# SIMUN VII

# SOCHUM STUDY GUIDE

## Introduction to the Committee:

SOCHUM refers to the Social, Humanitarian, and Cultural Committee, also known as the Third Committee of the United Nations General Assembly (UNGA). It focuses on human rights, social development, cultural issues, and humanitarian challenges. SOCHUM works closely with the Human Rights Council and the Office of the High Commissioner for Refugees (UNHCR), while also considering reports from the Special Political Committee.

Delegates here have a platform to debate pressing global issues from a humanitarian and cultural perspective, draft resolutions that reflect international cooperation, and practice diplomacy in addressing complex human rights concerns. Unlike the Security Council, SOCHUM produces recommendations that guide the decisions of the General Assembly and other UN bodies. That means the discussions here, the compromises built, and the solutions proposed can echo far beyond the room.

**At SIMUN VII, delegates will research the Psychological Impact of War and Conflict on Communities in post-conflict zones, examining both historical and current situations.**

<u>**Agenda: Exploring the Psychological Impact of War and Conflict on Communities in Post-Conflict Zones.**</u>

## Introduction to the Topic:

War does not end when the fighting stops; its impact lingers in the minds, lives, and structures of affected communities. In post-conflict zones, individuals often carry invisible scars that can shape entire generations. Psychological trauma is common among survivors who have witnessed violence, loss, and displacement. It presents itself in the form of depression, anxiety, and post-traumatic stress. Families uprooted from their homes face not only the challenge of rebuilding livelihoods but also the struggle of reestablishing their identities as well as co-existing with other individuals in a fractured society.

Beyond the personal pain, societies emerging from conflict face the daunting task of rebuilding trust and unity. Communities once divided by war must learn to coexist again, often with limited resources and weak institutions. Yet, one of the greatest challenges lies in the lack of accessible mental health care.

In many post-conflict zones, psychological support is either overlooked or unavailable, leaving countless people to suffer in silence. The question, then, is not only how to rebuild infrastructure, but also how to heal hearts and minds.

Examples from conflicts in regions such as the Balkans, Rwanda, and the Middle East illustrate how displacement, social fragmentation, and psychological wounds continue to shape societies long after peace agreements are signed. Understanding these challenges is crucial to addressing the human cost of war beyond the battlefield.

## Historical Context:

Addressing post-war trauma is as important, if not more important than, infrastructural reconstruction. Wars leave behind wounds that extend far beyond the battlefield. Physical destruction can be repaired, but collateral damage, psychological trauma, displaced populations, and fractured communities, take much longer to heal. For SOCHUM, the challenge is to recognize both the immediate humanitarian needs and the deeper, long-term process of mental recovery.

**Post-WWII Europe (1945 onwards)**
Following World War II, Europe was left in ruins. Entire societies had to rebuild emotionally and physically, and millions of people, including Holocaust survivors, were displaced. During this time, the Marshall Plan and the 1948 Universal Declaration of Human Rights were established, demonstrating how international collaboration can resolve humanitarian emergencies and promote stability.

**Rwanda after the Genocide (1994)**

The 1994 Rwandan genocide claimed about 800,000 lives in a hundred days, and survivors endured immeasurable suffering. In addition to economic recovery, reconciliation and the administration of justice were necessary for the country's reconstruction, and these were accomplished through local community institutions and international courts. The UN had a peacekeeping mission in Rwanda during the 1994 genocide, but it was too under-resourced to stop the killings, a failure that drew heavy criticism. Later, the UN expanded its mission to provide humanitarian aid and support displaced people. It also created the International Criminal Tribunal for Rwanda, which prosecuted those responsible and set a precedent for international justice.

**Bosnia and Herzegovina (1992–1995)**

The early 1990s saw a violent war in Bosnia-Herzegovina that included the Srebrenica massacre and ethnic cleansing. Deep ethnic divisions and mass population displacement were the results of the war. International trials to prosecute war crimes were part of the post-war peacebuilding efforts (ICTY trials) and efforts at reconciliation but overcoming societal divisions has taken far longer.

**Afghanistan (1979–present)**

Afghanistan's decades of conflict, from the Soviet invasion followed by civil wars, the rise of the Taliban, the US-led invasion in 2001, and ongoing instability after the withdrawal of foreign forces, have created generations who have known nothing but instability and trauma. Social systems like education and healthcare have collapsed at various points, leaving roughly 2.6 million as refugees and 3.5 million as IDPs. The impacts have been especially heavy on women and children, leaving long-term social and psychological scars. Rebuilding Afghan society remains one of the world's most complex humanitarian challenges, as repeated cycles of violence have eroded both trust in institutions and the social fabric of communities.

**Vietnam War (1955-1975)**

The Vietnam War left devastating consequences not just for the country's infrastructure but also for its people. Millions of civilians were killed or injured, and the widespread use of chemical weapons like Agent Orange has caused long-term health problems and environmental damage. The war displaced countless families and left behind severe psychological trauma, especially among veterans and survivors. Even after reunification, the country faced decades of economic hardship, social division, and the challenge of reconciliation that had been torn apart by ideology and violence.

**Syria (2011–present)**

Syria's case remains one of the most pressing examples of a humanitarian crisis in modern times. The civil war that began in 2011 displaced millions internally and forced many more to flee illegally as refugees. Cities like Aleppo and Homs were reduced to rubble, while cultural heritage sites were destroyed or looted. Beyond physical destruction, the conflict fractured Syrian society along sectarian lines and left generations of children growing up without stable homes or education. Even as the fighting decreases in some areas, the long-lasting trauma, refugee crisis, and need for reconciliation continue to define Syria's long-term struggles.

# Current Context:

Communities in war-torn regions often face severe challenges when it comes to mental health. Access to services is scarce, and cultural stigma keeps many from seeking help. Families and social networks, once sources of support, are often broken apart by violence and displacement. Limited international aid leaves survivors with few resources to heal. The result is a cycle of unaddressed trauma that weighs heavily on individuals and whole societies trying to rebuild after conflict.

The psychological consequences of war extend far beyond the battlefield, leaving lasting scars on affected populations. A high prevalence of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety is often observed among survivors, refugees, and internally displaced persons, impairing their ability to rebuild normal lives. Children and youth face disrupted education, creating "lost generations" deprived of opportunities for learning and growth. This lack of education not only hinders individual potential but also slows national recovery and development.

Ex-combatants and child soldiers experience profound challenges in reintegration, often facing social stigma, identity struggles, and the inability to transition to civilian life. These difficulties can perpetuate cycles of violence if not properly addressed. Furthermore, prolonged conflict erodes social cohesion, weakening community trust and solidarity. The breakdown of these bonds makes reconciliation, cooperation, and reconstruction significantly more difficult.

Ultimately, the psychological impacts of war hinder both individual healing and collective progress. Unless addressed through comprehensive mental health and psychosocial support systems, post-conflict societies remain vulnerable to instability, reduced productivity, and renewed tensions.

Some examples of current humanitarian crises include:

**Siege of Gaza**
In Gaza, ongoing bombardment, displacement, and blockade have left civilians in constant fear. Children and families live with repeated trauma from loss, uncertainty, and destruction. Access to mental health services is little to none, and the stigma around discussing psychological struggles means most people endure their pain silently.

**Sudanese Civil War**
The conflict in Sudan has torn communities apart, forcing millions to flee. Camps for displaced people lack bare necessities, let alone proper mental health, and survivors struggle with grief from violence, famine, and family separation. Social structures have broken down, leaving people isolated in their suffering.

**Russo-Ukrainian War**
The ongoing war in Ukraine has created widespread trauma, especially for children uprooted from their homes. Many face separation from parents, loss of friends, and fear of violence. Mental health services exist in urban areas but remain hard to access for displaced families, and stigma continues to discourage open conversations about trauma.

# Key Stakeholders/Actors

**Affected communities (survivors, refugees, IDPs, ex-combatants)**
These are the primary actors whose needs and voices must guide recovery: survivors cope with trauma and loss, refugees and internally displaced people (IDPs) require immediate protection and durable solutions, and ex-combatants need reintegration programs to prevent new cycles of violence. Globally, the number of people forcibly displaced has surpassed 120 million in recent years, illustrating the scale of human displacement that SOCHUM must consider.

**UN agencies (UNHCR, UNICEF, WHO, UNDP, OCHA, etc.)**
UN agencies coordinate protection, relief, child welfare, health, and long-term development. In Afghanistan, for example, UNHCR reports roughly 2.6 million registered Afghan refugees and around 3.5 million internally displaced persons, highlighting how multiple UN actors must operate at once across protection, returnee support, and development.

**National governments of post-conflict states**
The state is central for reconstruction, justice, and institution-building, but conflicts often weaken capacity, which is why external support is vital. After Rwanda, international justice and national reconciliation processes (like Gacaca) worked alongside the Rwandan government to stabilize the country that had been devastated by state capacity and social trust

**International justice mechanisms**
Tribunals and courts (ICTR, ICTY, hybrid courts) help establish accountability and set legal precedents for atrocity crimes, but trials alone don't restore community trust. The ICTR was created in November 1994, specifically after Rwanda's genocide to prosecute those responsible, which is a key example of the international system shifting from inaction to judicial response.

**International NGOs (MSF/Doctors Without Borders, ICRC, IRC, etc.)**
NGOs deliver emergency medical care, protection, and community programs where access is hardest; they are often first responders during acute phases and long-term implementers of psychosocial programs. Their presence is critical in places like Syria, where hospitals and health infrastructure were deliberately targeted, leading millions to rely on NGO aid during wartime.

**Regional organizations (African Union, European Union, ASEAN, Arab League)**
Regional bodies can lead peacekeeping, mediation, and regional refugee responses. For instance, post-Yugoslav EU engagement shaped reconstruction and integration in Bosnia, while the African Union has been involved in African peace and reconciliation frameworks. Current crises show a regional impact, with neighboring countries hosting vast refugee populations that stretch their own capacity to the limit. Donor states and multilateral funds (World Bank, EBRD, bilateral donors). Donors finance immediate relief and long-term rebuilding. The effectiveness of recovery depends on alignment between donor priorities and local needs. However, misaligned funding may start rebuilding roads before addressing psychosocial services, for instance. Global appeals and funding shortfalls are recurring problems in crises like Afghanistan and Sudan, where the needs exceed available funds.

## UN/General Assembly Resolutions

The United Nations General Assembly (UNGA) has long recognized the need to address both the immediate and long-term impacts of conflict on affected communities;

**Resolution 46/182 (1991)** established the framework for strengthening humanitarian coordination, ensuring that emergency responses included psychosocial support alongside material aid

**Resolution 64/291 (2010)** on the right to education, underscored the importance of safeguarding children's learning even in crisis, thereby addressing the "lost generations" often created by conflict.

**Resolution 70/262 (2016)** on sustaining peace highlighted the role of inclusive development and social cohesion in preventing relapse into violence.

**WHO's Comprehensive Mental Health Action Plan (2013–2030)** endorsed by the UN, provides a structured approach to scaling up services, particularly in fragile and post-conflict settings.

More recently, UNGA discussions have reinforced the necessity of integrating mental health into humanitarian responses, recognizing it as vital to both individual dignity and community resilience. These frameworks collectively demonstrate the UN's evolving commitment to holistic post-conflict recovery, where psychological healing is treated as central to sustainable peace.

**QARMA (Questions a Resolution must answer):**

1. How can post-conflict governments integrate mental health into reconstruction programs?
2. What role should the UN play in funding/coordination of psychosocial services?
3. How can the stigma around mental health be reduced in war-affected societies?
4. What frameworks can ensure long-term support beyond immediate humanitarian relief?
5. What sustainable strategies can address the needs of refugees, IDPs, and returnees without overwhelming host countries?
6. How can justice mechanisms (tribunals, truth commissions) balance accountability with reconciliation?
7. How did the failures and successes of Rwanda, Bosnia, and Afghanistan shape the UN's approach to post-conflict healing?
8. How can these historical precedents guide new frameworks to avoid repeating mistakes in today's conflicts (e.g., in Sudan or Gaza)?
9. How should the international community respond to funding shortfalls, given that only about 2% of humanitarian budgets are currently allocated to mental health?
10. How effective have past resolutions (such as those on refugees, IDPs, and the right to mental health) been in practice, and what gaps remain?