



Learning in Limbo: Psychological Distress and Educational Discontinuity Among Displaced Girls in Manipur

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Abstract

This paper examines the intersecting effects of psychological distress and educational discontinuity among girls displaced by the ethnic violence that began in Manipur in May 2023. It adopts a structured critical narrative review and secondary-data synthesis rather than presenting invented primary findings. Evidence was drawn from peer-reviewed studies, humanitarian situation reports, international education-in-emergencies standards, and recent scholarship published mainly between 2020 and 2026. The analysis is organized through a gender-responsive socio-ecological framework that connects conflict exposure, displacement conditions, family disruption, school exclusion, community relations, and institutional response. Manipur-specific research reports substantial levels of post-traumatic stress, anxiety, and social distress among internally displaced people and adolescents, while humanitarian reporting identifies extensive displacement of school-age children and continuing barriers to stable education. The synthesis shows that distress and educational discontinuity are mutually reinforcing. Fear, grief, sleep disturbance, hypervigilance, shame, and uncertainty can reduce concentration, attendance, motivation, and academic self-efficacy. At the same time, prolonged absence from school removes routines, trusted adults, peer networks, safeguarding systems, and a future-oriented sense of identity that can protect mental health. Girls face additional risks arising from restricted mobility, domestic and caregiving work, menstrual-health constraints, safety concerns, gender-based violence, digital exclusion, financial pressure, and the possibility that temporary withdrawal becomes permanent dropout. The paper argues that reopening access alone is insufficient. Effective recovery requires safe and flexible learning pathways, accelerated and bridge education, psychosocially supportive classrooms, confidential referral systems, transport and documentation support, menstrual-health facilities, community engagement, teacher preparation, and continuous gender-disaggregated monitoring. A multilevel policy framework is proposed for government agencies, schools, relief-camp administrations, civil-society organizations, and communities. The central conclusion is that educational continuity should be treated simultaneously as a right, a protection mechanism, and a core component of mental-health recovery for displaced girls in Manipur.

Keyword: internally displaced girls, Manipur, psychological distress, educational discontinuity, conflict, gender, education in emergencies.

1. Introduction

Education is often described as a pathway out of crisis, yet for children living through conflict it is also one of the first social systems to fracture. The ethnic violence that escalated in Manipur in May 2023 produced deaths, destruction, geographic separation, and large-scale internal displacement. Families moved into relief camps, community shelters, prefabricated housing, rented rooms, or relatives' homes, frequently without certainty about when return or permanent resettlement would be possible. Sphere India reported that 14,763 schoolchildren were displaced during the early phase of the humanitarian crisis, illustrating that educational disruption was not incidental but a central consequence of displacement (Sphere India, 2023).

For girls, the interruption of education occurs within a broader field of insecurity in which safety, family income, caregiving expectations, bodily privacy, mobility, and social norms influence whether they can enroll, attend regularly, learn effectively, and imagine completing school. The phrase "learning in limbo" therefore describes more than temporary absence. It captures a prolonged condition in which education is formally valued but practically unstable, and in which students remain attached to schooling while lacking reliable routes back to ordinary academic life.

The psychological consequences of this condition demand equal attention. Conflict-affected children and adolescents may experience direct exposure to

violence, loss of relatives, forced flight, destruction of homes, separation from caregivers, recurring rumors, and fear of renewed attack. Displacement then introduces additional stressors: crowded living conditions, loss of privacy, reduced household income, dependence on aid, disrupted sleep, uncertainty regarding residence, and weakened access to health and social services. Reviews of refugee and displaced children consistently identify post-traumatic stress symptoms, anxiety, depression, somatic complaints, behavioral difficulties, and sleep disturbance, while emphasizing that post-displacement conditions can be as influential as the original traumatic event (Arakelyan & Ager, 2021; Carpinello, 2023; Otorkpa et al., 2024; Scharpf et al., 2021). In Manipur, Rajkumari et al. (2024) reported a high prevalence of post-traumatic stress disorder among internally displaced persons in camps across the Imphal Valley, and Mayanglambam and Gautam (2025) found strong relationships among trauma, anxiety, and psychological distress in displaced adolescents. These findings do not provide a complete gender-disaggregated picture of all displaced girls, but they establish a serious mental-health context in which educational recovery must occur.

Psychological distress and educational discontinuity should not be treated as separate policy sectors. Distress can impair concentration, working memory, emotional regulation, sleep, motivation, and confidence, thereby reducing the ability to return to learning. Conversely, disconnection from school removes predictable routines, peer companionship, supportive adults, opportunities for achievement, and a socially recognized identity as a student. School exclusion can intensify isolation, helplessness, and uncertainty, particularly when young people interpret prolonged interruption as evidence that their future has narrowed. Evidence from conflict settings indicates that exposure to violence, family separation, and blocked access to education are associated with poorer mental health among adolescent girls and young women (Pearson et al., 2025). Education in emergencies is therefore not only an academic service. When it is safe, inclusive, and appropriately supported, it functions as a platform for protection, psychosocial recovery, information, referral, and restoration of hope (Inter-agency Network for Education in Emergencies [INEE], 2024; Lasater et al., 2022; Nemiro et al., 2022).

This paper addresses a gap created by the fragmentation of available evidence. Reports describe displacement, local studies document distress, and international scholarship explains gendered barriers to education, but these strands are rarely integrated around the experiences of displaced girls in Manipur. The paper has four objectives: first, to identify the major psychological stressors affecting displaced girls; second, to analyze the mechanisms through which displacement produces discontinuity

in enrollment, attendance, participation, learning, and progression; third, to explain how distress and educational interruption reinforce one another; and fourth, to develop a gender-responsive, trauma-informed framework for educational recovery. The guiding questions are: What forms of psychological distress are most relevant to displaced girls' learning? Which household, camp, school, community, and institutional conditions increase the risk of prolonged discontinuity? Which protective factors can sustain both mental health and education? What coordinated measures are required to prevent temporary disruption from becoming permanent exclusion?

Conflict, Displacement, and Schooling in Manipur

Manipur's crisis has territorial, ethnic, political, and security dimensions. Internally displaced people remain within India, yet may lose access to homes, schools, livelihoods, community institutions, and ordinary travel routes. Relocation into community-perceived safe zones can make former schools unreachable even when buildings remain intact. Entry into a new school may require certificates, uniforms, books, transport, language adjustment, or proof of residence that families cannot immediately supply. A girl may therefore receive a school place but still be unable to participate regularly because the wider ecology of schooling has collapsed.

The humanitarian response included relief camps, health services, educational arrangements, and administrative measures. UNICEF's India humanitarian reporting documented mobile health support for displaced women and children and large numbers of health-camp consultations, demonstrating the pressure placed on basic services during the crisis (UNICEF, 2023a). The Union Ministry of Home Affairs also directed that appropriate education and health facilities be ensured for displaced people (Press Information Bureau, 2024). Such measures are important, but access must be evaluated in terms of continuity and quality rather than only the presence of temporary provision. A learning center operating for limited hours cannot automatically reproduce subject choice, grade-level curriculum, laboratory access, assessment preparation, disability support, or the social environment of a regular school. For students in board-examination years, even short interruptions can have cumulative consequences. For girls who already faced gendered restrictions before displacement, a temporary arrangement may be more fragile than it appears.

Global evidence helps situate the scale of the educational problem. Education Cannot Wait estimated that hundreds of millions of crisis-affected children require educational support, with girls comprising a substantial share of those out of school and with exclusion increasing sharply at secondary level (Education Cannot Wait, 2025, 2026). UNESCO's

global monitoring likewise shows that conflict, poverty, displacement, disability, and gender combine to produce unequal access and learning (UNESCO, 2024, 2026). These global figures should not be mechanically transferred to Manipur, but they clarify a recurring pattern: the longer a crisis continues, the more educational loss shifts from a short interruption to a restructuring of life chances. Adolescence is particularly sensitive because schooling competes with work, care responsibilities, marriage expectations, and safety concerns. Girls who miss months of instruction may face embarrassment about returning, difficulty catching

up, or pressure to prioritize household survival over education.

Educational discontinuity is multidimensional. It includes non-enrollment, delayed re-entry, irregular attendance, repeated transfer, lost instructional time, curriculum mismatch, interrupted examinations, digital exclusion, weak participation, and dropout. A girl may be physically present yet unable to learn because of trauma or repeated relocation; she may also study independently without certification or promotion pathways. Policy must therefore distinguish registration from meaningful educational recovery.

Table 1 Selected Evidence Relevant to Displaced Girls in Manipur

Source	Population or scope	Key contribution	Relevance to the present paper
Sphere India (2023)	Humanitarian situation reporting in Manipur	Reported 14,763 displaced schoolchildren and noted trauma-related concerns.	Establishes the scale of school-age displacement and the need for education-linked psychosocial support.
Rajkumari et al. (2024)	Internally displaced persons in relief camps across the Imphal Valley	Found substantial PTSD and anxiety among camp residents.	Shows that educational recovery takes place within a high-distress displaced population.
Mayanglambam and Gautam (2025)	75 displaced adolescents aged 13-18 in Manipur	Identified strong associations among trauma, anxiety, and psychological distress.	Provides adolescent-specific evidence supporting trauma-informed educational response.
Khan and Hussain (2024)	Health commentary on the Manipur crisis	Highlighted the continuing mental-health emergency after prolonged violence and displacement.	Connects local conflict conditions with service and policy gaps.
INEE (2024)	International minimum standards for education in emergencies	Defines coordinated standards for access, protection, teaching, learning, and policy.	Offers a normative framework for safe, equitable, accountable education provision.
North and Ozawa (2026)	Rigorous review of girls education in conflict and crisis	Found that combined interventions addressing resources, norms, communities, and institutions are most promising.	Supports a multilevel response rather than isolated school-access measures.
Pearson et al. (2025)	750 girls and young women in conflict-affected Myanmar	Linked cumulative conflict stressors, family separation, and blocked educational access with depressive symptoms.	Provides a regionally relevant comparison of gendered conflict exposure and mental health.

Note. The table summarizes evidence used for conceptual synthesis. It is not a pooled statistical analysis, and findings from other settings are interpreted cautiously.

Conceptual Framework

The paper uses a gender-responsive socio-ecological framework in which mental health and educational continuity emerge through interactions among the girl, family, peers, school, community, service system, and policy environment. Personal resilience cannot compensate for unsafe transport, lost documents, poverty, or an unprepared receiving school. Conversely, severe adversity does not inevitably produce poor outcomes when caregivers, peers, teachers, and institutions provide stable support. Refugee-child reviews identify modifiable factors at every level, including coping, caregiver mental health, family routines, social support, discrimination, school access, and public policy (Gonçalves et al., 2026; Scharpf et al., 2021).

Gender is treated as a structure, not merely a demographic category. Expectations concerning mobility, modesty, caregiving, labor, menstruation, marriage, safety, and family reputation shape girls' schooling. Protective intentions may become restrictive when families limit travel, reject distant placements, or withdraw daughters from mixed-gender spaces. Such decisions may reduce perceived immediate danger while increasing isolation and learning loss. Effective interventions therefore combine learning opportunities with community engagement, resources, norm change, and institutional reform (North & Ozawa, 2026). Gender

responsiveness asks whether access is safe, dignified, meaningful, and sustainable, not only whether enrollment numbers are equal.

A stress-process perspective distinguishes primary conflict exposure from continuing displacement stressors such as crowding, unemployment, aid uncertainty, school transfer, family conflict, poor sleep, and lack of privacy. Hyperarousal may make classroom sounds alarming; intrusive memories interrupt attention; grief reduces motivation; anxiety promotes avoidance; and depression weakens energy and hope. Caregiver distress can further affect children through fear-based restrictions, reduced emotional availability, or unstable routines (Bapuji et al., 2024; Michalek et al., 2024). This model avoids blaming girls for absence or low performance and instead identifies the conditions obstructing participation.

Education is both an outcome and an intervention. Continuity indicates whether rights, systems, and resources are functioning, while a safe learning environment supplies rhythm, peer connection, adult monitoring, future orientation, and referral. Distress increases discontinuity, and discontinuity removes conditions that protect mental health. Breaking this feedback cycle requires simultaneous action on learning, protection, family support, mental health, and institutional coordination.

Table 2 Pathways Linking Displacement, Psychological Distress, and Educational Discontinuity

Displacement-related condition	Likely psychological response	Educational mechanism	Possible protective response
Exposure to violence, loss, or forced flight	Fear, grief, intrusive memories, hypervigilance	Reduced attention, avoidance, absenteeism, difficulty retaining new information	Psychological first aid, structured routines, trauma-sensitive teaching, referral for persistent symptoms
Crowded or unstable shelter	Sleep disturbance, irritability, loss of privacy, chronic stress	Fatigue, weak study routines, missed homework, conflict with peers or adults	Quiet study spaces, lighting, safe sanitation, predictable camp learning schedules
Family separation or caregiver distress	Insecurity, loneliness, guilt, emotional dysregulation	Lower motivation, irregular attendance, increased care work	Family tracing, caregiver support, mentoring, peer groups, case management
Unsafe routes and segregated mobility	Anticipatory anxiety and perceived threat	Non-enrollment, restricted subject or school choice, repeated transfer	Safe transport, nearby learning hubs, escorted travel, flexible placement
Loss of income and documents	Uncertainty, shame, helplessness	Inability to pay indirect costs; delayed admission or certification	Fee waivers, document flexibility, cash or material support, administrative help desks

Displacement-related condition	Likely psychological response	Educational mechanism	Possible protective response
Gendered protection and domestic expectations	Isolation, reduced autonomy, pressure to comply	Home confinement, care burdens, early exit from education	Community dialogue, girls clubs, flexible hours, childcare support, female staff and safeguards

Note. Pathways are analytical and may overlap. They should be assessed with girls and caregivers rather than assumed for every individual.

Methodology

This study is a structured critical narrative review and secondary-data synthesis. No primary dataset was supplied; consequently, no survey, sample, or statistical result was invented. The review integrates Manipur-specific studies and humanitarian reports, peer-reviewed scholarship on displaced children and girls in conflict settings, and guidance from education, protection, displacement, and mental-health agencies. Priority was given to publications from 2020 through July 2026. Searches combined terms including Manipur, internal displacement, girls, adolescents, trauma, anxiety, education disruption, refugee children, education in emergencies, gender barriers, and psychosocial support.

Sources were assessed for relevance, recency, transparency, and transferability. Local evidence was prioritized even when samples were not exclusively female. International studies were used to clarify plausible mechanisms and interventions while recognizing differences between internal displacement, refugee status, culture, law, and service systems. Adult studies were included only when they described camp or caregiver environments. Pooled prevalence was not calculated because populations, measures, and designs were heterogeneous and local gender-specific data remain insufficient.

Evidence was coded into six domains: conflict exposure, psychological distress, educational barriers, gender-specific risks, protective factors, and response strategies. Analysis focused on feedback loops between symptoms and learning disruption. The four tables summarize evidence, pathways, gendered risks, and a multilevel response. Conclusions are analytically grounded propositions rather than prevalence estimates for all displaced girls in Manipur.

Thematic Findings

Psychological Distress in Displacement

The available evidence indicates that displaced girls in Manipur are likely to encounter psychological distress through both acute and chronic pathways. Acute exposure may include witnessing violence, hearing gunfire, fleeing suddenly, losing family members, seeing homes destroyed, or fearing attack.

Chronic exposure emerges from uncertainty: not knowing whether return is possible, whether examinations can be completed, whether a caregiver will regain employment, or whether violence will recur. Rajkumari et al. (2024) found that 65.8% of the internally displaced camp residents in their sample met criteria for post-traumatic stress disorder, while anxiety was also common. Although the study included adults and cannot be directly generalized to girls, it demonstrates that many adolescents are embedded in households and camps where severe distress is widespread. Mayanglambam and Gautam (2025), studying displaced adolescents, reported strong positive associations among trauma, anxiety, and psychological distress, with trauma emerging as a significant predictor of anxiety. These local findings align with broader reviews identifying depression, anxiety, post-traumatic stress, somatic symptoms, and sleep problems among conflict-displaced children and youth (Carpiniello, 2023; Otorkpa et al., 2024).

Symptoms may be expressed in culturally and developmentally varied ways. Some girls may describe sadness, fear, nightmares, or worry directly; others may report headaches, stomach pain, weakness, irritability, loss of appetite, or inability to study. Younger adolescents may show withdrawal or clinginess, while older girls may conceal distress to avoid burdening caregivers or attracting stigma. Academic difficulties can become the visible problem even when the underlying mechanism is psychological. A teacher may see incomplete work, silence, lateness, or poor test performance without knowing that the student slept badly, lacks a quiet place to study, or experiences intrusive memories. This is why screening and support should not depend on dramatic disclosure. Mental-health systems for displaced youth require multiple entry points, including schools, camp health services, adolescent groups, and confidential referral pathways. Screening should be culturally adapted, voluntary, linked to services, and designed to avoid labeling normal reactions to extraordinary circumstances as individual pathology.

Gender modifies distress in several ways. Adolescent girls generally face heightened risk of internalizing symptoms, and conflict can intensify this vulnerability through sexual harassment, gender-

based violence, restrictions on movement, loss of reproductive-health services, and fear for family honor or safety. Pearson et al. (2025) found extensive conflict exposure and depressive symptoms among girls and young women in Myanmar; displacement, blocked access to usual education, and living away from parents were significant concerns. Otika et al. (2024) also documented depression and suicidal ideation among adolescent girls in refugee settlements in northern Uganda. These studies do not predict outcomes in Manipur, but they show why gender-specific inquiry is necessary. Asking only whether a girl is enrolled may miss fear during travel, harassment at water points, lack of menstrual supplies, inability to use shared sanitation safely, or pressure to remain in the shelter to protect younger siblings.

Protective factors are equally important. Social support, caregiver functioning, religious or cultural belonging, supportive peers, school connectedness, language competence, meaningful routines, and access to services can reduce risk (Chow et al., 2021; Gonçalves et al., 2026; Jafari et al., 2022). Resilience should not be romanticized as an individual trait that excuses weak systems. Girls may show remarkable adaptability while still needing safe shelter, reliable schooling, trained teachers, and professional care. A resilience-informed approach identifies existing strengths and relationships, then supplies the structural conditions that allow those strengths to operate.

Educational Discontinuity and Learning Loss

Educational disruption begins with access but extends far beyond admission. Displaced families may lack certificates, identity documents, textbooks, devices, uniforms, or transportation. Receiving schools may be overcrowded, use a different medium of instruction, have limited seats, or be located beyond routes that families consider safe. Relief-camp learning arrangements may provide basic continuity but not the full curriculum, specialist teachers, laboratories, sports, arts, counseling, or examination preparation. Grade placement can become uncertain when records are unavailable or when students have missed substantial content. For girls, each administrative or material barrier interacts with safety and household decision-making. A distant school is not simply inconvenient if travel is perceived as dangerous. A digital lesson is not a substitute if the household has one phone controlled by an adult, weak connectivity, no electricity, or norms limiting girls' device use.

Continuity also depends on the quality of participation. Trauma and chronic stress can impair cognitive processes required for learning, including sustained attention, working memory, executive function, and emotional regulation. Fatigue from crowded camps or nighttime fear further reduces classroom readiness. A girl who returns after months

away may encounter a curriculum that has advanced without her, producing embarrassment and self-doubt. If teachers interpret slowed performance as lack of ability or effort, the classroom may reinforce distress. Repeated academic failure can then reduce attendance, while irregular attendance creates additional learning gaps. This cumulative cycle is one reason accelerated learning and bridge programs are necessary. Such programs should diagnose learning needs without humiliating students, prioritize essential competencies, and provide routes back into age-appropriate grades.

Discontinuity may be vertical or horizontal. Vertical discontinuity refers to stalled progression from one grade to the next, missed examinations, or dropout before completion. Horizontal discontinuity refers to changes within the same level: repeated transfer, altered language environment, loss of friends and teachers, or mismatch between temporary instruction and the recognized curriculum. Both forms affect identity. Adolescents often understand schooling through relationships, future plans, and membership in a cohort. Losing one's class or being placed with younger students can generate shame, especially when peers outside the displaced community continue progressing. Educational recovery therefore requires attention to certification, equivalence, flexible assessment, and reintegration, not only instructional hours.

Global education-in-crisis evidence warns that secondary-age students face particularly high exclusion, and girls' participation may decline as domestic responsibilities, financial pressure, and protection concerns increase (Education Cannot Wait, 2025, 2026; UNESCO, 2024). The risk is that temporary absence becomes normalized. Families reorganize routines around girls' unpaid labor; adolescents take paid work; marriage discussions advance; or students conclude that they are too far behind to return. Prevention must begin early. Tracking attendance, contacting families after repeated absence, providing flexible learning options, and guaranteeing re-entry without penalty can interrupt this progression.

The Gendered Architecture of Risk

Displacement redistributes labor within households. When adults lose income, spend time securing aid, search for work, or manage legal and administrative tasks, girls may absorb cooking, cleaning, water collection, care of younger children, and support for elderly or ill relatives. These tasks can conflict directly with class schedules and homework. The burden may be invisible because it occurs within the family and may be framed as duty rather than educational exclusion. Flexible schedules can help, but flexibility should not institutionalize unequal labor. Programs should combine timetable adaptation with household dialogue, childcare support, and community messaging that protects

girls' study time.

Safety is another central determinant. Conflict may produce both actual threats and generalized fear. Families may restrict girls' movement because of harassment, community tension, militarization, or uncertainty about routes. Shared camp facilities can create privacy and safeguarding concerns, particularly for menstruating adolescents. Lack of separate, functional toilets; insufficient water; inadequate disposal systems; and absence of menstrual products can reduce attendance and dignity. Safe education requires more than security at the school gate. It includes transport, lighting, staff codes of conduct, complaint mechanisms, female personnel, confidential case management, and coordination with child-protection and gender-based-violence services.

Digital exclusion can reproduce gender inequality even when remote learning is offered. Devices may be scarce, data expensive, and network access unreliable. Within households, boys or adults may receive priority for phones, and girls may be monitored more closely online. Digital education can also expose adolescents to harassment or misinformation. A gender-responsive digital strategy would provide supervised community access points, downloadable low-bandwidth materials, offline content, device-lending systems, digital-safety education, and multiple non-digital alternatives. Technology should expand options rather than

become a new condition for participation.

Social identity and stigma may also affect school integration. Displaced students can be marked by ethnicity, camp residence, poverty, accent, clothing, or missing materials. In polarized contexts, ordinary peer conflict may be interpreted through communal divisions. Girls may avoid participation to reduce visibility. Receiving schools therefore need explicit anti-discrimination practices, teacher preparation, peer orientation, and procedures for responding to bullying. Social cohesion activities should not force premature reconciliation or require girls to narrate trauma publicly. They should create safe, voluntary opportunities for cooperation, shared learning, and respect while recognizing ongoing grievances and unequal power.

The concept of intersectionality is essential because displaced girls are not a homogeneous group. Age, disability, poverty, ethnicity, location, family structure, language, religion, and previous school status shape risk. A girl with a disability may lose assistive devices or accessible transport. An older adolescent may face pressure to earn or marry. A girl separated from her parents may lack an advocate during school admission. A high-achieving student preparing for board examinations has different needs from a younger student with foundational learning gaps. Monitoring must therefore disaggregate data and include qualitative feedback rather than relying on a single category of "girl child."

Table 3 Gender-Specific Risk and Protective Factors for Educational Continuity

Domain	Risk factor	Potential effect on girls education	Protective factor or response
Household economy	Income loss, indirect school costs, pressure to work	Delayed enrollment, irregular attendance, permanent dropout	Cash/material support, fee waivers, scholarships, livelihood assistance linked to school retention
Care responsibilities	Sibling care, cooking, water collection, care of ill relatives	Reduced attendance and study time	Childcare provision, flexible but time-bound schedules, family agreements protecting study time
Safety and mobility	Fear of harassment, unsafe routes, communal segregation	Restricted school choice, non-attendance, isolation	Safe transport, escorted routes, nearby hubs, female staff, safeguarding protocols
Menstrual health and privacy	Lack of products, water, separate toilets, disposal, privacy	Absence, discomfort, humiliation, withdrawal	Menstrual supplies, private WASH facilities, health education, confidential support
Digital access	Device scarcity, data cost, gendered control of phones	Exclusion from remote lessons and information	Shared supervised devices, offline materials, lending schemes, low-bandwidth delivery

Domain	Risk factor	Potential effect on girls education	Protective factor or response
Social environment	Ethnic stigma, bullying, camp-related shame, language mismatch	Silence, poor participation, school avoidance	Anti-discrimination measures, peer support, language assistance, inclusive school culture
Life-course pressure	Early marriage, paid work, belief that return is too late	Permanent exit before secondary completion	Re-entry guarantees, accelerated learning, mentoring, career guidance, flexible certification

Note. Responses should be designed with displaced girls, caregivers, teachers, disability advocates, and community organizations to avoid unintended restrictions or stigma.

The Reciprocal Cycle Between Distress and Discontinuity

The central finding of this synthesis is a reciprocal cycle. Psychological distress makes education harder to access and benefit from, while educational discontinuity sustains or intensifies distress. The first direction is visible when trauma symptoms reduce attention, sleep, memory, confidence, and willingness to travel. Anxiety may produce avoidance of crowded rooms or routes associated with danger. Depression may make effort feel pointless. Somatic symptoms may cause repeated absence. Caregiver fear may lead to withdrawal even when the girl wishes to attend. If the school responds with punishment, ridicule, or rigid attendance rules, the student receives confirmation that she does not belong.

The reverse direction operates when school interruption removes daily structure and social connection. Schools organize time, provide adult observation, create opportunities for competence, and connect adolescents to health, nutrition, and protection services. Losing these functions can increase isolation and uncertainty. Hocking and Sundram (2022) found that environmental factors influenced psychological symptoms among adolescent refugees during early resettlement, while socio-ecological reviews consistently identify social support and institutional access as modifiable determinants of well-being (Arakelyan & Ager, 2021; Gonçalves et al., 2026). School connectedness does not eliminate trauma, but it can reduce the number of unstructured hours dominated by fear and provide evidence that a future remains possible.

This reciprocal model changes the logic of intervention. A narrow mental-health approach might refer symptomatic students to counselors while leaving transport, curriculum, and household barriers untouched. A narrow education approach might reopen classes while expecting distressed students to perform normally. Both are incomplete. Educational continuity plans should include psychosocial support, and mental-health plans

should include school reintegration. The unit of response is not only the individual girl but the pathway that connects shelter, family, travel, school, peers, services, and future progression.

Discussion

The evidence supports three arguments. First, displacement-related distress is not a secondary issue to be addressed only after physical relief. Local studies indicate substantial psychological burden, while international evidence shows that symptoms can persist when daily stressors remain unresolved (Mayanglambam & Gautam, 2025; Rajkumari et al., 2024). Schools encounter these effects through attendance, behavior, concentration, and progression. Trauma-informed practice does not lower educational ambition; it creates the conditions in which students can regain the capacity to meet it.

Second, girls' exclusion often results from accumulated barriers rather than formal denial. Missing documents, unsafe travel, menstrual needs, care work, overcrowding, language mismatch, and stigma may each seem manageable but together make attendance impossible. Single interventions therefore have limited reach: books do not solve unsafe mobility, counseling does not remove care burdens, and enrollment drives do not repair learning gaps. Combined approaches linking resources, learning, community norms, and institutional culture are more promising (North & Ozawa, 2026).

Third, local participation is necessary for accuracy and legitimacy. Displaced girls know which routes feel unsafe, which schedules conflict with care work, which teachers are trusted, and which support may create stigma. Participation should be voluntary, confidential, age-appropriate, and sensitive to community tensions. Girls should help design learning spaces, peer support, feedback systems, and monitoring indicators rather than appear only as respondents. Global reviews similarly identify the underrepresentation of girls' voices and local knowledge (North & Ozawa, 2026).

Teachers are often the most accessible adults outside the family, but many may themselves be displaced, bereaved, overworked, or untrained. They should not be expected to act as therapists. Their role is to recognize common stress reactions, maintain predictable routines, avoid humiliation, make reasonable adjustments, support inclusion, document attendance concerns, and use clear referral pathways. School-based interventions can improve psychosocial outcomes when culturally adapted, supervised, and linked to specialized care (Bangpan et al., 2024; Della Rocca et al., 2024; Lasater et al., 2022; Papola et al., 2024).

Enrollment alone is a weak measure of continuity. Monitoring should include attendance stability, learning progress, grade transition, examination participation, transfer frequency, accessibility, safety incidents, psychosocial well-being, and reasons for absence. Data require disaggregation by sex, age, disability, location, and educational level, with safeguards against identification or communal profiling. Qualitative methods are essential because shame, fear, harassment, and menstrual difficulties may not appear in routine registers.

Research and public communication must avoid portraying displaced girls only as victims or reproducing communal narratives. Reporting should protect identity, distinguish evidence from inference, and acknowledge agency. Girls may organize peer learning, care for siblings, preserve study routines, and contribute to recovery. A rights-based approach recognizes these capacities while maintaining institutional responsibility.

Research Gaps and Future Directions

The central research gap is the lack of longitudinal, gender-disaggregated evidence on displaced students in Manipur. Existing studies provide important signals but do not fully connect mental health with enrollment, attendance, learning, and progression. Future cohorts should include girls in camps, prefabricated settlements, host communities, and resettled locations, with analysis by age, disability, ethnicity, language, grade, school type, and family arrangement. Longitudinal designs are essential because symptoms and educational status change as security, housing, and services evolve.

Mixed methods can combine standardized distress and learning measures with interviews, participatory mapping, diaries, and girls' advisory groups. Research should document protective practices as well as risk. Evaluations of bridge education, transport, mentoring, caregiver support, teacher training, and school-linked psychosocial care should examine feasibility, equity, cost, unintended effects, and sustainability. Safeguards must address confidentiality, communal sensitivity, mandatory reporting, referral capacity, and participant burden.

Implementation research is also needed.

International standards describe desirable responses, but Manipur requires evidence on delivery under segregation, insecurity, scarce specialists, and prolonged displacement. Partnerships among universities, education and health authorities, women's organizations, and displaced communities can produce locally grounded knowledge, with transparent data ownership and accessible dissemination.

A secure, anonymized education-displacement dashboard could link enrollment, attendance, progression, examination status, and referral without exposing communal identity or precise location. It should distinguish temporary absence from dropout, record repeated transfers, restrict access, and establish deletion rules. Independent review by educators, protection specialists, mental-health professionals, and displaced-girl representatives would improve interpretation and accountability.

Limitations

This paper has several limitations. It is a narrative synthesis rather than a systematic review with a registered protocol, and publication bias may affect the available evidence. Manipur-specific research remains limited, and existing studies cannot establish prevalence or causal relationships for all displaced girls. Evidence from refugees and other conflict settings is informative but not fully transferable because legal status, culture, language, institutions, and conflict dynamics differ. Humanitarian reports may use changing definitions and time points, making numerical comparisons difficult. The paper also does not represent direct testimony from displaced girls; therefore, recommendations require validation through participatory local consultation. These limitations reinforce, rather than weaken, the need for careful primary research and transparent monitoring.

Conclusion

Displaced girls in Manipur occupy an educational and psychological space defined by uncertainty. Violence and forced movement disrupt not only school attendance but the relationships, routines, safety, identity, and future orientation that make learning possible. Local evidence of trauma, anxiety, and post-traumatic stress, together with humanitarian documentation of widespread school-age displacement, indicates that a return to ordinary education cannot be assumed. Psychological distress may reduce attention, motivation, confidence, and mobility, while prolonged disconnection from school removes protective social structures and increases the risk that interruption becomes permanent exclusion.

The appropriate response is integrated, gender-responsive, and multilevel. Safe admission, transport, documentation flexibility, bridge learning, menstrual-health facilities, anti-discrimination measures,

teacher preparation, caregiver support, psychosocial programming, and specialized referral should operate as one continuity pathway. Programs must recognize diversity among girls and include their perspectives in design and evaluation. Success should be measured through stable attendance, learning recovery, progression, safety, psychosocial well-being, and completion, not enrollment alone.

Education for displaced girls is simultaneously a legal right, a protection mechanism, a public-health intervention, and an investment in Manipur's social recovery. Treating schooling as an optional activity after emergency relief risks converting temporary displacement into lifelong disadvantage. Protecting the continuity of girls' learning, while addressing the distress that obstructs it, is therefore central to any credible program of rehabilitation, reconciliation, and equitable development.

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