he was captured, Knotted to the bonnet of an armored vehicle, and shown through the village streets (Naqash, 2017). Dar told that he was dragged and beaten before a sign was subsequently pinned to his shirt stating, *“This is the fate that will befall stone throwers”* (Naqash, 2017). The Indian Army’s explanation of this act as “innovation in warfare” acted as an unprecedented justification of human rights violations in its history. The army portrayed the Kashmir conflict as a proxy war against Pakistan ,upholding both the principle of “everything is fair in war” and the neoliberal idea of “disruption as innovation” (Kaur, 2020).

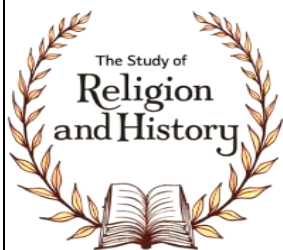
Kashmiris ,they got wiped out, teased, and smudged. People in Kashmir have been treated worse than slaves and unabale to defend themselves. Security personnel from India employed killing, torturing, and interrogation against local Kashmiris. Universities, colleges, and other places of education had to close for long periods of time because of the abusive routine. The state of emergency and the resulting bloodshed have affected every individual in Kashmir. The fires destroyed schools, businesses, structures, and bridges, among other buildings and pieces of infrastructure (Dixit, 2014).

Torture has been a essential tool of Indian security peresonnel in Jammu and Kashmir, involving extreme physical and psychological brutality (Mohiuddin, 1997). Physical torture includes beatings,electrocution, burning with hot irons or cigarettes, dousing with hot oil , the roller treatment of smashing bones with logs, hanging upside down, and applying chili powder to the eyes (Mohiuddin, 1997). Amnesty International reported 706 custodial killings between 1990 and 1994. The Kashmir Monitor registered 220 custodial killings from June 1994 to April 1995, and estimates since 1990 run into thousands (Amnesty International, 1995).

Masroof Sultan, a student, became a victim of electrocution at the disreputable “Brutal Torture Cell” in the heart of Srinagar. He endured severe physical abuse, including broken legs, and endured brutal treatment based on baseless allegations. Despite the atrocity, Sultan managed to escape the BSF’s custody, though he was later falsely declared dead by them (Ahmad, 2022).

In addition, India imposed the Armed Forces Special Powers Act (AFSPA) in July 1989, giving the military broad authority to use deadly force, make arrests without any cause, do warrantless searches, and detroy property under the justification of aiding civil power. The act also gives immunity for personnel enforcing it, allowing proceedings only through military courts (Human Rights Watch, 2008; Kazi, 2006). The combination of heavy militarization and AFSPA enforcement has caused extensive human rights violations, including unjustified imprisonment, torture, custodial murders, disappearances, arson, firing on peaceful protesters , destruction of crops, and desecration of sacred sites (Mathur, 2013).

In August 1992, the Indian government launched Operation Tiger, involving surprise raids and searches targeting militant leaders, which also increased summary killings of prisoners (Asia Watch, 1993). An Amnesty International press release on October 15, 1996, reported that approximately 200 people had died in detention in J&K the previous year, and



the whereabouts of 500–600 disappeared persons remained unknown. Arrests of those suspected of supporting resistance groups also continued (The Kashmir Quarterly, 2002).

Violating international humanitarian law, India has labeled Kashmiris as terrorists and permitted security forces shoot-on-sight powers. Jammu and Kashmir Public Safety Act (1978) allows imprisonment of civilians for up to one year without proceeding. For example, a parent who speaks against Indian aggression after the death of a child could be detained under this act (Asia Watch, 1993).

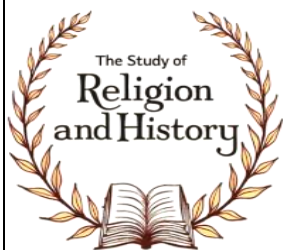
In 1990, particular incidents include , on January 20, 1990, roughly 100 weaponless protesters were shot at Gawa Kadal Bridge, on March 1, 1990, over one million attended the funeral of Mir Waiz Maulvi Farooq, where police fired on the crowd, killing over 100. In January 1993, 40 people were killed in Sopore after Indian army burned part of the town (The Kashmir Quarterly, 2002). In the 1998 Sialan massacre, 19 civilians, including 11 children and five women (one pregnant), were shot at close range and dismembered. Official records falsely labeled this as collateral damage. Similarly, in the 2000 Pathribal fake encounter, five local villagers were killed by the army, falsely accused of the Chittisinghpura Sikh massacre. DNA evidence confirmed their innocence, but no court-martial was conducted (Fayyaz, 2012).

Data were collected during the phase of social unrest between June and September 2010. Among 634 emergency arrivals, 325 received firearm-related injuries, including 198 from pellet guns, while remaining patients were injured by stone pelting or alleged beatings by security forces. This study included only patients with pellet gunfire injuries. The youngest patient was a six years old boy and the oldest one was 54 years old, with a predominance of males (192 males, 6 females). Multiple pellet wounds were common, with the maximum number documented being 70 in a single patient. The extremities were most frequently affected (47.9%), followed by the abdomen (36.3%) and chest (31.3%), and injuries to these regions were often related with trauma to other body parts (Mushtaque et al., 2012).

The killing of 112 protesters in 2010, Indian forces in Kashmir switched from live fire to so-called non-lethal pellet guns following widespread international criticism. Since 2010, pellet guns have reportedly killed 14 people (Perrigo, 2018). Kashmir has remained unstable since 1947, renewed unrest erupted in 2016 after the killing of freedom fighter Burhan Wani, when protests in Srinagar were met with the use pellet gun (Perrigo, 2018). Within seven months of Wani's death, over 6,000 people were injured, including 782 eye injuries, many of whom were bystanders, according to Amnesty International (Amnesty International, as cited in Perrigo, 2018).

The study included patients with pellet-related head, neck, or facial injuries from July to September 2016, those with life-threatening organ injuries were excluded. Sixty patients (48 males, 12 females) were studied, with the maxillofacial region most commonly affected. Common presentations included bleeding, epistaxis, facial fractures, auditory impairment, and breathlessness resulting from laryngeal injury. Most pellets were managed with minimal intervention, as they remained asymptomatic, while moderate to severe cases characterized by bleeding, fractures, or airway compromise. Conservative management with appropriate emergency treatment improved patient outcomes, but long-term disabilities could not be fully assessed due to brief follow-up (Showkat et al., 2017).

This one-year study (July 2016–June 2017) was conducted at Government Medical College, Srinagar, Jammu and Kashmir, during civilian unrest, (when thousands of weaponless people were injured with deadly pellets by security agencies) and included 400 patients injured



by pellet guns. All patients received prompt resuscitation, imaging, and were managed based on injury distribution and radiological findings. Injuries most commonly involved the eyes and face (67.1%), followed by the abdomen (17.2%). Among abdominal injuries, pellets were frequently found in the parietal wall, bowel lumen, and solid organs, with haemoperitoneum commonly observed (Mala et al., 2019). Infants and minors have also been affected, with nearly 1,200 pellet gun injuries reported from 2016–2018 (JKCCS, 2018).

One victim, 18 years old Faiz Firdouz, who was hit by 20 pellets, questioned: “*Why? What was my fault? Why they ruined my career, my future?*” (Perrigo, 2018).

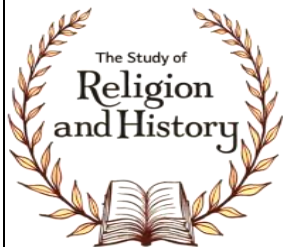
In another case, six-year-old Muniba Nazir from Safakadal was shot in the eye with a pellet gun by military forces on Eid. She permanently lost her right eye (KIIR, 2019). During a Shia Muslim procession in Srinagar on August 29, 2020, Indian police and paramilitary forces responded with pellet-firing shotguns and tear gas, injuring dozens. These 12-gauge shotguns fire cartridges loaded with numerous small metal pellets that spread on discharge, resulting in indiscriminate injuries, including to unintended bystanders.

According to Human Rights Watch, claims by Indian authorities of improving life in Kashmir ignore the severe harm caused by security forces, including civilian maiming, blinding, and killing civilians (Human Rights Watch, 2020). The study examined 777 patients, who suffered pellet gun-related eye injuries, most were young males (mean age 22.3 years; 97.7% male). The majority of injuries affected only one eye (monocular), with a high prevalence of open globe injuries. Functional vision was severely compromised, 86.7% presented with counting fingers vision or worse, and 82.4% showed no improvement. Common complications included traumatogenic cataract, eye hemorrhage (anterior chamber), vitreous bleeding, and detachment of retina, with imaging often revealing intraorbital and intraocular foreign bodies (Xin Wei et al., 2022).

On August 4, 2019, the Indian government cancelled Article 370 and reorganized Jammu and Kashmir into two Union Territories, Jammu & Kashmir and Ladakh. Following this, the region faced strict lockdowns, with schools, grocery stores, parks, and businesses closed for many weeks. Authorities arrested many teenagers and almost all elected politicians, except those from the BJP. The Srinagar airport restricted mobility of passenger, and the economy faced losses for almost eleven months. Healthcare approach was limited, and local media faced harsh restrictions, leaving the people without elected representation (Dar & Lone, 2022).

Since the AFSPA imposition in 1989 and the rise in military presence, there has been a significant increase in depression, anxiety, and suicide among women in Jammu and Kashmir (Butalia, 2002). Butalia's research reveals that roughly two-thirds of Kashmiri women have developed chronic psychological disorders since 1989 (Butalia, 2002). This intensification in psychological disorders is not only due to sexual violence. Women also face severe stress from enforced disappearances of husbands and sons and unjustified killings during protests. However, the fear of being raped, coupled with potential social rejection, has substantially contributed to the rise in mental health issues (Butalia, 2002).

Studies unravel severe psychological consequences of militarization. A survey by ActionAid International stated widespread depression, anxiety, hypertension, and substance abuse among the population due to prolonged insecurity and violence (Dabla, 2012). Kashmiri women face intense psycho-sexual health problems linked to depression, including infertility, miscarriages, polycystic ovarian syndrome (PCOS), insulin resistance, hyperinsulinemia, and



irregular menstrual cycles. These disorders are much more common among women affected by prolonged conflict, trauma, and human rights violations (Jahangir & Aneesa, 2013; Mohiuddin, 1997; Nasser & Ann, 2003). Many half-widows live in intense deprivation and suffer from conflict-related psychological disorders, including depression, phobias, affective instability, post-traumatic stress disorder(ptsd), and suicidal tendencies (KIIR, 2019).

PTSD risk factors in Kashmir children include traumatic violence ,low literacy rate (54.4%),lower IQ, poor social support,male gender ,lower socioeconomic status, psychiatric family history,presence of neurotic or extroverted personality traits ,exposure to natural disasters .Multiple traumatic events, including the killing of a close relative, witnessing arrest or torture of a family member , crossfire exposure, beatings, and other violence (Khan & Margoob, 2006).

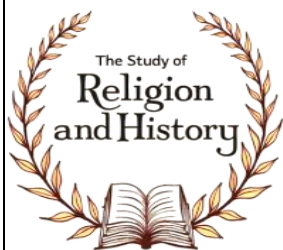
According to Khan and Margoob (2006) , the underdeveloped cognitive abilities ,children often struggle to verbalize the traumatic experiences .Their inner conflicts and feelings are exposed through repetitive behaviors, intrusive visual images, trauma-specific fears, aggressive and regressive activities, and atypical behavioral states (Firdous, 2015).For many years, the sovereignty struggle between Kashmiri militants and India has led to around 20,000 killings and 4,000 disappearances in Kashmir.The sustained unrest, traumatic events, and political insurgency, the Kashmiri population, especially children, have been profoundly affected, contributing to a PTSD prevalence of 58.69% in the community (Mushtaq et al., 2016).

Childhood in Kashmir is differs significantly from that in other regions of the world , neither secure nor safe, lacking access to enjoyment and recreational activities. The presence of military forces and ongoing protests continuously disrupts the daily lives of children.Amid recent unrest , one teenager said, *“Respect the existence or expect the resistance, when oppression becomes a fact, revolution becomes a right,”* unraveling the anger, frustration, and anxiety prevalent among Kashmiri children. The recent turmoil has impaired the psychological and social development of children in the valley, resulting in long-term problems, PTSD is the most common (Veer, 2016).

Clinical evidences support this trend, reporting a rise in suicidal behavior among Kashmir’s Muslim population (Hussain et al., 2007). There has been a substantial increase in both attempted and completed suicides in Kashmir in recent years, with poisoning emerging as the most common method. Ineffective coping strategies are considered the primary factor behind this increase, developed under chronic external stress and conflict-related pressures (International Journal of Health Sciences & Research, 2012).

Frequent internet shutdowns and limited communications during security operations further detached communities, contributing to mental stress and trauma (Dar & Lone, 2022). The study found that among participants in the context of the Kashmir conflict, one-third (33.3%) exposed to high traumatic exposure, about a quarter (23.7%) reported extremely high exposure, over one third (33.5%) faced moderate exposure, and one-tenth (9.5%) were experienced low levels of trauma. Trauma prevalence was 100% among both males and females. The most often reported traumatic events included feeling stressed (97.3%), fear of search operations, crackdowns, or curfews (89.2%), witnessing or participating in a protest(88.3%), a family member, relative, or friend being injured by a bullet, pellet, or other explosive (76.5%), and exposure to violent media portrayals (74.3%) (Dar & Deb, 2021).

In a study ,the prevalence of psychological comorbidities was high (85%), with depression being the most prevalent (80%). Other significant comorbidities included



somatization (56%) and peri-traumatic dissociation (43%). Anxiety disorders, substance abuse (16%), and psychotic symptoms (8%) were also documented among the participants (Firdosi & Margoob, 2022). The lockdown and security measures, including the Public Safety Act and the Unlawful Activities Prevention Act, focused on security over human rights, resulting in extensive violations such as illegal detention, restrictions on minors, and crackdown on opposition. Children experienced intense trauma due to disrupted schooling, restricted internet access, and confinement during Ramadan. The 2G network and COVID-19 limitations made online education almost impossible, breaching constitutional rights of equal educational access (Dar & Lone, 2022).

AFSPA has also violated the right to peaceful assembly, restricting gatherings above certain sizes (Kazi, 2006). Rape is the most personal form of abuse, and even though both men and women have been sexually assaulted by Indian troops, women have been targeted at a substantially higher rate (Kazi, 2006). Though this number is alarming, the actual number of incidents may be higher, as many women do not disclose the fact that they were raped due to the prejudice related to sexual violence in Kashmiri society (Kazi, 2006). KashmirWatch reported that there have been at least 10,176 cases of rape perpetrated by Indian security personnel against Kashmiri women between 1989, and March 31, 2016 (KashmirWatch, 2016). Kashmiri women have been raped on a frequent basis by Indian security forces since 1989 without receiving any justice (Clark, 2017). Indian journalist Sukhmani Singh, who visited the Kashmir Valley in 1990, reported meeting women in Puzipora village who were raped by army personnel (Fayyaz, 2012).

The Kunan and Poshpora massacre remains an example, thirty-two women were raped in a single night. Victims were forgotten, and their children experienced social stigma, leaving school due to humiliation (Noorani, 2002). Following this, men seeking wives intentionally avoided the village for several years to make sure they did not marry women deemed impure, resulting in no marriage proposals for five years. Many women were also divorced by their spouses (Kazi, 2006). The long-term effects of such violence are still visible. A civil society delegation visiting Kunan Poshpora in 2013 reported permanent trauma among survivors of the 1991 collective rape incident, including social stigma, divorces, forced hysterectomies, and the injustice even after more than two decades, fostering a shared sense of despair and abandonment (Mander, 2013).

During Ramadan, Kashmiris were reportedly denied early morning meals and late evening prayers, and a reign of terror in Srinagar included forcing people out of their homes. The Kashmir Quarterly (1997) reported that six citizens were killed, two mosques torched, and 15 shops and seven houses destroyed, triggering widespread protests. Psychological torture includes compelling victims to consume feces or urine, forcing family members to witness violence, showing limb mutilation or removal of nails, and using offensive language (Mohiuddin, 1997). Religious freedoms have been violated. Muslims have sometimes been prevented from praying or celebrating festivals, despite India's claim of secularism. Historically called "Heaven on Earth," the Kashmir valley now reflects fear and misery, with basic rights, freedom of expression, and identity denied. Media is severely restricted, and reports of atrocities are suppressed (Noorani, 2002).

The Indian forces appear to treat looting and arson as official policy. They have engaged in burning of crops, markets, houses and entire villages. Looting of valuables has become a part of crackdowns. "Victims report that security forces not conduct sudden and violent

searches ,subjecting people to physical violence torture , also steal property,it must be described armed robbery (International federation of human rights, Paris).

The extensive military presence has severely disrupted the daily lives of Kashmiris, who cannot move from one street to another without encountering armed personnel. Evening curfews, commonly from 10 p.m. to 6 a.m., have restricted social activities especially for young adults wishing to hold late-night gatherings or celebrations (Kazi, 2006).

Fieldwork conducted by Duschinski (2009) revealed that many women stopped their education because they did not feel safe traveling to school as a result of the army's presence along main roads . Women reported that traveling was especially risky because soldiers stationed on their routes could sexually assault them (Duschinski, 2009).

In 2009,after anight-long search ,by family and villagers, the bodies of Nilofar and Asiya from Shopian district, were recovered in a shallow stream . While Postmortems indicated rape and murder, but the Central Bureau of Investigation stated security personnel were not involved. This highlights the impunity enjoyed by security personnel in Kashmir, as evidence exists but no one has been held accountable (Association of Parents of Disappeared Persons [APDP], 2011).

In Singhpur, Abdul Ahad's wife and daughter were allegedly taken to a military camp and was sexually assualted (KIIR, 2019). On January 10, 2018, Asifa Bano, an eight-year-old Muslim girl, was abducted from Rasana village inJammu and Kashmir. She was held captive for a week, during which she was drugged, tortured, sexually assaulted, and finally murdered in Kathua district. Seven people were arrested (a former revenue official, his son, and police officers) for destroying evidence. The crime was aimed to scare and forcibly displace the Gujjar community ,the child belonged to (Mushtaq, 2016).

Tasleema Rouf from Srinagar who became a victim of braid-chopping. She reported seeing a man's shadow before being assaulted and rendered unconscious. By 2020, at least 110 such cases had been documented across Jammu and Kashmir, creating widespread fear among women (Khan, 2020).

The ongoing conflict in Jammu and Kashmir has resulted in approximately 20,000 widows, including an estimated 1,500–2,000 half-widows in the Kashmir Valley. These half-widows face an ambiguous social status, recognized as neither wives nor widows (Hamid et al., 2021). One respondent noted, *"Since disappearances have occurred in the home, we are under constant surveillance"* (Purti, 2025).

Junaid, a half-orphan said , *"disappearance is a never-ending process; the first step towards accepting disappearance is realizing that disappearance has occurred. Sometimes, it happens right before their eyes at home, and other times a family member goes to the market or for work and never returns"* (Purti, 2025).

Ulfat, a young woman recovering from delivery, stated that her husband was detained from their home at midnight. Holding her infant, she questioned who would now provide food and medicine for her family and where she should go with her child. She reported the terror caused when Indian security personnel violently knock on doors before dawn, force families to open their homes, and forcefully take loved ones away, leaving home in fear and chaos (KIIR, 2019).

Mothers recount how their sons were arrested around 3:30 a.m. and were threatened at gunpoint. The young men were beaten, dragged away in front of their families, and taken to unknown locations.Thousands of women continue to wait for sons, spouses, brothers, and

fathers who were abducted and never came back. Mothers searching for their disappeared son keep the photograph for reminder of their sons whose disappearances have always haunted them. The house door has always been kept ajar which symbolizes the mothers expects that their sons to come back home (Zia, 2019).

Jalla Begum reports that Indian forces routinely conduct night raids in her area. Young men remain awake at night, keeping watch to avoid troops from entering the locality and making arrests (KIIR, 2019).

Javaid Ahmed Ahanger was young boy who disappeared and never came back. As Parveena Ahangar says, *“Mother’s heart will always long for search. As a mother we cannot accept our son to be lost we will search we will fight till our last breath”*. There is the huge uproar in the Kashmir as the most of the disappeared men were under the age of 25 years (Dsouza 2016).

Objectives:

1. To assess physical trauma and long-term disabilities resulted by systematic violence in Kashmir.
2. To explore the mental health impact of prolonged conflict on Kashmiris.
3. To analyze the social consequences of conflict-related suffering on families and communities.

Research Question:

How do prolonged conflict and systematic violence produce multidimensional impacts(physical,psychological ,social) on the lives of people of Jamu and Kashmir?

Methodology:

This review synthesizes literature on human rights violations and physical, psychological, and social consequences of conflict in Kashmir. A comprehensive search was carried out in PubMed, Google Scholar, Web of Science, PsycINFO, including grey literature from Human Rights Watch, Amnesty International, UNOHCHR, and JKCCS. The studies focusing on Kashmir and reporting empirical evidence on physical trauma, psychosocial outcomes were included, while opinion pieces, methodological weak studies, duplicates, and those unrelated to Kashmir conflict, were excluded and 58 articles were included in the literature review.

Findings:

1.1 Lethal and non-lethal force as instruments of civilian control

Indian security forces have employed both lethal weapons and so-called non-lethal measures against largely defenceless people in Kashmir. Pellet guns, introduced after 2010 to replace live ammunition, have resulted in major injuries, permanent disabilities, and deaths, despite being labeled as non-lethal (Mushtaque et al., 2012; Perrigo, 2018; Mala et al., 2019).

Clinical studies uncover that pellet gun injuries impact young males more severely, with victims ranging from children as immature as six years to adults over 50 years, and normally involve multiple pellets per victim, sometimes reaching more than 70 pellets in a single body (Mushtaque et al., 2012). Injuries most often involve the eyes, face, abdomen, chest, and extremities, often with multi-organ trauma (Mushtaque et al., 2012; Mala et al., 2019).

1.2 Permanent visual impairment and blindness

Eye injuries appear as one of the most destructive outcomes of pellet gun use. Large-scale ophthalmological studies report high rates of ruptured eyeball, intraocular foreign bodies,

detached retina , and traumatic cataracts, with profound and irreversible vision loss (Showkat et al., 2017; Xin Wei et al., 2022).

In a study of 777 patients with pellet-related eye trauma, 86.7% exhibited with CF (counting-fingers) vision or worse, and 82.4% showed no recovery of sight(Xin Wei et al., 2022). Children and bystanders were often among the injured, providing evidence of indiscriminate nature of pellet deployment (Amnesty International, as cited in Perrigo, 2018; JKCCS, 2018).

1.3 Torture, custodial violence, and extrajudicial killings

Multiple reports found torture as a systematic practice used during questioning and detention. Documented methods include beatings, electrocution, burning with heated objects, roller treatment (crushing bones) ,and psychological humiliation (Mohiuddin, 1997).

Amnesty International documented 706 custodial killings between 1990 and 1994, with estimates reaching thousands since 1990 (Amnesty International, 1995). Particular incidents such as Gawa Kadal (1990), Sopore (1993), Sailan (1998), and Pathribal (2000) exemplify a continual pattern of illegal killings followed by impunity (Asia Watch, 1993; The Kashmir Quarterly, 2002; Fayyaz, 2012).

1.4 High prevalence of psychological disorders

The chronic conflict and militarization have produced widespread psychiatric morbidity in all age groups. Studies constantly report exceedingly high rates of depression, anxiety, post-traumatic stress disorder (PTSD), psychosomatic, and dissociative symptoms among Kashmiris (Butalia, 2002; Dabla, 2012; Firdosi & Margoob, 2022).

One clinical study eighty five of participants exhibited psychological comorbidities with depression affecting 80%, somatization 56%, and traumatic-related dissociation 43% (Firdosi & Margoob, 2022). Trauma exposure was universal (100%) among surveyed males and females in conflict settings (Dar & Deb, 2021).

1.5 PTSD and childhood trauma

Children represent one of the most sensitive populations. Community-based studies indicate a post-traumatic stress disorder (PTSD) prevalence of 58.69%, resulting from repeated exposure to violence, arrests, torture of household members, and cross-fire incidents (Mushtaq et al., 2016).

Risk factors include illiteracy, poor social support, male gender, low socioeconomic status, and repeated traumatic exposure, with children often expressing trauma through behavioural regression, aggression, distressing imagery, and emotional numbing due to small cognitive capacity to verbalize experiences (Khan & Margoob, 2006; Firdous, 2015).

1.6 Rising suicide and maladaptive coping

Clinical evidence confirms a marked increase in suicidal tendencies, attempts, and completed suicides, especially among Muslim Kashmiris. Poisoning has appeared as the most frequent method, reflecting inadequate coping mechanisms under prolonged stress (Hussain et al., 2007; International Journal of Health Sciences & Research, 2012).

1.7 Sexual violence and gender-based trauma

Sexual violence against women is documented as systematic yet under-reported, supported by AFSPA-related impunity. Data suggests over 10,000 cases of rape by security personnel between 1989 and 2016, though exact figures are likely higher due to stigma and fear of consequences (Kazi, 2006; KashmirWatch, 2016; Clark, 2017).

The Kunan-Poshpora massacre(1991) exemplifies collective sexual violence and its lasting consequences, including social ostracization, separation, forced medical procedures, and intergenerational trauma continuous decades later (Noorani, 2002; Kazi, 2006; Mander, 2013).

1.8 Enforced disappearances and the phenomenon of half-widows

Enforced disappearances have left around 20,000 widows, including 1,500–2,000 half-widows, who live in a state of legal and social ambiguity (Hamid et al., 2021). Families experience constant surveillance, economic deprivation, and prolonged grief, with mothers perpetuating rituals of waiting like keeping doors open or preserving photographs as symbols of hope (Zia, 2019; Purti, 2025).

1.9 Disruption of education, livelihoods, and daily Life

Militarization has badly restricted mobility, education, and economic activity. Prolonged curfews, night raids, internet shutdowns, and school closures have disturbed social development, employment, and health care access, specially after the cancellation of Article 370 in 2019 (Kazi, 2006; Dar & Lone, 2022).

Women and girls have disproportionately abandoned education driven by fear of harassment and sexual assault at military checkpoints (Duschinski, 2009). Communities report routine looting, arson, destruction of crops, and religious restrictions, strengthening an atmosphere of fear and collective punishment (Noorani, 2002; International Federation of Human Rights, as cited).

Discussion:

The findings show that physical violence in Kashmir has become normalized tool of governance , where both lethal and non-lethal weapons are routinely used against civilians. Pellet guns were introduced to reduce fatalities following international criticism, have instead resulted in mass, permanent disability, especially visual impairment and blindness, contradicting claims of their so-called humanitarian use (Mushtaque et al., 2012; Showkat et al., 2017; Xin Wei et al., 2022).Clinical evidences consistently show that pellet gun injuries disproportionately affect young males and minors, with multiple pellets per victim and most often involvement of vital organs, specially the eyes and abdomen (Mala et al., 2019; JKCCS, 2018). The severely poor visual outcomes where the majority of victims exhibit no recovery ,show that pellet guns function as disabling weapons rather than crowd control (Xin Wei et al., 2022). This pattern suggests intent not only to disperse protests but to impose enduring bodily harm, thus inhibiting resistance through fear and disability.Other than pellet injuries, torture and custodial violence appear as systemic practices instead of isolated abuses. The persistent use of reported torture methods over decades ,electrocution, beatings, suspension, and crushing of bones, reveals institutional continuity rather than rogue behavior (Mohiuddin, 1997; Amnesty International, 1995). The continuity of extrajudicial killings and fake encounters, combined with the absence of accountability under AFSPA, encourages a cycle of impunity that facilitates repeated violations (Asia Watch, 1993; Fayyaz, 2012; Javaid et al., 2024).

The review demonstrates that sustained military presence has resulted in high levels of psychiatric morbidity, affecting nearly entire population. PTSD ,depression , anxiety, somatization, and dissociative symptoms are not marginal outcomes but primary mental health issues in conflict-affected communities (Butalia, 2002; Dar & Deb, 2021; Firdosi & Margoob, 2022).The univarsal nature of trauma exposure , reported at 100% in some studies ,emphasizes

that psychological suffering in Kashmir is collective rather than individual (Dar & Deb, 2021). The permanent nature of stressors, including night raids, curfews, arbitrary detentions, and fear of sexual violence, distinguishes Kashmiri trauma from single-event disaster trauma and relates it to models of complex and cumulative trauma. Children appear vulnerable. The extremely high prevalence of PTSD among Kashmiri children shows repeated exposure to violence at key developmental stages (Mushtaq et al., 2016). Cognitive and emotional immaturity limits children's ability to express trauma verbally, resulting in behavioral regression, aggression, disturbing imagery (flashbacks), and emotional dysregulation (Khan & Margoob, 2006; Firdous, 2015). These findings suggest that the conflict has led to generation-wide psychological injury (Ramzan et al., 2025a), with possible impacts on social functioning and stability in future. The observed rise in suicide and poisoning further show maladaptive coping mechanisms emerged under chronic oppression and hopelessness (Hussain et al., 2007; International Journal of Health Sciences & Research, 2012).

The social findings reveal that conflict in Kashmir has reshaped family life. Sexual violence against women, functions not only as a personal violation but as a systemic strategy of humiliation and social control facilitated by legal immunity and underreporting because of stigma (Kazi, 2006; Clark, 2017). Events like Kunan–Poshpora mass rape represent how sexual violence produces lasting social exclusion, broken marriages, imposed medical interventions, and intergenerational trauma (Noorani, 2002; Mander, 2013). Enforced disappearances have resulted in the formation of a distinct social category of half-widows, who experience legal ambiguity, economic hardships, and unresolved grief (Hamid et al., 2021). The continuous waiting described by mothers and families of the disappeared shows a form of ambiguous loss, where indefinite mourning, hindering psychological closure and prolonging suffering (Zia, 2019; Purti, 2025; Ramzan et al., 2025b). Militarization has severely disrupted education, employment, and social mobility. Women's withdrawal from education out of fear of assault, prolonged school closures, and internet shutdowns has weakened human capital and deepened gender inequalities (Duschinski, 2009; Dar & Lone, 2022). Curfews, checkpoints, and constant surveillance have normalized fear and restricted social interaction, breaking up community life and undermining collective resilience (Kazi, 2006).

Conclusion:

The literature review shows that the chronic conflict and militarization in Jammu and Kashmir have resulted in interrelated physical, psychological, and social wounds transmitting effects to future generations. Evidences show that civilians, including children and women, have experienced severe physical trauma, including pellet-related injuries, blindness, and long-term disability. At the same time, psychological consequences such as PTSD, depression, anxiety, and maladaptive coping strategies are common, reflecting the cumulative consequences of repeated exposure to violence, loss, and uncertainty.

Conflict-related social consequences including sexual violence, enforced disappearances, half-widows, severe disturbance in educational access, and restricted mobility have worsened individual experiences of trauma, disrupted family structures, and weakened community resilience. The findings reveal that the Kashmir crisis is more than a political or security problem but a ongoing humanitarian and public health emergency, requiring immediate and multifaceted action. In sum, the Kashmir conflict has resulted in chronic, systemic harm, where physical, psychological, and social suffering intensify each other.

Implications

- Ensure unbiased investigations of human rights abuses and make security forces answerable
- Increase access to mental health services and rehabilitation programs for children and survivors of disability and sexual violence affected by conflict.
- Guarantee secure access to schools, assist half-widows and displaced families, and promote gender-sensitive social programs.
- Encourage parties in peaceful dispute resolution.

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