



Research Article

Knowledge and Causes of Post Traumatic Stress Disorders among Internally Displaced Persons at Saminaka Area in Gusau Zamfara State, Nigeria

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ABSTRACT

Post-traumatic stress disorder is one of the psychological disorders which can be experienced following exposure to a traumatic or stressful event. It is characterized by symptoms of intrusion, avoidance, changes in mood and cognition, and hyper-arousal, all of which can last for more than a month after the traumatic event. The study was aimed at assessing knowledge and causes of post-traumatic stress disorders among internally displaced persons at Saminaka area in Gusau, Zamfara State. The study used descriptive cross-sectional design; the population comprised of 95 internally displaced persons. Convenience non-probability sampling technique and structured questionnaire were employed. The data obtained were analysed using Statistical Package for Social Sciences (version 27). The results shows that majority of the respondents had good knowledge on post-traumatic stress disorders, the respondents agreed with the statements as causes of post-traumatic stress disorders with an overall mean of 3.4. The respondents also agreed with almost all the consequences of post traumatic disorders following an overall mean of 3.7. Finally, they agreed with the coping strategies with a considerable mean of 3.5. It was concluded that internally displaced persons had good knowledge on post-traumatic stress disorders, causes, consequences and as well agreed with the coping strategies of post-traumatic stress disorders. Government should increase access to mental health services, the community should foster supportive social networks by creating community support groups and networks to provide emotional support, solidarity, and a safe space for IDPs to share their experiences and coping strategies.

Keywords: Causes; Gusau; Internally displaced person; Knowledge; Post-traumatic stress disorder; Saminaka

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INTRODUCTION

Every year, millions of individuals are forced to flee their homes around the globe, due to violence, war, and natural disasters, and others remain in displacement within their home countries. By the end of 2020, approximately 55 million individuals were

reported to be living in internal displacement because of conflict and environmental hardships, and approximately 40.5 million new displacements were recorded in 2020 only. This surge in displacement was associated with conflict and natural disasters in 149 countries and territories (Internally Displaced Persons Monitoring Centre, 2019).

Internally Displaced Persons (IDP) are groups who have been forced to leave their homes, but remain within the borders of their own country. Ethiopia saw the highest number of internal displacements in the first half of 2018. According to the Internally Displaced Persons Monitoring Centre (IDMC) report, 1.4 million people experienced internal displacement (Internal Displaced Monitoring Centre, 2019).

According to report by the IDMC and the Norwegian Refugee Council (NRC) there are 3.3 million IDPs in Nigeria and 470,500 individuals were displaced in 2013 alone. On a global scale, Nigeria is only ranked behind Syria with 6.5 million IDPs and Colombia with 5.7 million IDPs. The report by IDMC and NRC explains the unprecedented rise in IDPs in Nigeria last year by the increased number of Boko Haram attacks, heavy-handed counter insurgency operations, and ongoing inter-communal violence. After Boko Haram insurgents were pushed out of major towns in the north-east following the declaration of a state of emergency in Borno, Yobe, and Adamawa states in May 2013, they focused their attacks with increased brutality on towns and villages close to Nigeria's borders with Cameroon, Niger and Chad. On May 20, 2014 about 200 people died in a double bombing in the central city of Jos, also blamed on Boko Haram. The increasing deadly attacks on border communities and the destruction of properties, businesses and farmlands have forced many inhabitants to flee to nearby towns and villages as well as into neighbouring Cameroon and Niger republic. In 2014, the Islamist sect killed about 2,000 people and more than half of those killed were civilians. According to the UN Office for the Coordination of Humanitarian Assistance (UNOCHA), 300,000 people in Borno, Adamawa and Yobe 70% of them women and children had fled their homes since early 2013 (Internally Displaced Persons Monitoring Centre, 2019).

An increase in violent crimes in the northwestern Nigerian states including Katsina, Sokoto and Zamfara had triggered large scale displacements and population movement within the states as well as across the international border to Niger Republic. As per a rapid assessment conducted by International Organization for Migration (IOM) (2020), Nigeria in Katsina, Sokoto and Zamfara states, an estimated 66,900 people have been displaced within the states and are in urgent need of humanitarian assistance (USAID, 2019).

The IOM Rapid Assessment found that Zamfara state has the highest number of internally displaced persons (IDPs) at 38,113. This is not surprising given

that 13 out of its 14 LGAs have been affected with the ongoing hostilities by bandits and boko Haram. Gusau, the state capital, recorded the highest number of displaced individuals at 8,420 (USAID, 2019).

The situation of IDPs is dire and they are in urgent need of humanitarian assistance. As per the Rapid Assessment, 50% of the IDPs residing in camps and with host communities are women and children. Among the children, there are more girls than boys among the displaced. There are very few formal camps available for the IDPs so many are residing with host communities. The couple of formal camps available include Mada camp with 3,351 individuals, located few kilometres from Gusau town, the other camp is Anka camp with 2,353 individuals, located around the emir palace of (traditional leader) Anka. Most of the IDPs (70%) are living within solid walls while less than 25 per cent are living in makeshift shelters. All the camps have little or no water available. Food is a major challenge for all displaced. Camps don't have enough food for the IDPs and there are no provisions made by the government so far for IDPs living with host communities. non-food items, shelter and clothes for children and the elderly are among the other immediate needs. Psychosocial support is also needed for the displaced persons, most especially for those living in camps. There is need for family reunifications as families have been reportedly separated on account of movement following the attacks. There are no humanitarian agencies on the ground to assist the displaced persons so far. Many of the affected individuals interviewed said they do not plan to return to their place of origin because of fear of more attacks. (USAID, 2019).

Nigeria has one of the highest numbers of IDPs in sub-Saharan Africa with over 2.7 million IDPs (IDMC, 2019). The increasing number of IDPs was mostly due to conflict and violence such as communal crisis, militancy, banditry, farmer-herder clashes, and the Boko Haram terrorism in the Northeastern part of the country. About 40% of the Nigerian IDPs are settled in camps or camp-like settings with makeshift shelters usually without basic needs and amenities such as potable water, food, clothing, healthcare, education, and security Borno, a Northeastern state is the most affected state, hosting over 1.4 million individuals (International Organization Migration, 2020).

Displaced people experience different traumatic events. This can have serious and long-lasting consequences in terms of physical and mental health outcome. Post-traumatic stress disorder is one of the psychological disorders which can be experienced

following exposure to a traumatic or stressful event. It is characterized by symptoms of intrusion, avoidance, changes in mood and cognition, and hyper-arousal, all of which can last for more than a month after the traumatic event (Sadock *et al.*, 2019). According to the International Classification of Diseases 11th Revision (ICD-11), PTSD is a syndrome that occurred by exposure to extremely traumatic events or a series of events after that they re-experience such traumatic events, In ICD-11, PTSD is considered by the presence of exceedingly ominous or horrifying occurrence situations similar to DSM-5 but it contains three core symptoms; a sense of impending danger, avoiding memories of the horrific situation and encountering it again unlike in DSM-5 total symptoms grown to 20. Different events cause PTSD which usually happened accidentally such as car accidents, war, and fire. The burden of mental illness particularly PTSD is reported as a great public health issue in a conflict-affected population in which war and armed conflicts contribute to poverty, lack of employment, community violence, insecure living circumstances, and changes in the social dynamic (Madoro *et al.*, 2020).

The World Health Organization's (WHO) (2019), global disease of burden survey estimates that mental illness, including stress-related disorders, will be the second leading cause of disability by the year 2020 (Morina *et al.*, 2019).

A study conducted by Mexican individuals from a sample of various regions found that the prevalence of PTSD was 19%. The study done on European prisoners found the highest prevalence of PTSD among those in Finland (27.8%) followed by Croatian (20.6%), England (20.2%), and Germany (18.4%). In East Africa, like Uganda, the prevalence of PTSD ranges from 11.8 to 54%. The prevalence of PTSD among internally displaced people ranges from 3.6% to 88% in different studies from different countries. Ethiopia experienced the most internal displacement during the first half of 2018. According to the Internal Displacement Monitoring Center report, 1.4 million people experienced internal displacement (Yigzaw & Abitew, 2019).

A traumatic experience is capable of provoking fear, helplessness, or horror in response to the threat of injury or death. Such traumatic events include lack of food, water, shelter and medical care, imprisonment, combat and injury, abuse and isolation, torture, murder, death of family member as well as lack of food, water, shelter and medical care. Several studies have shown that people who are exposed to such events are at increased risk for serious mental and

psychological disorders such as PTSD, major depression, panic disorder, generalized anxiety disorder, and substance abuse, as compared with those who have not experienced traumatic events (Yigzaw & Abitew, 2019).

Mental illness, and specifically PTSD, is documented as a key public health issue of a conflict-affected population; war and armed conflicts contribute to poverty, lack of employment, community violence, insecure living circumstances, and changes in the social dynamic. This makes PTSD highly associated with a lower quality of life, even after the end of the actual hostilities in a post-disaster setting (Akinoyemi *et al.*, 2019).

During the events, victimized internally displaced persons experienced a variety of mental health problems, particularly depression and post-traumatic disorders. Post-traumatic stress disorder is a mental disorder associated with witnessing and being exposed to stressful life events, including murder threats, kidnapping, loss, and starvation. More importantly, if the displacements are prolonged, the person will experience more behavioral problems (Ibrahim *et al.*, 2023).

Factors that contribute to the development of PTSD have been classified into four groups: pre-existing factors like family history of mental illness and substance abuse history, the traumatic event itself, the level of exposure, and post-trauma factors such as social support (Ergun, *et al.*, 2020).

PTSD patients struggle with financial, parenting, and interpersonal problems and may develop different physical and mental health problems, such as substance abuse, insomnia, and co morbid depression, so PTSD patients are at high risk of suicide. Therefore, an early diagnosis is important to prevent the disorder and reduce the long-term consequences related to PTSD. The treatment of PTSD involves both psychological and pharmacological therapies and psychological treatments are recommended as the first-line treatment plan. Traumatic events like Death of family member can cause several psychological problems in addition to PTSD, including depression, anxiety, and travel phobia. Prevalence of PTSD is about 8% in the general population while lifetime prevalence rates range from 5-75% among highrisk groups whose members experienced traumatic events (Steel *et al.*, 2019).

Furthermore, events that are threatening to life or bodily integrity will produce traumatic stress on the victim. This is a normal, adaptive response of the mind and body to protect the individual by preparing

him to respond to the threat by fighting or fleeing. If the fight or flight is successful, the traumatic stress will usually be released or dissipated allowing the victim to return to a normal level of functioning (Steel *et al.*, 2019).

Post-traumatic stress disorder is more common in married people, women, people who have been displaced more than once, people who have depressive symptoms, people who have witnessed the murder of family members and the destruction of property, people who are unemployed, and people who are in their forties (Sheikh *et al.*, 2019).

PTSD develops when fight or flight is not possible, the threat persists over a long period of time and or the threat is so extreme that the instinctive response of the victim is to freeze. There is a mistaken assumption that anyone experiencing a traumatic event will have PTSD. This is far from true. Studies vary, but confirm that only a fraction of those facing trauma will develop PTSD. Post-Traumatic Stress Disorder could begin at various stages for every person-experiencing trauma in their life and may adversely impact on a person by reliving the event that causes the stress. Primarily it is an emotional sickness can be classified as an anxiety disorder and it is due to a life threatening, frightening, or highly traumatic experience (Stearns, 2019).

For those who do continue to develop PTSD this may result in mental health problems, long-term behavioral problems, loss of employment, interpersonal problems, drug and alcohol abuse, physical behavioral problems and a lowering of immune functioning (Stearns, 2019). This study aims to assess the knowledge and causes of post-traumatic stress disorders among internally displaced persons at Saminaka area Gusau, Zamfara State

MATERIALS AND METHODS

Research Design

Gay (2014) stated that the purpose of a research design is to provide a plan for answering the research questions and is a blue print for action. The research design employed for this study was non-experimental descriptive survey design. Descriptive research surveys are those studies which are concerned with describing the characteristics of a particular individual, or of a group. This method is considered apt for the study because it does not involve manipulation of participants experience and it is effective in seeking views from people about their experiences.

Target Population

The target population that was used for this study consists of two thousand (2000) internally displaced persons at Saminaka Area Gusau, Zamfara State (Source, Ubamkasar Saminaka Area, 2024)

Sample Size

Yamane's formula was used for sample size determination.

$$n = \frac{N}{1+N(e)^2}$$

Solution

n = sample size?

N = target population=2000

e = sample error = 0.1

Therefore:

$$n = \frac{N}{1+N(0.1)^2}$$

$$n = \frac{2000}{1+2000(0.1)^2}$$

$$n = \frac{2000}{1+2000 \times 0.01}$$

$$n = \frac{1+20}{2000}$$

$$n = \frac{2000}{21}$$

n = 95 was used

Sampling Technique

Convenience non-probability sampling technique was adopted for this study to get the respondents required. This sampling technique is appropriate for the study because all the internally displaced persons cannot be reach at one time. This makes getting a sampling frame difficult. Therefore, the researcher chose the convenience non-probability sampling technique so that only the respondents that are met at the time of data collection were used.

Tool/Instrument

The instrument for collecting data from the respondents in this study was self-structured closed ended questionnaire with three sections as follows:

Section A: Developed to elicit socio-demographic data of the respondents.

Section B: Developed to elicit responses regarding knowledge on post-traumatic stress disorder among internally displaced persons

Section C: Developed to elicit responses regarding causes of post-traumatic stress disorder among internally displaced person

Method of Data Analysis

Data was analyzed using simple percentage, frequency table for socio-demographic characteristic of the respondents and dichotomous score of "Yes" had 1 mark, while "No" had 0 mark for knowledge, and mean and standard deviation was used for causes in Likert scale format. SPSS (version 27) was used for the analysis. A cut-off point was used where an aggregate percentage of 1-49% was regarded as poor

knowledge and also, a score of 50% above indicate good knowledge, moreover any items with means of 2.5 and above is regarded as agreed, while any items with less than 2.5 was regarded as disagreed for section C

Ethical consideration

The researcher obtained an instruction letter from Zamfara State College of Nursing Science Research and Ethical Committee and submitted to district head of Saminaka area. Approval was granted the carryout the study with reference NO: WSG/HSG/017. The researcher takes several measures to preserved information and confidentiality of the respondents. All information received from the respondents were strictly kept confidential.

RESULTS

As shown in Table 1, majority of the respondents were between the age of 26-35 representing 32 (33.7%), while 11 representing (11.6%) were between

the age of 46 and above, also, majority of the respondents were females representing 70 (73.7%) and minority of the respondent were males representing 25 (26.3%). Also, the results show that majority of the respondents were married representing 72 (75.8%) and 5 representing (5.3%) were divorces. In terms of their tribes the majority of the respondents were Hausa representing 65 (68.4%) and minority the respondent representing were Fulani representing 30 (31.6%), likewise, all the respondents were Muslim representing (100%). Also, in terms of their qualification the majority of the respondents had informal education representing (87.4%) while (1.0%) of the respondents had NCE. Table 2 shows that, majority of the respondents have good knowledge on post-traumatic stress disorders. Table 3 shows that, the respondents agreed with the statements as causes of post-traumatic stress disorders with a grand mean of 3.4 that is greater than the decision mean.

Table 1: Socio-demographic data of the respondents (n=95)

variable	Frequency	Percentage (%)
Age in Years		
• 18-25	21	22.1
• 26-35	32	33.7
• 36-45	31	32.6
• 46 and above	11	11.6
Gender		
• Male	25	26.3
• Female	70	73.7
Marital status		
• Single	9	9.5
• Married	72	75.8
• Divorce	5	5.3
• Widow/Widower	9	9.5
Tribes		
• Hausa	65	68.4
• Fulani	30	31.6
• Yoruba	-	-
• Igbo	-	-
• Others	-	-
Religion		
• Islam	95	100.0
• Christian	-	-
• Others	-	-
Qualification		
• SSCE	11	11.6
• Diploma	-	-
• NCE	1	1.0
• Degree	-	-
• MSc	-	-

- Others 83 87.4

Table 2: Knowledge of the respondents on post-traumatic stress disorder (n=95)

Statement	Correct answer	%	Wrong answer	%
Post-traumatic stress disorder is a common and serious mental health conditions	95	100		
Which of the following are common symptoms of post-traumatic stress disorders				
• Nightmares and flashback	92	96.8		
• Self-harm	3	3.2		
• Suicidal attempt	-	-		
• Violent behavior	-	-		
Post-traumatic stress disorder is primarily caused by experiencing or witnessing				
• Traumatic event	92	96.8		
• Ordinary life stressor	3	3.2		
• Personality weakness	-	-		
• None of the above	-	-		
Post- traumatic stress disorders can interfere with a person's ability to work	95	100		
There is still a stigma surrounding post-traumatic stress disorder in society	68	71.6	27	28.4

Table 3: Causes of post-traumatic stress disorders among internally displaced persons (n=95)

Statement	SA	A	D	SD	(\bar{x})±SD
Post-traumatic stress disorder caused by natural disaster, kidnaping, accident, act of violence	83	11	1	-	3.9±0.3
Genetic factors can make some individuals more susceptible to developing post-traumatic stress disorder after experiencing trauma	58	36	1	-	3.6±0.5
lack of employment, insecure living circumstances, and changes in the social dynamic can cause post-traumatic stress disorder	63	31	1	-	3.7±0.5
Long-term exposure to stress or trauma can increase the likelihood of developing post-traumatic stress disorder	41	52	1	-	3.4±0.5
Childhood experience, such as substance abuse, neglect, can contribute to the development of post-traumatic stress disorder later in life	25	32	37	1	2.8±0.8
Overall mean					3.4

DISCUSSION

The demographic data of the respondents showed that, majority of the respondents are between the age of 26-35 representing (33.7%), talking about the gender majority of the respondents are females representing (73.7%). Also, in regard to the marital status majority of the respondents were married representing (75.8%). In terms of their tribes the majority of the respondents are Hausa representing (68.4%), likewise, all the respondents are Muslim representing (100%). Also, in terms of their qualifications majority of the respondents have informal education representing (87.4%).

The result of this study showed that the majority of the respondents in Saminaka Area Gusau, had good knowledge of post-traumatic stress disorders. This goes in line with study conducted by Prasad & Bondy, (2019) which defined post-traumatic stress disorder (PTSD) as a complex disorder which is caused by exposure to single or repeated traumatic events such as those found in war, terrorism, in natural or human-caused disasters, and in violent personal assaults, such as rape, mugging, domestic violence and accidents. Individuals with PTSD have persistent fear memory and often feel emotionally numb. If left untreated, PTSD can be life-threatening, as it is often

linked with substance abuse and severe depression. In recent decades, war and human rights violations in the Middle East have led to high rates of exposure to traumatic events and to a correspondingly high incidence of posttraumatic stress disorder (PTSD) in the region.

The result of this study shows that, the respondents agree with the statements as causes of post-traumatic stress disorders with a grand mean of 3.4 that is greater than the decision mean. This goes with study conducted by Chukwuorji *et al.*, (2019), that explained post-traumatic stress disorder is one of the psychological disorders which can be experienced following exposure to a traumatic or stressful event. It is characterized by symptoms of intrusion, avoidance, changes in mood and cognition, and hyper-arousal, all of which can last for more than a month after the traumatic event. PTSD can occur due to witnessing and being exposed to terrible events such as murder, threats, kidnap, loss of relatives or friends, loss of house, and starvation

CONCLUSION

The internally displaced persons in this study had good knowledge of post-traumatic stress disorders, the causes and consequences; and as well agreed with the coping strategies.

Given the findings of this study, Government should increase access to mental health services, the community should foster supportive social networks by creating community support groups and networks to provide emotional support, solidarity, and a safe space for IDPs to share their experiences and coping strategies, Individual Seek Professional Help by Encouraging individuals experiencing PTSD symptoms to seek professional help from mental health providers or counselors for assessment, diagnosis, and tailored treatment.

REFERENCES

Akinyemi, O. O., Owoaje, E. T., Ige, O. K., & Popoola, O. A. (2019). Comparative study of mental health and quality of life in long-term refugees and host populations in Oru-ljebu, Southwest Nigeria. *BMC Research Notes*, 5, 394. <https://doi.org/10.1186/s13104-019-4405-x>

Chukwuorji, J. B. C., Ifeagwazi, C. M., & Eze, J. E. (2019). Event centrality influences posttraumatic stress disorder symptoms via core beliefs in internally displaced older adults. *Aging & Mental Health*, 23, 113–121. <https://doi.org/10.1080/13607863.2018.1458679>

Ergun, D., Çakici, M., & Çakici, E. (2020). Comparing psychological responses of internally displaced and non-displaced Turkish Cypriots. *Torture*, 18(1), 20–28. <https://doi.org/10.7146/torture.v18i1.118302>

Gay, L. R. (2014). *Educational research: Competencies for analysis and application*. New York: Maxwell, Macmillan International.

Ibrahim, U. U., Aliyu, A. A., Abdulhakeem, O. A., Abdulaziz, M., Asiya, M., & Sabitu, K. (2023). Prevalence of Boko Haram crisis-related depression and post-traumatic stress disorder symptomatology among internally displaced persons in Yobe State, North East, Nigeria. *Journal of Affective Disorders Reports*, 13, 100590. <https://doi.org/10.1016/j.jadr.2023.100590>

Internally Displaced Persons Monitoring Centre (2019). *Global report on internal displacement*. Retrieved from <https://www.internal-displacement.org/global-report/grid2021/>

International Organization for Migration (2020). *Displacement tracking index: Round 23*. Retrieved from <https://displacement.iom.int/system/tdf/reports/Nigeria%20-%20Displacement%20Report%2023%20%28June%202018%29.pdf?file=1&type=node&id=381>

Madero, D., Kerebih, H., & Habtamu, Y. (2020). Post-traumatic stress disorder and associated factors among internally displaced people in South Ethiopia: A cross-sectional study. *Neuropsychiatric Disease and Treatment*, 16, 2317-2325. <https://doi.org/10.2147/NDT.S265237>

Morina, N., Akhtar, A., Barth, J., & Schnyder, U. (2019). Psychiatric disorders in refugees and internally displaced persons after forced displacement: A systematic review. *Frontiers in Psychiatry*, 9, 433. <https://doi.org/10.3389/fpsyt.2019.00433>

Prasad, K. N., & Bondy, S. C. (2019). Common biochemical defects: Linkage between post-traumatic stress disorders, mild traumatic brain injury (TBI), and penetrating TBI. *Brain Research*, 1599, 103-114. <https://doi.org/10.1016/j.brainres.2014.11.027>

Sadock, B. J., & Sadock, V. A. (2020). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Lippincott Williams & Wilkins.

Sheikh, T. L., Mohammed, A., Agunbiade, S., Ike, J., Ebiti, W. N., & Adekeye, O. (2019). Psycho-trauma, psychosocial adjustment, and symptomatic post-traumatic stress disorder among internally displaced persons in Kaduna, Northwestern Nigeria. *Frontiers in*

Psychiatry, 5, 127.
<https://doi.org/10.3389/fpsyt.2019.00127>

Stearns, R. (2019). *Post-traumatic stress disorder: Predisposed careers, therapy, and positive support* (Master's thesis). The Graduate School, University of Wisconsin-Stout, Menomonie. Retrieved from <https://www.sophia.stkate.edu/theses/437>

Steel, Z., Chey, T., Silove, D., Marnane, C., & Bryant, R. A. (2019). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis.

JAMA, 302, 537-549.
<https://doi.org/10.1001/jama.2009.1132>

USAID. (2019). *Flash report displacement report*. Retrieved from <https://dtm.iom.int/sites/g/files/tmzbd1461/files/reports/Nigeria%20Displacement%20Report%2023%20June%202018.pdf>

Yigzaw, G. S., & Abitew, E. B. (2019). Causes and impacts of internal displacement in Ethiopia. *African Journal of Social Work*, 9(2), 32–41.
<https://doi.org/10.5897/ajsw2019.0644>