



# Forced Displacement Literature Review

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## Table of Contents

Large weather and conflict effects on internal displacement in Somalia with little evidence of feedback onto conflict.....	2
Characterization of Vulnerability of Internally Displaced Persons in Burkina Faso, Mali, and Niger Using Respondent-Driven Sampling (RDS) .....	3
The predictors of food security and dietary diversity among internally displaced persons' children (6–59 months) in Bamenda health district, Cameroon.....	4
Prevalence, patterns, and determinants of gender-based violence among women and girls in IDP camps, Mogadishu-Somalia.....	6
A post-traumatic stress disorder among internally displaced people in sub-Saharan Africa: a systematic review .....	7
Post-traumatic stress disorder and associated factors among internally displaced persons in Africa: A systematic review and meta-analysis .....	8
Prevalence of depression and associated factors among community hosted internally displaced people of Tigray; during war and siege.....	10
Prevalence and associated factors of common mental disorders among internally displaced people by armed conflict in Cabo Delgado, Mozambique: a cross-sectional community-based study .....	11
Posttraumatic stress moderates return intentions: a factorial survey experiment with internally displaced persons in Nigeria.....	12

# Large weather and conflict effects on internal displacement in Somalia with little evidence of feedback onto conflict

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This article **estimates the effects of extreme weather and conflict on forced displacement in Somalia, as well as the effects of displacement on conflict itself.**

The analysis draws on disaggregated data from the Protection and Return Monitoring Network (PRMN) survey. The dataset covers all subregions of Somalia from 2016 to 2018 and includes information on the reason for displacement and the origin and destination of each IDP movement. The analysis incorporates high-resolution observations of extreme weather, such as monthly temperatures and precipitation, and data on conflict events and fatalities from the Armed Conflict Location and Event Data Project (ACLED) database.

Main results:

- **Extreme weather, such as droughts and high temperatures, significantly increases internal displacement.** An increase in temperature anomalies from 1 °C to 2 °C (approximately 1.5 standard deviations) leads to a tenfold increase in displaced people. However, the effect appears to be nonlinear, with a change from 0 °C to 1 °C only leading to close to a doubling (approximately 70 percent increase) in predicted IDPs. Additionally, a reduction in precipitation from 50 mm to 0 mm (approximately 1.5 standard deviations) leads to around a fourfold increase in displacement.
- **Increases in armed conflict lead to large internal displacement.** An increase in the number of conflict events from 0 to 25 (an approximately 1.5 standard deviation change) is predicted to lead to a 50-fold increase in the number of internally displaced persons (IDPs), which would double again if conflict events increase from 25 to 50. As conflict events occur frequently and often exceed 10–25 events per region, these effects are large and common. However, these effects are only detectable when using disaggregated data broken down by the reason for displacement.
- **Displacement itself has little detectable effect on the occurrence of conflict events.**

The authors conclude that there are large effects of temperatures and precipitation shocks on internal displacement, and that conflict is also a strong driver of internal displacement. However, IDPs do not appear to increase the probability of conflict at their destination, suggesting that concerns around migration-induced conflict may be unfounded. The findings underscore the need for granular, disaggregated displacement and migration data to inform anticipatory humanitarian action and policy responses.

# Characterization of Vulnerability of Internally Displaced Persons in Burkina Faso, Mali, and Niger Using Respondent-Driven Sampling (RDS)

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**This paper characterizes the vulnerabilities of IDPs in Burkina Faso, Mali and Niger using respondent-driven sampling (RDS) techniques.** The IDP population in the central Sahel region grew from around 1.1 million at the end of 2019 to over 2.6 million at the end of 2021. Burkina Faso has the largest and fastest-growing IDP population with nearly 1.6 million IDPs as of December 2021, followed by Mali (401,736) and Niger (264,257).

Between August and October 2021, a total of 4,144 IDPs were surveyed in remote and urban areas in the three countries: Burkina Faso (Kaya, Ouahigouya), Mali (Bamako, Ménaka), and Niger (Niamey, Diffa). The authors utilized respondent-driven sampling (RDS) technique based on peer-to-peer recruitment. The survey instrument included questions about socio-demographic characteristics, experiences of displacement, violence, socio-economic integration, assistance, physical and mental health status, housing and health conditions, disability, and ability to meet basic needs. The analysis focused on nine targeted vulnerability profiles, based on three domains of vulnerability: (1) sex, gender, gender identity, and sexual orientation; (2) health and welfare concerns; and (3) protection needs.

Main findings:

- In Burkina Faso and Niamey, almost all IDPs had official identification documentation, while in Diffa, Bamako, and Ménaka, 68 percent, 54 percent, and 36 percent of IDPs did not have documentation, respectively.
- **The housing situation of IDPs varied by site.** In both sites in Burkina Faso, the majority of IDPs rented a room in an apartment or house or lived rent-free with family or friends. The majority of IDPs in Bamako and Diffa lived in a self-constructed shelter. In Ménaka, IDPs were mostly divided across these three housing situations. In contrast, nearly all IDPs in Niamey lived in camps.
- **Across each site, the majority of IDPs reported having difficulty meeting their basic needs.** This was particularly prevalent in Niamey, where 95 percent of IDPs had difficulty meeting their basic needs.
- Experiences with assistance varied by site. Whereas all IDPs in Niamey reported receiving assistance, only 18 percent of those in Bamako had.
- **Less than half of IDPs across all sites reported feeling 'fully' integrated into local society.** Bamako and Niamey had the greatest proportion of IDPs who reported feeling 'not at all' socially integrated, with 45 percent and 51 percent, respectively.

- Across all sites, ratings of economic inclusion were worse than ratings of social inclusion. In all sites except Diffa, a greater percentage of IDPs reported feeling ‘not at all’ economically integrated versus feeling ‘fully’ economically integrated. Bamako and Niamey also had the greatest proportion of IDPs reported feeling ‘not at all’ integrated economically, with 45 percent and 62 percent, respectively.
- **Over 7 in 10 IDPs in the six survey sites fall into at least one category of vulnerability**, with health (i.e., having a chronic illness, mental health issue, disability, or being elderly) emerging as the most common form of vulnerability. Mental health and chronic health make up the largest proportions, respectively, of the health vulnerability criteria in all sites other than Ménaka, where disability is the most prevalent component of health vulnerability.
- Protection-based vulnerability (i.e., victim of torture, violence, or kidnapping) among IDPs was most prevalent in Mali, particularly in the remote site of Ménaka.
- Neither demographic nor risk factors are systematically correlated with vulnerability status across contexts other than gender.
- There are several site-specific significant associations. Feeling socially integrated is associated with increased vulnerability status in Kaya and Ménaka but associated with reduced vulnerability status in Ouahigouya. Both having high school or higher education in Diffa and receiving assistance in Ouahigouya are associated with reduced odds of vulnerability. Receiving assistance is significantly associated with reduced odds of vulnerability in Niamey.

The RDS recruitment method in this study identified displaced populations across six survey sites in the Central Sahel with a high prevalence of risk factors and vulnerability profiles. The study also revealed that vulnerability status domains are not mutually exclusive, with overlaps between health, protection, and gender categories of vulnerabilities. **Additionally, the level, scale, and category of vulnerability varied significantly between urban and rural IDPs, even within the same country, such as in Mali.**

## **The predictors of food security and dietary diversity among internally displaced persons’ children (6–59 months) in Bamenda health district, Cameroon**

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<https://doi.org/10.1186/s13031-023-00511-2>

This paper **estimates the prevalence and predictors of food insecurity and dietary diversity among displaced children in the Bamenda Health District of Cameroon.** As of October 2018, United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

estimated there were 105,000 IDPs in the northwest region of Cameroon, of whom an estimated 43 percent were children.

The study was conducted from May 2021 to June 2021 and included 395 children aged 6-59 months. A structured questionnaire was used to collect data on sociodemographic characteristics, food security, and dietary diversity. Household food insecurity was categorized into three levels (secure, moderate, or at risk of hunger), and dietary diversity was assessed based on the consumption of food from seven standardized food groups.

The study highlights the need for interventions to improve food security and dietary diversity among internally displaced persons' children in the study area.

Results:

- **The majority of IDP households were food insecure.** The prevalence of household food insecurity was estimated at 92 percent, with 3 percent at risk of experiencing hunger and only 6 percent being food secure.
- **More than half of the children in the study had low or inadequate dietary diversity.** Children in the study had a mean dietary diversity score of 3.6 food groups, with 52 percent having low or inadequate dietary diversity.
- **Factors associated with food insecurity included low monthly income, high frequency of forced displacement, and long distances walked to fetch drinking water.** Children from households with a monthly income of US\$101- US\$200 and those that had been displaced just once were less likely to be food insecure. Households with participants who walked ten minutes or more to fetch drinking water were more likely to be food insecure.
- **Factors associated with low dietary diversity included low monthly income, being a beneficiary of social assistance, and long distances walked to fetch drinking water.** Households with monthly income of US\$100 or more had a reduced chance of providing low diversified food. Households that received social grants and had to walk ten minutes or more to fetch drinking water had a higher chance of providing low diversified food.

The authors conclude that **dietary diversity was unacceptably low and household food insecurity was unacceptably high among internally displaced children.** Food security was mainly influenced by low monthly income, high frequency of forced displacement and distance walked to fetch drinking water. Low household monthly income, receiving social grants and distance walked to fetch drinking water were associated with low dietary diversity among children 6–59 months. The study highlights the need for interventions to improve food security and dietary diversity among displaced children in the study area.

# Prevalence, patterns, and determinants of gender-based violence among women and girls in IDP camps, Mogadishu-Somalia

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This paper **estimates the prevalence and determinants of gender-based violence (GBV) among women in IDP camps in Somalia**. Somalia has one of the highest rates of GBV worldwide, with GBV more prevalent among women and girls in IDP camps.

The analysis is based on data collected using a structured interview questionnaire in IDP camps in Deynile District in August and September 2022. A total of 384 women aged 18 years and above who had been living in one of five selected IDP camps for at least 6 months were included in the study. Participants were asked questions about their socio-demographic characteristics and their experience of GBV. GBV was classified into six categories: physical assault, psychological abuse, forced marriage, attempted rape, rape, and denial of resources. Participants who experienced GBV were asked additional questions about the type, frequency, and perpetrator of the GBV, the survivor's response, and the repercussions for the perpetrator.

Main findings:

- **Gender-based violence was quite common in the IDP camps in Mogadishu's Deynile area.** Nearly 19 percent of women in the sample had experienced gender-based violence in the previous 12 months.
- **Physical abuse was the most common type of GBV.** Forty-four percent of GBV incidents were physical assaults, followed by psychological abuse (25 percent), forced marriage (19 percent), attempted rape (7 percent), rape (4 percent), and denial of resources (2 percent). Forty-four percent of victims experienced multiple assaults, leading to various medical and social issues including physical injuries, psychological trauma, infectious diseases, reproductive problems, and socio-cultural problems.
- **GBV was primarily committed by intimate partners, parents, and other family members.** More than half (58 percent) of incidents were committed by intimate partners or relatives. Most incidents occurred during the day, at the victim's home, and when the victims were alone.
- **Most women do not report incidents of GBV.** Only 4 percent of victims had reported incidents of GBV to security institutions. Victims cited several reasons for not reporting incidents of GBV including lack of trust in public institutions, stigma, poverty, lack of education, lack of livelihood opportunities, lack of access to justice institutions, fear of exposure to further violence, and an inadequate legal framework.
- **Younger women were more likely to experience GBV.** Women younger than 20 years of age were 4.8 times more likely to experience GBV than older women.

- **An extended family structure and larger household size were risk factors for SGBV.** The odds of suffering from gender-based violence were 7.9 times higher among women who lived in joint families with respect to those living in nuclear families. The odds of encountering gender-based violence were almost two times higher among women whose household consisted of more than five individuals compared to those who were from families of less than or equal to five members.
- **Substance abuse was a risk factor for GBV.** Women who used substances were more than three times more likely to experience GBV compared to non-users.
- **Employment increased the risk of GBV.** Employed women were 1.6 times more likely to experience GBV compared to unemployed women.
- **Proximity to a police station and camp security personnel were protective factors.** Women living in IDP camps without security were nearly twice as likely to experience GBV. Women living 2 km or more away from the nearest police station were 2.7 times more likely to experience GBV compared to those who lived less than 2 km away.

The authors conclude that **there is a high prevalence of GBV in IDP camps in Mogadishu's Deynile area.** The most common form of GBV was physical violence mainly perpetuated by intimate partners. The study identified several socio-cultural factors associated with GBV, including family structure, household size, age, employment, substance abuse, distance to the nearest police station, and camp security. The authors recommend improving some of the modifiable factors that were strongly associated with gender-based violence in the IDP camps.

## **A post-traumatic stress disorder among internally displaced people in sub-Saharan Africa: a systematic review**

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*Frontiers in Psychiatry*, Volume 14 (2023)

<https://doi.org/10.3389/fpsy.2023.1261230>

This systematic review **examines the prevalence and determinants of post-traumatic stress disorder (PTSD) among internally displaced people (IDPs) in sub-Saharan Africa.**

The review included quantitative observational studies on the prevalence of PTSD in IDP populations in Africa, published until June 2023. Eleven studies met the inclusion criteria, covering a total of 11,010 participants from 14 countries including Nigeria (4 studies), Ethiopia (3 studies), Sudan (3 studies), Somalia, the Central African Republic, Uganda, and Kenya.



Main findings:

- The region has a high prevalence of PTSD, with eight out of 11 studies reporting a prevalence of more than 50 percent. The prevalence ranged from 12 percent in Sudan to 86 percent in Nigeria.
- Being a woman, single marital status, low educational attainment, and having depression or anxiety disorders are associated with a higher risk of PTSD among IDPs.
- Experiencing or witnessing traumatizing events, psychological trauma, sexual violence and abuse, and a higher frequency of displacement are associated with PTSD among IDPs.
- Additional risk factors for PTSD included age between 18 and 27 years, age at first displacement between 19 and 35 years, presence of somatic symptoms, poor social functioning, and being a merchant.

**The prevalence of PTSD among IDPs in Sub-Saharan Africa is high compared to other regions of the world.** Several socio-demographic characteristics were identified as contributing to PTSD, including age, being single, being female, and having a low level of education. Additionally, depression, anxiety, and experiencing or witnessing traumatic events were found to be influential factors for PTSD among IDPs. These results emphasize the importance of addressing the mental health needs of IDPs in the region and implementing appropriate interventions and support systems.

## **Post-traumatic stress disorder and associated factors among internally displaced persons in Africa: A systematic review and meta-analysis**

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The study **provides a comprehensive synthesis of existing research on post-traumatic stress disorder (PTSD) and associated risk factors among IDPs in African countries.**

Articles were included in the review if they reported the quantitative outcome of the prevalence of PTSD and associated factors among IDPs in Africa based on a cross-sectional study. Only studies published in peer-reviewed journals before 11 June 2023 were included. The quality of articles was assessed using the Joanna Briggs Institute (JBI) quality appraisal tools for analytical cross-sectional studies, and only articles with low and moderate biases were reviewed.

A total of 14 studies covering 7,590 participants met the inclusion criteria for the review. The studies were conducted in Ethiopia (three studies), Nigeria (five studies), Kenya, Somalia, Sudan, South Sudan, Uganda, and the Democratic Republic of Congo (DRC).

Main findings:

- **The pooled prevalence of PTSD among IDPs in Africa was 51 percent**, with the lowest prevalence found in Sudan at 15 percent and the highest prevalence found in Nigeria at 94 percent. In-country subgroup analysis revealed a pooled prevalence of 62 percent in Nigeria and 54 percent in Ethiopia.
- **There was a higher prevalence rate among positive screening cases compared to clinically confirmed cases.** The pooled prevalence was 31 percent for clinically confirmed cases of PTSD and 55 percent for positive screening cases of PTSD.
- **Females were at higher risk of PTSD than men.** In four studies, female IDPs had a twofold higher risk of developing PTSD compared to male IDPs.
- **Being divorced, separated, or widowed was associated with PTSD.** The pooled results of three studies revealed that individuals who were no longer married (divorced, separated, widowed, or forcefully separated) were 1.93 times more likely to develop PTSD compared to those who were married or single.
- **Unemployment was associated with PTSD.** The pooled findings of two studies showed that the likelihood of PTSD was 1.9 times higher for unemployed IDPs compared to employed IDPs.
- **Injuries, ill-health without medical treatment, and depression are associated with PTSD.** Pooled results from two studies revealed that the likelihood of PTSD was 1.9 times higher for injured IDPs than for uninjured ones. The combined findings of two studies revealed that the likelihood of PTSD was 1.9 times higher for IDPs with poor health who did not receive medical care than for those who did receive medical care. The pooled result from four studies revealed that people with depression had a three-fold increased risk of developing PTSD compared to people without depression.
- **The number of traumatic events and the frequency of displacement are risk factors for PTSD.** Pooled results from two studies revealed that the likelihood of PTSD was higher in IDPs who had experienced four or more traumatic events, 3.2 times higher for those who had experienced eight to 11 traumatic events, and 5.4 times higher for those who had experienced 12 or more traumatic events compared to those who had experienced zero to three traumatic events. There is also a substantial correlation between PTSD and a higher frequency of displacement, with those displaced more than once having a two-fold increased risk of developing PTSD.

The findings **highlight the high prevalence of PTSD among IDPs in Africa.** The identification of significant risk factors, including female sex, marital status, number of traumatic events, ill health without medical care, depression, and frequency of displacement, provides valuable insights for targeted interventions. The authors recommend interventions and tailored mental health programs to prevent PTSD among IDPs, focusing on the identified risk factors.

## Prevalence of depression and associated factors among community hosted internally displaced people of Tigray; during war and siege

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<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-023-05333-3>

This study **estimates the prevalence of depression and associated factors among internally displaced persons (IDPs) in Tigray, Ethiopia**. Between November 2020 and September 2021, an estimated 2.1 million people were displaced by armed conflict in Tigray between the Tigray regional government and the Ethiopian federal government.

Data was collected using a structured questionnaire in all woredas (districts) of the Tigray region in 2021, covering 1,965 heads of displaced households. Information was collected on the socio-demographic characteristics of household members, household assets, health and disabilities, and the death and separation of family members. Additionally, the questionnaire included a checklist for Major Depressive Disorder (MDD) based on the criteria of the Diagnostic Statistical Manual for Mental Health Disorders (DSM-IV).

Main findings:

- **The prevalence of depression among IDPs was 81 percent**, with 67 percent of participants classified as having moderate to severe depression.
- **Factors that increased the risk of depression among IDPs included marital status, occupation, family size, destruction of household assets, and having disabled family members due to the war**. Married and divorced individuals had a higher prevalence of depression compared to single individuals. Government employees and daily labourers were more likely to experience depression compared to farmers, possibly due to the absence of salary and job opportunities during the war. The prevalence of depression increased with larger family sizes. The loss of property, looting of cereals, and injury of family members due to the war were also significant factors associated with depression among the IDPs.

The prevalence of depression among IDPs in Tigray is very high compared to similar studies conducted elsewhere. The findings underscore the urgent need for psychosocial health intervention for IDPs displaced by the war in the Tigray region.

# Prevalence and associated factors of common mental disorders among internally displaced people by armed conflict in Cabo Delgado, Mozambique: a cross-sectional community-based study

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This study **estimates the prevalence of post-traumatic stress disorder (PTSD), depression, and anxiety, and associated factors among armed conflict survivors in Cabo Delgado, in northern Mozambique.** Mozambique hosts nearly 32,000 refugees and asylum-seekers, and more than one million IDPs displaced by violence perpetrated by non-state armed groups.

Data was collected through face-to-face interviews with 748 participants using a structured questionnaire between January and April 2023. Information was collected on sociodemographic characteristics, health conditions, missing family members, death of family and friends, and exposure to armed conflict. PTSD, anxiety, and depression were evaluated using the Primary Care Post-Traumatic Stress Disorder Checklist (PC-PTSD-5), the Generalized Anxiety Disorder Scale (GAD-7), and the Patient Health Questionnaire – Mozambique (PHQ-9 MZ), respectively.

Main results:

- **There were high rates of PTSD, depression and anxiety found in the sample.** An estimated 74 percent of participants had PTSD, 64 percent had depression, and 40 percent had anxiety.
- **PTSD is associated with depression, anxiety, and suicide ideation.** PTSD was found in 90 percent and 89 percent of patients with depression, and anxiety symptoms, respectively. Having depressive symptoms, anxiety symptoms and suicide ideation were significantly associated with PTSD.
- **The likelihood of developing PTSD was higher in females, in individuals with longer exposure to armed conflict, and in individuals having a family member or close friend injured or killed.** Females had 2.2 times the likelihood of developing PTSD than males. The likelihood of developing PTSD was 4.8 times higher among individuals who had been exposed to war between 12 weeks to a year compared to those who had been exposed to war for 11 weeks or less.

**The prevalence of depression, anxiety, and PTSD was high compared with similar studies conducted elsewhere.** The authors recommend a scale-up of mental health care, by increasing medical workers' capacity to diagnose and treat patients with mental health disorders.

# Posttraumatic stress moderates return intentions: a factorial survey experiment with internally displaced persons in Nigeria

Peter Onah Thompson, Jonathan Hall, Tobias Hecker, and James Igoe Walsh

*European Journal of Psychotraumatology*, Volume 14, Issue 2 (2023)

<https://doi.org/10.1080/20008066.2023.2277505>

This article **examines the effect of posttraumatic stress as a moderator on the decision-making process of internally displaced persons (IDPs) in Nigeria.**

The analysis is based on data collected using a factorial survey experiment of 822 residents of IDP camps in northeastern Nigeria. The Boko Haram Islamist insurgency and the counterinsurgency operations by Nigerian and allied forces have led to the displacement of more than two million IDPs.

The analysis is based on data collected in January and February 2021 from 822 adult IDPs living in IDP camps in Borno State. Data was collected on age, gender, education, socioeconomic status, and exposure to violent conflict. Self-reported symptoms of posttraumatic stress were assessed using the six-item abbreviated PTSD Checklist-civilian version (PCL-C).

The design of the survey instrument was informed by focus group discussions with IDPs that revealed IDPs perceived NGOs positively and as a valuable source of information. Participants were randomly assigned to one of four vignettes, which varied the degree to which a fictitious NGO was knowledgeable and trustworthy. Knowledgeability was proxied by the location of the NGO (near or distantly located from the community) and the length of time NGO staff had worked with local conflict-affected communities. Trustworthiness of the fictional NGO was varied according to the degree to which the NGO was reportedly motivated by financial concerns or the interests of IDPs. Based on the assigned vignette, participants were asked about likely return intentions for a person “in the position of an IDP like themselves”.

Main results:

- **Over 58 percent of participants indicated that a displaced person like themselves would be likely or very likely to return**, while 32 percent stated they would be very unlikely or unlikely to return.
- **Over 75 percent of participants screened positive for probable PTSD.**
- **Credible information from trustworthy sources can positively influence return intentions.**
- **Higher levels of posttraumatic stress reduce the effect of a more trustworthy source of information on return intentions.**

The authors conclude that **traumatic experiences during wartime can undermine the effectiveness of the provision of information from a trustworthy source about good conditions in displaced persons' areas of origin**. The authors suggest that interventions addressing posttraumatic stress could have downstream effects on safe, durable, and dignified returns.