

**Mekelle University**

**College of Social Sciences and Languages**

**Department of Sociology (Post Graduate Program)**



Psychosocial Impacts of Tigray War and Resilience Strategies among Internally Displaced Persons (IDP) in Mekelle

A Research Prepared in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Sociology

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**Mekelle University**  
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**Declaration**

I hereby declare that this thesis is my original work and that all sources of materials used in this thesis have been properly acknowledged. This thesis has been submitted in partial fulfillment of the requirements for the award of the Master of Arts (M.A.) degree in Sociology at Mekelle University. I also declare that this thesis has not been submitted to any other institution for the award of any academic degree, diploma, or certificate. Brief quotations from this thesis are allowed without special permission, provided that accurate acknowledgment of the source is made.

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**Signature:** .....

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## **Abstract**

War poses serious psychosocial challenges for people, often resulting in mental health disorders and social disintegration. Despite some studies, methodological, conceptual, geographical and other gaps remain in understanding these impacts. To address these gaps, this study examined the effects of the Tigray War on the psychosocial well-being of Internally Displaced Persons (IDPs) in Mekelle and explored their resilience mechanisms. The research was guided by an integrated framework drawing on Social Capital Theory, Social Strain Theory, the Biopsychosocial Model, and Resilience Theories. A mixed-methods convergent parallel design was employed. Quantitatively, 377 IDPs samples were selected through stratified random sampling from a population of 18,079. Qualitatively, 16 participants engaged in focus group discussions, 5 in in-depth interviews, and 3 as key informants. Data were collected through surveys and interviews and analyzed using descriptive and inferential statistic, such as chi-square tests, independent t-test, ordinal logistic regression, and thematic analysis. Findings revealed high prevalence of severe psychological distress among IDPs. The regression results showed that pre-trauma exposure and traumatic experiences significantly predicted psychological distress, while economic factors, social capital, and coping mechanisms acted as protective factors. Social values showed a marginal protective effect, whereas displacement frequency was not a significant predictor. Key resilience mechanisms included social support networks, spiritual and religious coping, economic adaptation, reliance on institutional support, and maintaining a positive mindset. The study concludes that despite the profound psychosocial harm caused by the war, some IDPs demonstrated notable resilience through multifaceted adaptive strategies. Finally, the study recommends integrated, trauma-informed interventions that strengthen social capital, expand livelihood opportunities, and facilitate safe return for lasting recovery and sustainable solutions.

**Keywords:** *Tigray War, Psychosocial Distress, Social Impact, Resilience, Internally Displaced Persons (IDPs).*

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## **List of abbreviations**

- APA – American Psychological Association
- CBT – Cognitive-Behavioral Therapy
- FGD – Focus Group Discussion
- IDPs – Internally Displaced Persons
- IOM – International Organization for Migration
- KII – Key Informant Interview
- NGOs – Non-Governmental Organizations
- PTSD – Post-Traumatic Stress Disorder
- UNDP – United Nations Development Program
- UNHCR – United Nations High Commissioner for Refugees
- USAID – United States Agency for International Development
- WHO – World Health Organization
- WGFS – Women and Girls Friendly Space

## **1. Chapter I: Introduction**

### **1.1. Background of the Study**

The psychosocial impacts of armed war on civilian populations remain a significant concern in global public health and humanitarian discourse, as wars continue to inflict profound human suffering, mass displacement, and enduring mental health consequences. According to the World Health Organization (WHO, 2019), approximately one in five individuals residing in conflict-affected areas are likely to develop mental health conditions, including post-traumatic stress disorder (PTSD), depression, and anxiety. Similarly, the United Nations High Commissioner for Refugees (UNHCR, 2022) reports that over 60 million individuals have been forcibly displaced worldwide due to conflict, with a substantial proportion categorized as IDPs, individuals who while remaining within the borders of their countries, are forced to flee their habitual residences. Unlike refugees, IDPs often lack access to formal international protection mechanisms, rendering them particularly vulnerable to continued insecurity, economic instability, and psychosocial distress (WHO, 2019).

A growing body of literature has examined the psychosocial consequences of war and the resilience strategies adopted by affected communities. For instance, Betancourt et al. (2010) investigated the long-term mental health impacts of war exposure among youth in post-conflict Sierra Leone, identifying elevated levels of depression, anxiety, and hostility among former child soldiers. However, the study's cross-sectional and quantitative design limited its ability to capture the evolving and complex nature of psychosocial adjustment over time. Similarly, Silove (2005), in a study conducted in Timor-Leste, explored the broader communal effects of conflict, with a particular focus on the deterioration of social cohesion and support systems. While the study offered important conceptual insights, it did not examine the specific psychosocial challenges faced by internally displaced populations.

In the context of Darfur, Sudan, Hamid and Musa (2010) conducted research on the psychological wellbeing of IDPs residing in displacement camps. Their findings revealed that 54% of participants exhibited symptoms of PTSD, while 70% experienced generalized psychological distress. Nonetheless, the study was limited by its narrow scope and lack of attention to coping mechanisms and the subjective experiences of the displaced. Similarly, Mels et al. (2017) assessed the

prevalence of mental health disorders among conflict-affected populations in sub-Saharan Africa through quantitative surveys. Although the study provided valuable statistical data, it did not integrate qualitative methodologies that would have offered a deeper understanding of lived experiences and adaptive strategies.

Additionally, Yared (2023) explored youth resilience in conflict-affected urban neighborhoods of Addis Ababa, Ethiopia. While the study identified important aspects of localized coping strategies, it was limited in both methodological and conceptual scope. Notably, it did not focus on internally displaced populations or the specific psychosocial effects of war-induced displacement.

Taken collectively, these studies underscore critical gaps in the existing literature. Conceptually, many of the investigations have not adequately addressed the experiences of IDPs as a distinct and highly vulnerable subgroup within conflict-affected populations. Methodologically, there has been a predominant reliance on quantitative data, with insufficient incorporation of qualitative approaches that could illuminate the nuanced, subjective dimensions of psychosocial trauma and resilience. In response, this study aimed to examine the psychosocial impacts of the Tigray War on internally displaced persons and to explore the resilience mechanisms they employed in the post-war context.

## **1.2.Statement of the Problem**

The influence of armed conflicts on people has been researched, with diverse findings published by different studies. As per WHO (2019), psychosocial impacts of war on communities are a pressing global concern, with conflicts around the world resulting in devastating human suffering, displacement, and long-term mental health consequences. The World Health Organization (WHO, 2019), assessed that one in five people in conflict-affected areas experience mental health disorders, including post-traumatic stress disorder (PTSD), depression, and anxiety. Globally, the mental health impacts of war are starkly evident. For instance, a systematic review by Roberts et al. (2010) found that conflict-related stress can lead to a range of mental health issues, with substantial portions of affected populations reporting symptoms of PTSD and depression. In this case, a study conducted by Karam et al. (2019), in the context of the Syrian civil war, showed that more than 50% of the participants experienced significant psychological distress, including depressive and anxiety symptoms. Similarly, research by Hernández et al. (2018) conducted in

Colombia has highlighted the psychosocial damages resulting from decades of armed conflict, with significant levels of PTSD and depression reported among internally displaced populations.

Numerous studies have investigated the impacts of war on the psychosocial wellbeing of communities and their resilience strategies during adverse situations. For instance, Murthy and Lakshminarayana (2006) examined the long-term mental health consequences of war, particularly focusing on post-traumatic stress disorder (PTSD) and depression among conflict-affected populations. However, their conceptual framework lacked empirical data from specific local contexts, especially in sub-Saharan Africa. This research tried to address this gap by providing an in-depth empirical analysis of the psychosocial impacts of the war, specifically in the context of Mekelle City IDPs, thus contributing significantly to the literature on war's mental health implications in underrepresented geographic regions.

Similarly, Betancourt et al. (2013) conducted a longitudinal study on the psychosocial impacts of war on children and adolescents in Sierra Leone, emphasizing the role of familial and community support in building resilience. While their study was methodologically strong, it was geographically constrained to West Africa and it did not encompass the experiences of IDPs in sub-Saharan communities. This research filled this gap by considering the multifaceted experiences of both IDPs in Tigray, specifically those who camped in Mekelle internally displaced persons sites (IDPS). Jordans et al. (2018) also explored the mental health difficulties of violence exposure among children in low-income countries. However, their research overlooked the experiences of older adults and other vulnerable groups, limiting the findings' applicability to the broader population affected by conflict. This study expanded on this by incorporating a range of age groups, including older adults, and examining their unique challenges and resilience strategies in response to the war, thereby providing a more comprehensive picture of the psychosocial impacts of conflict.

Furthermore, Boris et al. (2008) focused on post-genocide Rwandan orphans, highlighting their adverse living conditions while primarily addressing their physical hardships. This approach neglected the long-term mental health effects of trauma that are crucial for understanding community resilience. In contrast, this research emphasized the psychosocial wellbeing of various community members in Tigray, evaluating both their physical and psychological challenges and

the strategies they employed to foster resilience in the face of ongoing adversity. Through these contributions, this study filled significant gaps in existing literature, providing a nuanced understanding of the impacts of war on different demographic groups and furthering the discourse on resilience mechanisms in conflict-affected communities.

Coming to studies conducted in the Ethiopian Context, Akresh et al. (2012), conducted their study which focused on the physical developmental consequences of armed conflict on children. While this study provided valuable insights into the impact of violence on children's growth, it did not consider broader psychosocial ramifications across different age groups. Also, research by Feyisa, Merdassa et al. (2022) based in Wolaga University, Ethiopia, examined the psychological resilience and coping strategies among university students during conflict. Despite its valuable findings indicating effective coping mechanisms related to resilience, this study was also restricted to a narrow demographic location and it did not assess the applicability of these strategies to broader populations affected by conflict. On the other hand, Gebreyesus, Niguse et al. (2024) conducted their studies on IDPS and they found that alarmingly high rates of PTSD among IDPs; however, they didn't see the resilience strategies employed by the IDPs.

Focusing specifically on Tigray, several studies have sought to understand the implications of the ongoing conflict. For instance, Bekhit et al, (2021) documented disruptions to the health system caused by the conflict and highlighted the mental health challenges faced by the displaced individuals. However, this research primarily focused on healthcare, resulting in a lack of comprehensive understanding of overall psychosocial well-being. In a similar disposition, Gebresilasse et al. (2022) examined the prevalence of mental health issues in the context of war but concentrated predominantly on specific health outcomes, the broader psychological and social aspects of war exposure, which goes beyond mere mental health, seem overlooked.

Moreover, a study conducted by Fisseha, Adhanu et al (2023) on the health consequences of war-related sexual violence in the Tigray region and it came up with the finding of that 82.4% of 528 surveyed women had been raped, with 76.5% experiencing triple trauma (sexual, psychological and physical) burden. However, the study only focused on women. Besides, this study neglected experiences of men, and conceptually limited only to sexual violence ignoring the other impacts of the war in Tigray. On the other hand, this study assessed the psychosocial impacts of the war

both for men and women; and went beyond the sexual impacts of the war. Thus, while substantial work has been done, significant conceptual, methodological, and geographical gaps persisted. Specifically, to the best review of the study, there was a lack of comprehensive research that encompassed diverse age groups, broader community contexts, and varied geographical settings, which limited understanding of the psychosocial consequences of the Tigray war, and resilience strategies used by the communities. Therefore, this study attempted to fill the stated gaps, through examining psychosocial impacts of Tigray war and exploring resilience strategies among internally displaced persons (IDP) in Mekelle.

### **1.3. Objective of the Study**

#### **1.3.1. General Objective**

The general objective of the study was examining psychosocial impacts of Tigray war and resilience strategies among internally displaced persons (IDP) in Mekelle.

#### **1.3.1. Specific Objectives**

Specifically, this study tried to;

- Examine the psychological impacts of war on IDPs in the study area
- Determine the social impacts of the war on IDPs in the study area
- Explore the resilience strategies of the IDPs in the study area

### **1.4. Significance of the Study**

This study is timely and essential in examining the psychological impacts of the Tigray War, as well as the resilience mechanisms employed by IDPs in Mekelle City. The findings are expected to enhance understanding of the emotional and social consequences of conflict and offer insights into the strategies that IDPs utilize to cope with post-war challenges.

The research seeks to address a notable gap in the existing literature, which has often overlooked the nuanced experiences of displaced populations in post-war settings, particularly within Tigray region. By highlighting the psychosocial impacts faced by IDPs and the resilience mechanisms they employed, the study aims to inform both academic discourse and practical interventions.

Furthermore, the data collected is believed to assist NGOs, community organizations, and researchers working with displaced populations. It also believed to provide evidence-based guidance that may inform the design of effective programs to support the mental health and well-being of IDPs, foster community cohesion, and strengthen resilience.

Ultimately, this study is sought to help develop a more comprehensive understanding of the welfare of IDPs in post-war contexts and to guide the prioritization of support mechanisms that empower displaced individuals as they navigate the aftermath of conflict.

### **1.5. Ethical Consideration**

The study involved vulnerable IDPs and sensitive subject matter; therefore, a trauma-informed approach was adopted. Data collectors were trained in trauma-sensitive interviewing, and participants were participating voluntarily and based on consent. Confidentiality and the right to withdraw were respected at all times. To protect the well-being of data collectors exposed to traumatic narratives of the respondents, debriefing sessions and emotional support were also provided to prevent from secondary trauma.

Measures were taken to uphold participant's privacy and confidentiality. All personal identifiers were removed during data processing, and audio recordings were stored securely before being deleted after transcription. Data collectors were also prepared to offer participants information about available psychosocial support services and mental health resources, recognizing the heightened distress and psychological needs common among IDP communities.

Cultural (Background) sensitivity was ensured by engaging IDP community leaders for they have lived experiences and they are familiar with the experiences and traditions of the displaced population; even though there are no significant cultural differences. This collaboration helped to align the research tools and interview questions with the local sociocultural context, ensuring that the study remained respectful and relevant to the community.

### **1.6. Scope/Delimitation of the Study**

For its manageability, this study was delimited with reference to the research setting, participants, and variables of interest, theoretical scope, and methodological choices.

With reference to setting, it was delimited to internally displaced persons (IDP) sites within Mekelle City, Tigray Region, Ethiopia; it did not include host communities. And with reference to participants, the study targeted IDPs aged 18 years and above, inclusive of diverse backgrounds in terms of age, gender, marital status, education, and socioeconomic conditions. Military personnel, returnees, permanently resettled individuals, and non-IDP populations were excluded from the study.

With reference to variables, this study was delimited to exposure to traumatic incidents, pre-war traumatic experiences, and frequency of displacement, economic status/income, resilience mechanisms, social values, social capital, coping mechanisms and demographic factors.

Theoretical framework of the study relied on the biopsychosocial model, resilience theory, social capital theory, and social strain theory. Psychological well-being was conceptualized not merely as the absence of disorder, but as a dynamic interplay between trauma exposure, personal coping mechanisms, social support systems, and contextual factors. Other frameworks, such as purely medical models or economic theories of displacement impacts, were beyond the theoretical scope of this research.

Methodologically, the study adopted a mixed-methods design, employed surveys, in-depth interviews, and focus group discussions. Quantitative data were analyzed through descriptive and inferential statistics, while qualitative data were subjected to thematic analysis. As a cross-sectional study design, it captured data at one point in time.

By narrowing its geographical, theoretical, and methodological focus in this way, the study aimed to produce a scientifically robust and contextually grounded understanding of the psychosocial challenges and resilience strategies of IDPs in Mekelle City.

### **1.7. Limitations of the Study**

While this study provides meaningful contributions to understanding the psychosocial impacts of the Tigray war and the resilience strategies of IDPs in Mekelle, it is important to recognize several limitations that need to be taken in consideration.

Methodologically, the cross-sectional design captures only a snapshot in time, which limits the ability to examine causal relationships or trace the evolving nature of recovery and adaptation, processes that would be better illuminated through longitudinal research. The sampling approach, though stratified, was restricted to officially registered IDPs in Mekelle, thereby excluding those living in rural areas, informal settlements, or host communities, groups whose experiences may differ significantly; this narrows the representativeness of the results.

Conceptually, the absence of pre-war baseline data makes it difficult to disentangle the extent to which distress levels stem solely from the war and displacement as opposed to pre-existing vulnerabilities: IDPs residing in the host community were not also included. And methodologically a composition further quantitative and qualitative might be needed: even though this study tried to apply that, the sophistication of the problems faced by IDPS require regular and dynamic research and interventions.

Nevertheless, the study employed a convergent mixed-methods design to triangulate data, which helped reduce some of these constraints, and the limitations identified here point to valuable directions for future research, including longitudinal studies, comparative investigations between IDPs in shelters, and those living in rural areas, informal settlements, or host communities.

## **1.8. Operational Definitions**

**Pre-Traumatic Experience;** refers to the exposure to distressing or life-threatening events prior to the recent Tigray War. This variable was measured with a 2-item scale on a 5-point Likert scale, and composite scores reflected the extent of pre-war trauma.

**Exposure to Traumatic Incidents (War-Related);** refers to the direct experience of, or witnessing, violent events during the Tigray War and subsequent displacement. It was assessed using a 2-item scale on a 5-point Likert scale, with higher scores indicating greater exposure to war-related trauma.

**Economic Status:** represents the financial resources and income levels of IDPs, including their ability to meet basic needs and sustain livelihoods. It was measured using a 2-item scale on a 5-

point Likert scale, with composite scores reflecting the adequacy and stability of their economic situation.

**Social Capital;** denotes the networks, relationships, and norms of trust and reciprocity that provide access to resources and support. This construct was measured using a multi-item scale on a 5-point Likert scale, with composite scores representing the perceived strength of social capital.

**Frequency of Displacement:** refers to the number of times an individual has been forcibly displaced since the onset of the conflict. It was assessed with a 2-item scale on a 5-point Likert scale, where higher scores served as a proxy for the cumulative disruption caused by repeated displacement.

**Social Values:** Social capital captures the extent to which individuals maintain their commitment to cultural, religious, and societal norms following displacement. It was measured with a multi-item scale on a 5-point Likert scale, and composite scores reflected the degree of adherence to social values.

**Coping Mechanisms:** refers to the cognitive, emotional, and behavioral strategies employed to manage the stresses of displacement. This variable was assessed through a 2-item scale on a 5-point Likert scale, with composite scores indicating the effectiveness of coping strategies.

**Demographic Factors:** encompass respondents' key personal characteristics, including age, sex, marital status, educational level, and occupation. These were collected as categorical variables.

**Psychological Distress:** In this study, psychosocial well-being was measured using a validated scale called the "Kessler Psychological Distress Assessment Tool." The tool assessed psychological status (like depression and anxiety). It was operationalized as the composite score on these scales, where higher scores indicated higher psychosocial distress.

**Internally Displaced Person (IDP):** refers to individual who was forced to flee their home within the Tigray region as a result of the Tigray war and was residing in Mekelle City IDP sites at the time of data collection.

**Social Impacts:** refers to changes in social relationships, community, and norms; measured with Social Capital (community belonging/support) and Social Values (norms/fairness) scales on a 5-point Likert scale.

**Resilience Strategies:** refers to behaviors used to cope with adversity; identified qualitatively from interviews/FGDs, including social support seeking, economic adaptation, religious coping, and maintaining a positive outlook.

**Tigray War:** In this study, the Tigray war refers to the war that began in the Tigray region of Ethiopia in November 2020. The war technically lasted till November 2022, when the parties reached a cessation of hostilities agreement in Pretoria, signaling a potential path toward peace and stability in the region. For the purpose of this study, exposure to the Tigray War was operationally defined as residing in an area directly affected by the war during the period of active fighting (November 2020 - November 2022) or experiencing displacement as a result of the war.

## Chapter II: Literature Review

### 2.1. Definition of Concepts (Conceptualization)

**Conflict:** refers to a complex and dynamic process involving opposing interests, goals, or values among individuals or groups, leading to tension, competition, and potentially violence. It acknowledges the diverse forms of conflict, including interpersonal, intergroup, and international, and its role as a driver of social change and structural shifts (Giddens, Duneier, Appelbaum, & Carr, 2017).

**Psychological impacts;** the occurrence of conflict often gives rise to wide-ranging psychosocial impacts, which encompass the effects of conflict or war on individuals' holistic well-being, including their mental health, emotional responses, social interactions, and cultural identity. Psychosocial impacts acknowledge the dynamic interplay between psychological experiences and social conditions, extending beyond clinical diagnoses to include everyday functioning and community life. Empirical findings suggest that psychosocial impacts can manifest as long-term disruptions in social trust and community cohesion (WHO, 2003).

**Stress;** one of the most immediate responses to conflict is stress, defined as a complex adaptive response to perceived challenges or threats, encompassing physiological, psychological, and behavioral reactions. Stress acknowledges the subjective nature of its impact, which can vary widely based on individual and contextual factors, particularly in traumatic contexts like war. Research indicates that prolonged exposure to war-related stress can lead to chronic health problems and mental disorders (WHO, 2019).

**Trauma;** severe and prolonged stress can further result in trauma, which refers to the profound psychological and emotional distress resulting from exposure to deeply disturbing or life-threatening events, such as war, encompassing direct experiences of violence, witnessing violence, and the loss of loved ones or essential resources. Trauma acknowledges the subjective nature of its effects and its potential to have long-lasting consequences on mental and physical health (WHO, 2021).

**Depression;** such traumatic experiences may manifest as mental health conditions such as depression, a complex mood disorder characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure, accompanied by cognitive, emotional, and physical symptoms (APA, 2013),

**Anxiety;** another conflict and traumatic experiences also may manifest a condition characterized by excessive worry, apprehension, and fear, often triggered by stressful or uncertain situations, with the potential to impair daily functioning (WHO, 2017).

**Social Impacts;** beyond the individual level, social impacts emerge, referring to the profound and often long-lasting alterations in social structures, relationships, norms, and quality of life resulting from war. These include effects on community cohesion, social equity, and cultural practices, acknowledging the interconnectedness of individuals and their social environments. Empirical studies have shown that war can lead to the fragmentation of social networks and the erosion of social capital (Berg, R. 2016).

**Community Cohesion;** one critical dimension of these social impacts is community cohesion, which refers to the degree to which community members share a sense of belonging, cooperate with one another, and support each other, fostering unity and shared purpose. Research suggests that high levels of community cohesion can buffer against the negative impacts of social disruption (WHO, 2015).

**Social Capital;** closely related is the concept of social capital, which refers to the networks, relationships, and norms of reciprocity and trust that facilitate cooperation and collective action within communities and societies. Empirical evidence suggests that strong social capital can buffer against the negative impacts of trauma and displacement (Putnam, R.D. 2000).

**Resilience;** in the face of these challenges, resilience becomes central. Resilience is understood as a dynamic and multifaceted process involving the capacity of individuals, families, and communities to adapt positively in the face of significant adversity, trauma, or prolonged stress. It goes beyond recovery to include growth and transformation, with research highlighting the importance of social support and coping flexibility (APA, 2000).

**Coping Strategies;** finally, individuals and communities rely on coping strategies, which encompass the diverse range of cognitive, emotional, behavioral, and social mechanisms employed to manage and adapt to stressful or traumatic situations, particularly in the context of war. Effective coping strategies can mitigate the negative impacts of trauma and promote resilience (APA, 2021).

## **2.2 Empirical Review**

### **2.2.1. The Psychological impacts of war**

The World Health Organization (WHO) emphasizes that the psychological impacts of war are profound and far-reaching, affecting not only individuals directly involved in conflict but also entire communities. Research indicates that approximately 10% of individuals exposed to traumatic events during armed conflict may develop serious mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). Additionally, another 10% may experience moderate psychological distress that significantly impairs their daily functioning. Vulnerable populations, such as civilians in war zones, displaced persons, children, are particularly at risk for these mental health issues (WHO, 2024).

The WHO notes that the consequences of war extend beyond immediate trauma; they can lead to long-term psychological challenges that affect individuals' ability to engage in social and economic activities. Common psychosomatic symptoms include insomnia, chronic pain, and other stress-related disorders. The organization stresses the importance of integrating mental health services into humanitarian responses to effectively address these challenges. By providing accessible mental health support and fostering community resilience, it is possible to mitigate the adverse effects of war on psychological wellbeing and promote recovery among affected populations (WHO, 2024).

The psychological impacts of war are not limited to direct exposure to violence but also include indirect stressors such as injury to or death of relatives, economic hardships, geographic displacement, and continuous disruptions of daily living (Jensen & Shaw, 1993;). These stressors can lead to significant emotional suffering, particularly among vulnerable populations like children, women, and older adults (Elbedour *et al.*, 1993). In the context of Africa and Ethiopia, particularly in regions like Tigray, the psychological impacts of war are exacerbated by factors

such as displacement, economic hardship, and the destruction of social networks and cultural institutions (ReliefWeb, 2023). The ongoing nature of these conflicts contributes to heightened levels of anxiety, depression, and PTSD among affected populations (GAGE, 2024).

Understanding these psychological impacts is crucial for developing effective interventions and support systems to aid in the recovery and resilience of those affected by war. As emphasized by various studies, the presence of community support and mutual aid can significantly buffer the negative psychological outcomes of war (Freud & Burlingham, 1943).

The psychological impacts of war are profound and far-reaching, affecting individuals in various ways across different contexts. The psychological impacts of war are profound and far-reaching, affecting individuals in various ways across different contexts, the following are the common psychological impacts of war;

### **1. Post-Traumatic Stress Disorder (PTSD) and Anxiety Disorders**

PTSD remains one of the most significant and devastating psychological consequences of war and displacement. Numerous studies have highlighted PTSD as a major mental health issue among displaced populations, with prevalence rates commonly ranging from 30% to 40% in conflict-affected settings (Gebreyesus et al., 2024; McLean Hospital, 2023). However, prevalence varies based on context, with some research reporting rates as high as 88%, particularly among populations exposed to prolonged conflict (Roberts et al., 2010).

In sub-Saharan Africa, the mental health impact of displacement is profound. For instance, a study by Mels et al. (2010) found PTSD rates among displaced children and adolescents to be as high as 56% in certain war-affected regions. Ethiopia follows a similar trend, with a study in the Gede'o Zone reporting a PTSD prevalence of 58.4% among IDPs displaced by inter-communal violence (Derebe Madoro et al., 2020). The Tigray conflict has further aggravated the mental health crisis, with Gebreyesus et al. (2024) documenting PTSD symptoms among 57.7% of community-hosted IDPs in Tigray.

In Mekelle City, where many displaced persons have sought refuge, PTSD symptoms are widespread, largely resulting from exposure to violence, the loss of family members, destruction

of property, and the cumulative emotional stress of displacement (Gebreyesus et al., 2024). Moreover, anxiety disorders, closely associated with PTSD, have also risen sharply. Yared (2023) observed that approximately 34% of displaced persons in conflict-affected urban areas, including Mekelle, reported elevated anxiety symptoms following the war. These findings underscore the intricate relationship between PTSD and anxiety among war-affected populations.

**2. Depression:** is one of the most pervasive psychological consequences of armed conflict and forced displacement, particularly among IDPs. According to the World Health Organization (WHO, 2019), approximately 10.8% of individuals living in conflict-affected areas suffer from depressive symptoms, although prevalence rates can vary widely, ranging from 2.3% to 80% depending on the severity, duration of the conflict, and post-displacement conditions. Forced migration, exposure to violence, separation from family, and the destruction of livelihood structures collectively heighten the risk of depression among displaced populations (Steel et al., 2009; Tol et al., 2013).

In Ethiopia, empirical studies consistently report elevated rates of depression among IDPs. For instance, a study conducted in northwest Ethiopia found that 62.2% of displaced persons exhibited clinically significant depressive symptoms (Alemayehu et al., 2023). Similarly, in the context of the Tigray conflict, recent research revealed alarmingly high rates of depression among community-hosted IDPs, with 81.2% reporting depression and over 60% suffering from moderate to severe depressive symptoms (Gebreyesus et al., 2024). Factors such as marital status, large family size, unemployment, and loss of assets were found to be significant predictors of depressive symptoms in this population (Gebreyesus et al., 2024; Dereje et al., 2022).

Comparable trends have been observed in other conflict-affected regions. For example, a meta-analysis by Charlson et al. (2019) showed that depression rates among displaced populations in low- and middle-income countries were significantly higher than among non-displaced populations, often exacerbated by poor access to healthcare, social isolation, and continuing insecurity. In Uganda, studies among IDPs showed depression prevalence rates as high as 67%, linked to prolonged camp living conditions and loss of community cohesion (Roberts et al., 2010).

In the case of Mekelle City, Tigray, the compounded effect of prolonged war exposure, forced displacement, social fragmentation, and economic destitution has substantially contributed to the mental health crisis. The chronic uncertainty and insecurity faced by IDPs in urban settings have created a fertile ground for severe depressive disorders. Furthermore, cultural stigma surrounding mental health issues often limits the willingness of individuals to seek psychological support, thereby exacerbating the untreated burden of depression (WHO, 2022; Dadi & Mersha, 2022).

Overall, while numerous studies underline the profound psychological impact of war and displacement on mental health, there remains a need for more context-specific research that explores the unique challenges faced by different demographic groups, including women, children, and the elderly within IDP settings like those in Mekelle.

### **3. Psychosomatic Issues and Somatic Complaints**

War and displacement often lead to psychosomatic disorders, where emotional stress manifests as physical symptoms such as headaches, insomnia, and gastrointestinal problems. These symptoms are common among displaced populations globally (WHO, 2022).

In the context of Tigray, the lack of healthcare infrastructure due to the war has made it difficult for displaced populations to address psychosomatic issues, leading to a widespread mental health crisis (Gebreyesus *et al.*, 2024).

### **4. Survivor's Guilt and Intergenerational Trauma**

Survivor's guilt is a psychological condition experienced by individuals who survive traumatic events while others do not. This condition is prevalent among those who have lost family members or witnessed horrific violence. The emotional burden of surviving such events can lead to prolonged psychological distress, including feelings of guilt, shame, and self-blame (Luster *et al.*, 2008).

Another important psychological concern is intergenerational trauma, in which the effects of trauma are transmitted across generations. Children growing up in conflict zones, like those in Tigray, are particularly vulnerable to developing mental health issues that can persist throughout their lives and affect future generations (Yehuda, Engel *et al.* 2005). The long-term consequences

of this trauma can perpetuate cycles of violence and distress within families and communities (Dadi & Mersha, 2022). As the war in Tigray continues, the risk of intergenerational trauma is high, as children exposed to conflict and displacement are likely to suffer from various psychological disorders as they grow older.

## **5. Social and Emotional Distress**

War disrupts social structures, and displacement exacerbates feelings of emotional distress and isolation. The loss of community support systems, cultural institutions, and social networks can lead to significant emotional distress among IDPs. This is particularly true in Ethiopia, where displacement due to the Tigray war has resulted in widespread social dislocation (Dadi & Mersha, 2022).

IDPs in Mekelle have reported experiencing social isolation and emotional distress as they attempt to rebuild their lives in a new environment. In many cases, displacement results in the breakdown of family structures and community ties, leading to increased feelings of loneliness, despair, and anger (Onlinescientificresearch.com, 2024). The lack of social support contributes significantly to the overall psychological burden of displaced populations. Furthermore, cultural dislocation, where individuals are removed from familiar social and cultural contexts, intensifies these feelings of isolation and loss.

Therefore, several studies have examined the psychological impacts of war, with many focusing on the effects of the Tigray war on displaced populations, revealing high rates of mental health disorders such as post-traumatic stress disorder (PTSD), anxiety, and depression within these communities. However, gaps remained in the literature, particularly concerning the diverse experiences within the internally displaced persons (IDP) population. To the best knowledge of the researcher, most previous studies concentrated on community-level outcomes, often overlooking the distinct contexts of displacement camps and urban settings. Given the unique stressors faced by urban IDPs residing in cities like Mekelle, it was deemed necessary to investigate these specific environments. This research thus focused on addressing the particular challenges encountered by different demographic groups, including children, women, and the elderly. By doing so, the study aimed to fill existing gaps by exploring the varied psychosocial experiences of diverse demographic groups within the urban IDP population in Mekelle and

identifying their distinct resilience strategies to inform the development of more effective, targeted interventions.

### **2.2.2. Social Impacts of War**

The social impacts of war are pervasive, multifaceted, and long-lasting, reaching far beyond the immediate casualties and physical destruction. Armed conflict fundamentally disrupts the very fabric of society, causing profound alterations in social, cultural, economic, and political structures. These changes can persist long after the cessation of hostilities, affecting multiple generations. The impact of war on communities and IDPs is complex, with far-reaching effects on community cohesion, social trust, family structures, gender roles, mental health, and access to services. Research across various regions has consistently documented these social consequences, underlining how war reshapes societies in enduring ways.

#### **1. Displacement and Migration**

One of the most profound and widespread social impacts of war is displacement. Wars force millions of people to flee their homes, either within their own country (internally displaced persons or IDPs) or across borders (refugees). This mass displacement creates immediate and long-term challenges for both the displaced and host communities. Displaced populations often face marginalization, discrimination, and significant barriers to accessing basic necessities such as food, water, healthcare, and shelter. This creates heightened vulnerability, particularly when displaced individuals lack adequate support networks or resources.

The social fabric of host communities is frequently strained as they attempt to accommodate large numbers of displaced individuals. At the same time, IDPs are deprived of their traditional support systems, which are vital for rebuilding their lives after conflict. The loss of social capital family, community ties, and local support networks further exacerbates the challenges faced by displaced individuals, impeding their reintegration into society. In many cases, displacement has a cascading effect on social inequalities, with already marginalized groups facing the most severe hardships during and after displacement (Jacobsen, 2002).

For instance, during the Ethiopian Civil War and the Tigray conflict, the displacement of millions of individuals not only strained social services but also contributed to significant economic hardship. The challenges of rebuilding these communities are compounded by the deep-rooted political, ethnic, and social divisions that the war exacerbated (Bezabih, 2014). Displacement's long-term impact on social cohesion, economic recovery, and political stability remains one of the most significant challenges in post-conflict societies.

## **2. Gender Dynamics and Gender-Based Violence**

War disproportionately affects women and girls, who often face heightened risks of gender-based violence (GBV), including sexual violence, forced marriages, trafficking, and other forms of abuse. These experiences of violence are not only traumatic but also lead to long-term social exclusion, stigmatization, and marginalization. Women and girls may be subjected to various forms of exploitation, including sexual slavery and forced labor, often with little recourse to justice or support. Such violence significantly erodes social trust and cohesion, as communities struggle to address the violence and its aftermath.

Gender roles within families and communities are also profoundly altered during and after conflict. The absence of men due to combat, displacement, or death forces women into new roles, including those of sole providers for their families and community leaders. This shift can empower women but also exposes them to new vulnerabilities, as they are often subjected to increased economic and physical risks. However, in some cases, these new roles can provide opportunities for women to gain social and economic independence and challenge traditional gender norms (Cassar, Grosjean *et al.* 2013). Yet, these shifts often happen alongside heightened risks of violence, exploitation, and limited access to education and healthcare.

In conflicts such as the Ethiopian Civil War and the Tigray conflict, women have borne the brunt of caregiving responsibilities, managing households, and maintaining community structures in the absence of male members. At the same time, these women have been subjected to significant levels of sexual and gender-based violence. Post-war reconstruction efforts must address these gendered dimensions of violence and ensure that women have access to the support and resources needed to rebuild their lives (Human Rights Watch, 2021; Bezabih, 2014).

### **3. Social Cohesion and Fragmentation**

War often leads to the breakdown of social cohesion, trust, and community networks. While some studies have shown that conflict can sometimes lead to increased cooperation within certain groups, the overall impact of war is typically the erosion of social ties and community trust. Conflicts tend to deepen divisions along ethnic, religious, political, or ideological lines, creating fractured societies with diminished social capital. The loss of community trust makes post-conflict peace building and reconciliation efforts particularly difficult, as communities are often unwilling or unable to come together due to a lack of trust and shared social values.

The Ethiopian Civil War and the Tigray conflict have severely disrupted social cohesion in the affected regions. In both conflicts, ethnic and political divisions have been exacerbated, leading to tensions and mistrust between different groups. In the aftermath of such conflicts, efforts to rebuild social cohesion often involve addressing deep-seated grievances, facilitating reconciliation processes, and fostering inclusive community engagement. Rebuilding trust and social cohesion is a long-term process that requires sustained effort from both the government and civil society, with a focus on healing the emotional and psychological wounds left by the conflict (Bezabih, 2014).

### **4. Education and Long-Term Social Development**

The destruction of educational infrastructure during armed conflict has significant and long-lasting social consequences. The loss of educational opportunities has a cascading effect on both individuals and society, perpetuating cycles of poverty, inequality, and underdevelopment. Education is essential for rebuilding social capital, promoting social cohesion, and creating opportunities for economic mobility. In post-conflict settings, the disruption of education can leave entire generations without the skills and knowledge needed to contribute to their communities' recovery.

In Ethiopia, the destruction of schools and universities during the Ethiopian Civil War and the Tigray conflict has had a profound impact on the education system. Many children and young people have missed out on years of schooling, while others have faced the additional challenge of accessing education in displacement camps or makeshift facilities. The long-term consequences of

this disruption are far-reaching, as entire generations are left without the education needed to contribute to social and economic recovery (Smith & Vaux, 2003).

## **5. Social Pathologies and Crime**

Armed conflict often leads to an increase in social pathologies such as substance abuse, domestic violence, and crime. The stresses of war, combined with the breakdown of social structures, contribute to the rise of deviant behaviors and criminal activity. In many post-conflict societies, law enforcement and judicial systems are weak or nonfunctional, exacerbating the problem of social disorder. This situation is compounded by the psychological trauma faced by both combatants and civilians, which can lead to substance abuse as a coping mechanism.

The Tigray conflict, like many others, has led to an increase in crime and social disorder, particularly in areas affected by displacement and resource scarcity. The destruction of social structures, combined with the absence of law enforcement, creates fertile ground for the rise of crime and social instability (Cassar *et al.*, 2013). Post-conflict recovery requires addressing these social pathologies through integrated approaches that combine mental health support, economic recovery, and community-based interventions aimed at restoring law and order.

## **6. Social Inequality and Marginalization**

Armed conflict exacerbates existing social inequalities, disproportionately affecting vulnerable groups such as women, children, ethnic minorities, and the poor. War often widens the gap between rich and poor, as wealthier groups are better positioned to protect themselves from the immediate impacts of conflict and to recover more quickly afterward. Meanwhile, marginalized groups face heightened discrimination and exclusion, both during and after conflict, which further entrenches social inequalities.

In Ethiopia, the conflicts have exacerbated existing disparities, particularly between urban and rural populations, and among different ethnic groups. The Tigray conflict has deepened the marginalization of already vulnerable groups, including ethnic minorities and rural communities. Addressing these inequalities requires targeted interventions that prioritize the needs of the most

vulnerable populations, as well as a long-term commitment to inclusive economic and social policies that promote equality and access to services (Human Rights Watch, 2021).

To sum up, the existing literatures showed that the social impacts of war are vast and multifaceted, reshaping societies in ways that extends far beyond the battlefield. From displacement and migration to gender-based violence, social fragmentation, and the loss of educational opportunities, the consequences of conflict are deeply felt by individuals and communities for generations. The process of rebuilding after war requires not only physical reconstruction but also the restoration of social trust, the rebuilding of communities, and the healing of the psychological wounds left by conflict. Addressing these challenges requires a comprehensive approach that includes mental health care, gender-sensitive interventions, educational support, and inclusive peace building processes that engage all members of society. The experiences of communities in conflict-affected regions, such as Ethiopia, underscore the importance of addressing these social impacts in post-conflict recovery efforts.

Therefore, while the existing literature documented the broad social impacts of war, including displacement, psychological trauma, gender-based violence, and the erosion of social cohesion, significant gaps remained in understanding the specific psychosocial experiences of IDPs within the context of the Tigray War. This study addressed these critical gaps by focusing on the psychosocial experiences of Tigray War IDPs in Mekelle, a context where prior literature provided only a broad overview of the war's impacts. The research conducted localized, in-depth investigations to provide a nuanced understanding of the specific challenges faced by IDPs and the diverse resilience mechanisms they employed.

### **2.2.3. Resilience Strategies among Communities and IDPs during War and Post-War Contexts**

War and conflict have devastating impacts on societies, leading to the displacement of populations and the fragmentation of communities. IDPs, who are forced to flee their homes but remain within their country's borders, are particularly vulnerable. The Boko Haram conflict in Northeast Nigeria, for example, has displaced over 2.1 million people, highlighting the urgent need to understand how communities and IDPs cope with such crises (Tar & Ayegba, 2021). Resilience, defined as the

ability to adapt and recover from significant disturbances like war, is crucial in these contexts (Ben-Dor *et al.*, 2002; Elran, 2006). This review explored the resilience strategies employed by communities and IDPs during war and its aftermath, examining how these strategies can inform humanitarian aid and policy interventions. Understanding and building upon existing resilience can shift the focus from vulnerability to inherent strengths (Tar & Ayegba, 2021). Research indicates that IDPs actively strive to rebuild their lives, demonstrating significant resilience (Tar & Ayegba, 2021). This literature review aims to synthesize research on resilience strategies used by communities and IDPs in war and post-war settings, identifying common themes and unique approaches to navigating conflict and displacement.

### **2.2.3.1. Resilience Strategies among Communities and IDPs during War**

Communities facing war often employ strategies to maintain social cohesion and collective identity, relying on shared values, cultural practices, and effective leadership (Elran *et al.*, 2015). Research on Jewish communities near Gaza during conflict highlights the crucial role of local leadership in strengthening social resilience (Elran *et al.*, 2015). Strong pre-existing social capital enables communities to mobilize resources and provide mutual support (Elran *et al.*, 2015). Ensuring safety and security involves community-based protection, information-sharing networks, and collective coping mechanisms (Ben-Dor *et al.*, 2002). The resilience of healthcare providers is also vital, influenced by individual resilience and a sense of security (Sberro-Cohen *et al.*, 2022). Communities adapt to maintain livelihoods by using informal economies, bartering, and social networks (Tar & Ayegba, 2021). The French facially disfigured veterans' association during WWII adapted its support services, demonstrating organizational resilience (Gehrhart, 2023). Psychological and emotional coping strategies are crucial, including shared grief rituals, collective hope, and cultural practices (Somasundaram, 2013). Residents of Gaza reported that pride in family and community solidarity is a significant source of resilience (Elran *et al.*, 2015).

IDPs face heightened vulnerabilities during war due to loss of homes and livelihoods, increased risk of violence, and dependence on aid (Tar & Ayegba, 2021). Protracted displacement can worsen these issues (Tar & Ayegba, 2021). Despite these challenges, IDPs often show remarkable resilience in surviving and maintaining well-being. Coping mechanisms for immediate needs and safety involve relying on social networks, kinship ties, and host community support (Ahmad &

Ekezie, 2024). Seeking shelter and adapting to new living conditions are also crucial (Okeke-Ihejirika *et al.*, 2022). In camps, IDPs establish their own management and health structures, demonstrating agency (Okeke-Ihejirika *et al.*, 2022; Okeke-Ihejirika *et al.*, 2020). However, under stress, IDPs may use more dysfunctional coping strategies than host communities, highlighting the need for support (Ahmad & Ekezie, 2024). Maintaining livelihoods involves informal work, petty trade, and seeking aid (Tar & Ayegba, 2021). Cash-for-work programs and vocational training can aid income recovery (Tar & Ayegba, 2021). Studies in Northeast Nigeria show IDPs' resilience in re-establishing livelihoods (Tar & Ayegba, 2021). Psychological resilience is vital, with faith-based coping, psychosocial support, and cultural identity playing important roles (Rizzi *et al.*, 2023). Social connections and faith are key protective factors for Ukrainian refugees and IDPs (Rizzi *et al.*, 2023).

### **2.2.3.2. Resilience Strategies among Communities and IDPs in Post-War Contexts**

In post-war settings, communities prioritize recovery and the rebuilding of social structures through reconciliation, community-led projects, and the re-establishment of traditional authorities (Somasundaram, 2013). Recovery addresses both tangible aspects, such as infrastructure, and intangible aspects, including social cohesion and psychological healing, often driven by local populations (Somasundaram, 2013). Economic revitalization and livelihood recovery are fundamental for long-term resilience, involving support for small businesses, vocational training, and job creation, as a stable economy is crucial for development and the prevention of renewed violence (UNDP, 2008).

Social cohesion initiatives foster trust and reconciliation within divided communities through dialogue and collaborative projects, addressing tensions and promoting inclusive participation to strengthen relationships between community members and institutions (Hsin-Yen, 2024). Psychological and psychosocial recovery involves community-based mental health programs and interventions that address collective trauma, emphasizing the importance of rebuilding social capital for community resilience, as demonstrated in Sri Lanka (Somasundaram, 2013).

Post-war IDPs face challenges in achieving durable solutions to displacement, such as return, local integration, or resettlement, with decisions influenced by safety, economic opportunities, and social dynamics (UNHCR, 2010). These solutions are gradual processes requiring attention to long-term needs. Livelihood recovery and economic reintegration are critical for self-sufficiency, encompassing access to land, employment, and financial support, although challenges in resource access can hinder sustainability (UNDP, 2008).

Sustained attention to psychosocial well-being and mental health is essential, necessitating trauma-informed services and social support networks, as IDPs often experience high rates of mental health conditions (Rizzi et al., 2023). Community integration and social support play a key role in fostering resilience, involving the development of relationships with host communities and addressing discrimination (Somasundaram, 2013). Research also highlights IDPs' capacity for self-organization and the importance of their participation in decisions affecting their lives (Okeke-Ihejirika et al., 2020; Okeke-Ihejirika et al., 2022).

Several resilience strategies are common across communities and IDPs in war and post-war contexts. Strong social support networks are consistently vital for navigating conflict and displacement (Mahdi, 2012; Rizzi *et al.*, 2023; Somasundaram, 2013). Adaptive coping mechanisms, including problem-focused and emotion-focused strategies, are essential for managing stress (Rizzi *et al.*, 2023). Cultural and spiritual resources like faith provide strength and hope (Rizzi *et al.*, 2023). Effective leadership and community structures facilitate resource mobilization and collective action (Elran *et al.*, 2015). Unique strategies also exist. During war, communities might focus on territorial integrity, while IDPs prioritize safe displacement (Milliff, 2023). Post-war, communities may engage in reconciliation, while IDPs face decisions about their future location (UNHCR, 2010). Factors facilitating resilience include strong social capital, effective governance, and access to resources, external support, community cohesion, and individual resilience (Somasundaram, 2013). Hindrances include trauma, loss of social fabric, economic insecurity, ongoing conflict, lack of trust in authorities, discrimination, and environmental degradation (Refugee Law Project, 2019; Somasundaram, 2013).

### **2.2.3.3. Resilience Strategies among Communities and IDPs during War and Post-War Contexts in Ethiopia and Tigray**

Ethiopia has a history marked by recurring challenges such as extreme weather events, displacement, famine, and violent conflicts, often occurring simultaneously, which have significantly affected communities and caused widespread internal displacement (Laser Pulse, 2023). The war in the Tigray region, starting in November 2020, has had a devastating impact on the region's population, leading to mass displacement and a severe humanitarian crisis (Wood, 2024). Understanding the resilience strategies adopted by communities and IDPs in Ethiopia, particularly in the Tigray context during and after conflict, is essential for developing effective support and recovery programs. Resilience, in this context, refers to the ability of individuals and communities to adapt to and recover from these shocks and adversities (Laser Pulse, 2023). This literature review aims to explore existing research on these resilience strategies, highlighting the unique challenges and coping mechanisms observed in Ethiopia and Tigray.

### **2.2.3.4. Resilience Strategies among Communities and IDPs during War**

During war in Ethiopia, communities have shown resilience through their own locally developed systems, resources, and capacities to adapt to shocks (Laser Pulse, 2023). Research indicates that this resilience is often rooted in community-level relationships, where members rely on each other and trust local actors, including traditional and religious leaders, more than higher-level institutions (Laser Pulse, 2023). These communities use local processes for conflict prevention and addressing resource shortages, as well as their own methods of enforcing rules (Laser Pulse, 2023). In Tigray, during the armed conflict from 2020 to 2022, communities adopted urban and peri-urban agriculture as a survival strategy, growing high-value vegetable crops to support alternative livelihoods when essential services and supply chains were disrupted. This practice not only addressed immediate food insecurity but also fostered a sense of community and provided a pathway for potential economic recovery (Gebrezgabher *et al.*, 2024).

Internally displaced persons in Ethiopia, including those displaced by the conflict in Tigray, face significant challenges such as food insecurity, lack of medical assistance, and the constant search

for safe shelter (Modern Diplomacy, 2023). Despite these hardships, IDPs demonstrate resilience by adapting to their current locations and establishing internal camp and health management structures in camp-like settings<sup>1 1</sup> (Okeke-Ihejirika *et al.*, 2022). Supportive communal relationships become integral to their adaptation, with resilience methods involving social cohesion, setting up camp leadership committees, and seeking alternative means of income, protection, and healthcare management<sup>1 1</sup> (Okeke-Ihejirika *et al.*, 2022). In Tigray, the influx of IDPs into urban areas strained existing infrastructure, but these individuals also contributed to urban and peri-urban agriculture initiatives, seeking alternative livelihoods when traditional means were disrupted (Gebrezgabher *et al.*, 2024).

### **2.2.3.5. Resilience Strategies among Communities in Post-War Contexts in Ethiopia and Tigray**

In the aftermath of conflict, such as the cessation of hostilities in Tigray in November 2022, communities focus on rebuilding trust and fostering dialogue for peace and reconciliation (USAID Sustainable Peace, n.d.). Initiatives like USAID's Sustainable Peace Activity in Tigray aim to create conditions for long-term peace by supporting conflict mitigation and strengthening relationships within and between communities (USAID Sustainable Peace, n.d.). Urban and peri-urban agriculture continues to play a crucial role in post-war recovery in Tigray, offering a pathway for economic revitalization and addressing ongoing food insecurity (Gebrezgabher *et al.*, 2024). Strengthening local governance and community participation are also vital for long-term resilience in post-conflict Ethiopia (Inter-peace, 2023).

For IDPs in post-war Ethiopia, including Tigray, the focus shifts towards finding durable solutions such as return to their places of origin, local integration, or relocation (IOM, 2024; UNHCR, 2010; UN in Ethiopia, 2024). The Tigray Interim Administration announced plans to support the return of a significant number of IDPs (IOM, 2025). However, many remain in protracted displacement, highlighting the need for a comprehensive approach involving humanitarian, development, and peacebuilding efforts to facilitate these solutions (IOM, 2025). Livelihood recovery remains a critical aspect, with efforts to scale up off-farm interventions, including entrepreneurship, skills training, and access to finance (IOM, 2025). Providing mental health and psychosocial support is

also essential for IDPs who have experienced trauma during conflict and displacement (IOM, 2025; USAID Sustainable Peace, n.d.).

To sum up, the literature review synthesized existing research on resilience strategies among communities and IDPs in war and post-war contexts, highlighting common themes such as the importance of social networks, adaptive coping mechanisms, and cultural resources. However, while valuable insights were provided, a notable gap remained in the specific exploration of the psychosocial impacts of the Tigray war on IDPs within Mekelle City. To the best extent of the literature review in the study these existing studies often addressed resilience in broader contexts, lacking the granular focus necessary to understand the unique psychological challenges faced by this particular population.

Therefore, this research focused on the psychosocial impacts of the Tigray war on IDPs in Mekelle City and tried to fill the gap by examining psychosocial impacts of the Tigray war on IDPs within Mekelle City and exploring their resilience mechanisms.

### **2.3. Theoretical Framework**

This study employs multiple theoretical perspectives to explain the psychosocial impacts of war and the resilience mechanisms among IDPs in post-war Tigray. The theories underpinning this research include Social Capital Theory, Deviance/Social Strain Theory, the Biopsychosocial Model, and Theories of Resilience. Each theory provides a unique lens for understanding different dimensions of the impact of war and resilience mechanisms employed.

#### **2.3.1. Social Capital Theory**

Bourdieu (1986) defines social capital as the aggregate of the actual or potential resources linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition. In simpler terms, social capital refers to the benefits individuals derive from their social networks, including access to resources, information, and support. Unlike economic capital, which is tangible or cultural capital, which encompasses knowledge and skills, social capital is embedded in the relationships and networks individuals maintain.

Social capital theory encompasses a wide range of concepts and applications across sociology, economics, and organizational behavior, emphasizing the value of social networks and relationships in achieving personal and professional outcomes. Social capital manifests in three main forms:

- **Bonding Social Capital:** Strong ties within homogeneous groups, providing emotional support.
- **Bridging Social Capital:** Weaker ties across diverse groups, offering access to new information and perspectives.
- **Linking Social Capital:** Connections with individuals in positions of power, facilitating access to resources or influence.

Key components of social capital include:

### **Network Size and Structure**

The size and diversity of an individual's social network influence access to resources and opportunities. Both strong ties (close, frequent interactions) and weak ties (diverse, less frequent interactions) offer distinct advantages, such as emotional support and novel information, respectively.

### **Trust and Reciprocity**

Trust within social networks fosters cooperation and resource sharing, while reciprocity reinforces social bonds, enhancing the overall utility of the network.

### **Institutionalized Relationships**

Bourdieu emphasizes that relationships formalized through societal structures, such as associations and organizations, lend durability and legitimacy to social capital.

In this study, Bourdieu's Social Capital Theory is applied to explore how bonding, bridging, and linking social capital support or hinder psychological recovery, community cohesion, and economic integration among IDPs in post-war Tigray.

### **2.3.2. Deviance/Social Strain Theory**

Social Strain Theory, developed by Robert K. Merton, provides a framework for understanding deviant behavior as a response to the disconnect between societal goals and the legitimate means to achieve them. Merton's typology identifies several adaptations to strain, including innovation, ritualism, retreatism, and rebellion.

According to the theory, when individuals are unable to attain culturally prescribed goals, such as wealth or success, through legitimate channels like education and employment, they may engage in deviant behaviors, such as theft or fraud. This framework offers insight into why some forms of deviance are more prevalent in certain social contexts.

In the context of post-war Tigray, Merton's theory predicts that displacement and economic disruption have widened the gap between cultural goals and accessible legitimate means, leading to various deviant adaptations. Understanding these patterns is critical for comprehensively addressing the psychosocial consequences of displacement.

### **2.3.3. Biopsychosocial Model**

The Biopsychosocial Model, proposed by Engel (1977), provides a comprehensive framework for understanding health and behavior as products of the interplay among biological, psychological, and social factors. This approach contrasts with reductionist biomedical models by asserting that health outcomes emerge from dynamic interactions across these domains.

#### **Biological Factors**

Biological components include genetic predispositions, neurological processes, and physical health issues. Trauma-related neurotransmitter imbalances and war-related injuries exacerbate mental health vulnerabilities (Sarafino, 2012).

#### **Psychological Factors**

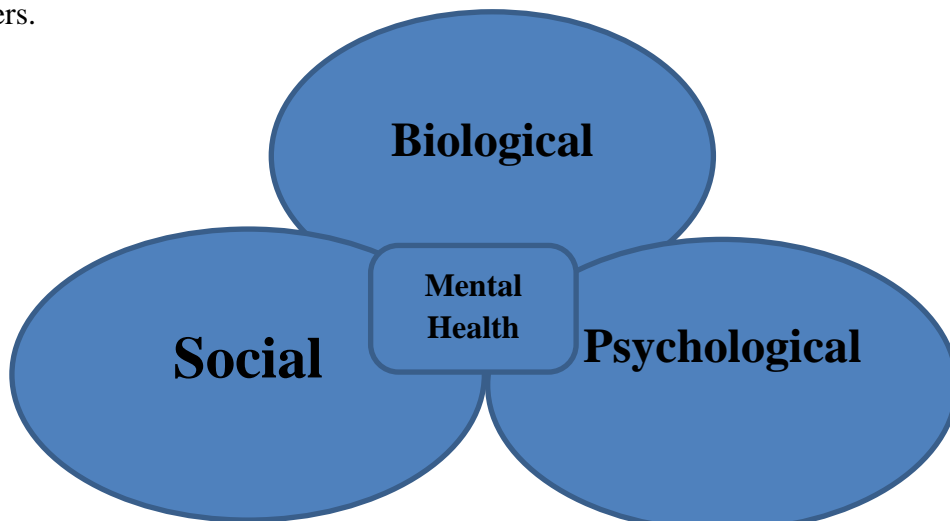
Internal processes such as cognition, emotion regulation, and coping mechanisms significantly influence trauma responses. Psychological interventions, including cognitive-behavioral therapy

(CBT), address maladaptive patterns and promote recovery (Borrell-Carrió, Suchman, & Epstein, 2004).

### **Social Factors**

Social determinants such as disrupted community structures, loss of social networks, and economic hardship play a vital role in mental health outcomes following displacement and war.

In this study, the Biopsychosocial Model is used to examine how trauma manifests across these dimensions among IDPs in Tigray. Special attention is given to the social domain, recognizing displacement and social isolation as major contributors to psychological distress and mental health disorders.



**Figure 1 Biopsychosocial Model**

### **2.3.4. Theories of Resilience**

#### **2.3.4.1.Emmy Werner’s Resilience Theory**

Emmy Werner’s longitudinal Kauai Study offers foundational insights into resilience, demonstrating that personal characteristics, supportive relationships, and community engagement significantly influence positive adaptation despite adversity.

Key protective factors identified include:

- **Personal Characteristics:** Social adaptability, problem-solving skills, and a realistic outlook.
- **Supportive Relationships:** Stable emotional bonds with caring adults, such as relatives and teachers.
- **Community Involvement:** Participation in structured community activities, fostering belonging and support.

Werner’s work emphasizes resilience as a dynamic process shaped by individual, familial, and environmental influences. Her findings inform this study's examination of resilience strategies among IDPs in Tigray.

#### **2.3.4.2. Norman Garmezy’s Resilience Theory**

Norman Garmezy's contributions to resilience research, particularly through the Project Competence longitudinal study, advanced understanding of how individuals overcome adversity. Garmezy (1991) identified key protective factors across three domains:

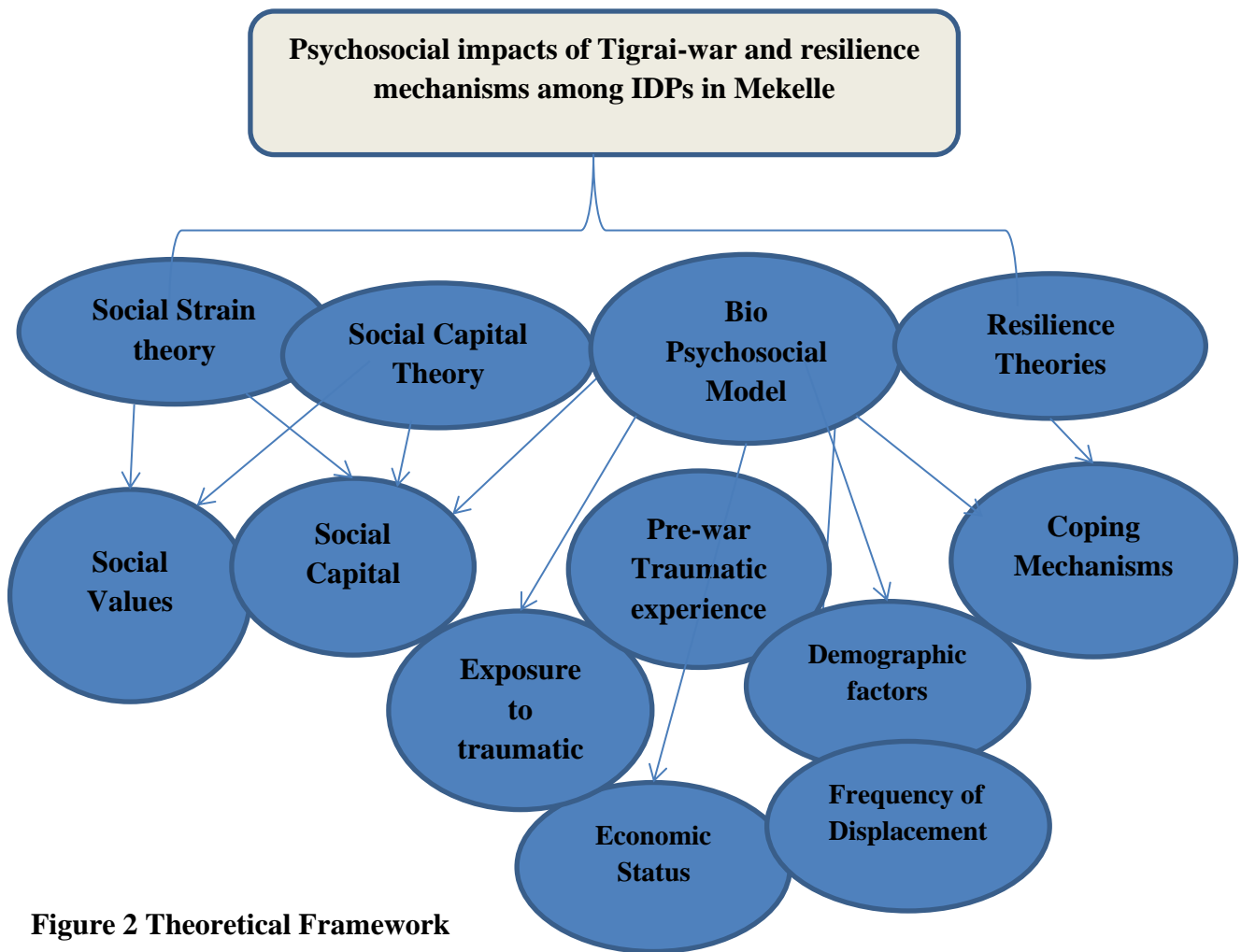
- **Individual Characteristics:** Intelligence, adaptive coping mechanisms, and a positive outlook.
- **Familial Support:** Stable, nurturing caregiving relationships.
- **External Support Systems:** Access to community resources, such as schools and social services.

Garmezy’s ecological perspective highlights that resilience is shaped by interactions across multiple environmental levels. His concept of developmental cascades emphasizes that positive adaptation in one domain promotes success across other life areas.

In this study, Garmezy’s framework helped to explore how IDPs in Mekelle maintain functional adequacy despite extensive conflict-related stressors. The research seeks to identify individual, familial, and community-based resilience factors that can inform targeted psychosocial interventions.

**In summary**, this study is underpinned by an integrated theoretical framework that draws from four key models to comprehensively examine the psychosocial impacts of the Tigray war and the

resilience mechanisms employed by IDPs in Mekelle. Social Capital Theory (Bourdieu, 1986) provides a lens to analyze how bonding, bridging, and linking forms of social capital facilitate or constrain access to psychosocial support, collective coping, and reintegration. Merton’s Social Strain Theory helps to understand how conflict-induced disruption and blocked access to socially approved goals may result in deviant or maladaptive coping behaviors among displaced populations. Engel’s Biopsychosocial Model offers a holistic framework by addressing the interplay between biological vulnerability, psychological responses, and disrupted social contexts in shaping mental health outcomes. Finally, the Resilience Theories of Werner and Garnezy emphasize the importance of individual traits, family support, and community structures in enabling displaced individuals to recover from trauma and adapt constructively to adversity. The integration of these frameworks ensures a multidimensional analysis, allowing the study to examine both risk and protective factors influencing the Psychosocial distress among IDPs, .



**Figure 2 Theoretical Framework**

## 2.4. Conceptual framework

After conceptualizing previous research works, the following conceptual framework was formulated to guide the study: it was hypothesized that, exposure to traumatic incidents during the war, pre-war traumatic experiences, frequency of displacement, social capital, social values, economic status and coping mechanisms to predict psychosocial distress in IDPs.

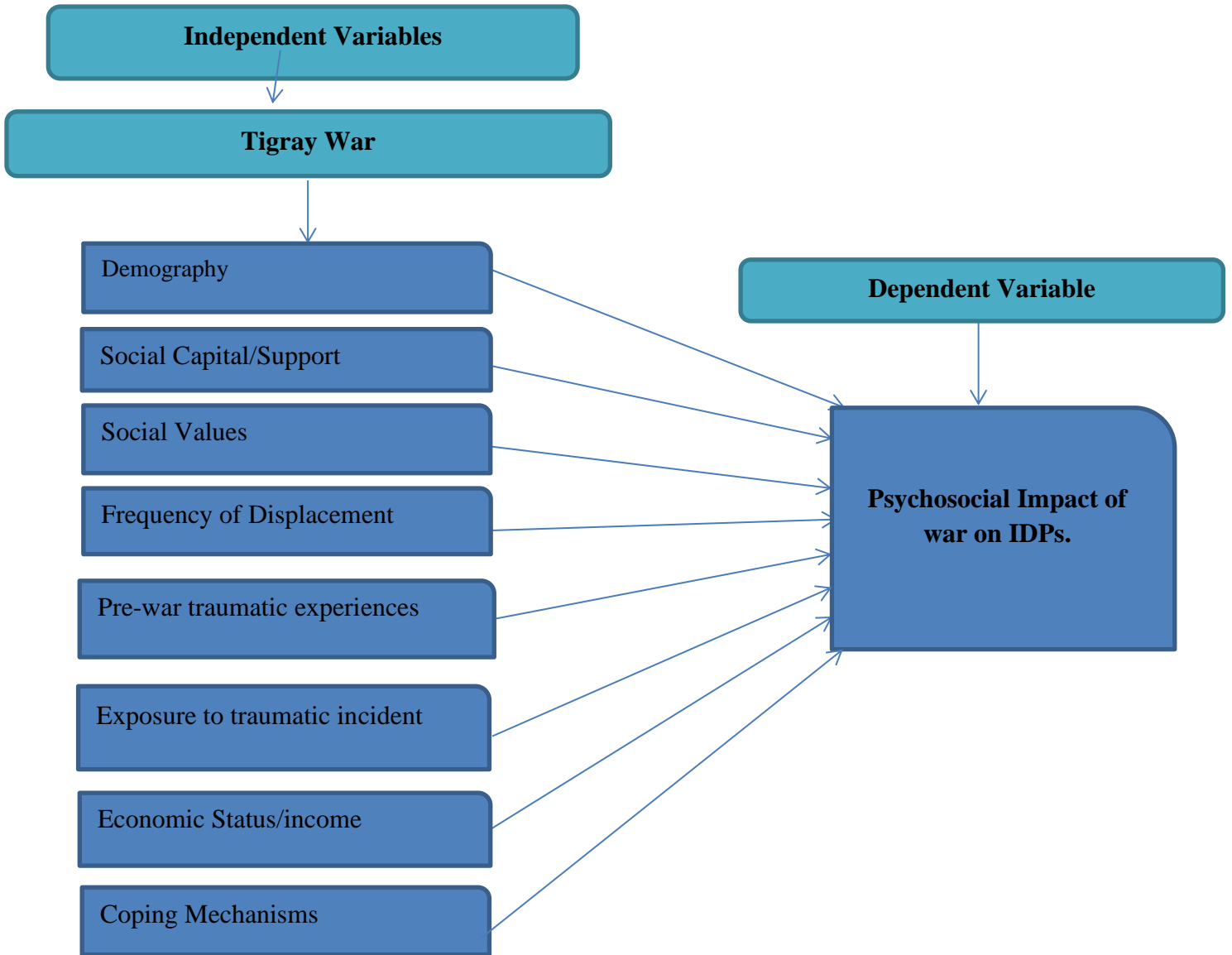


Figure 3 Conceptual Framework

## Chapter III: Research Methods

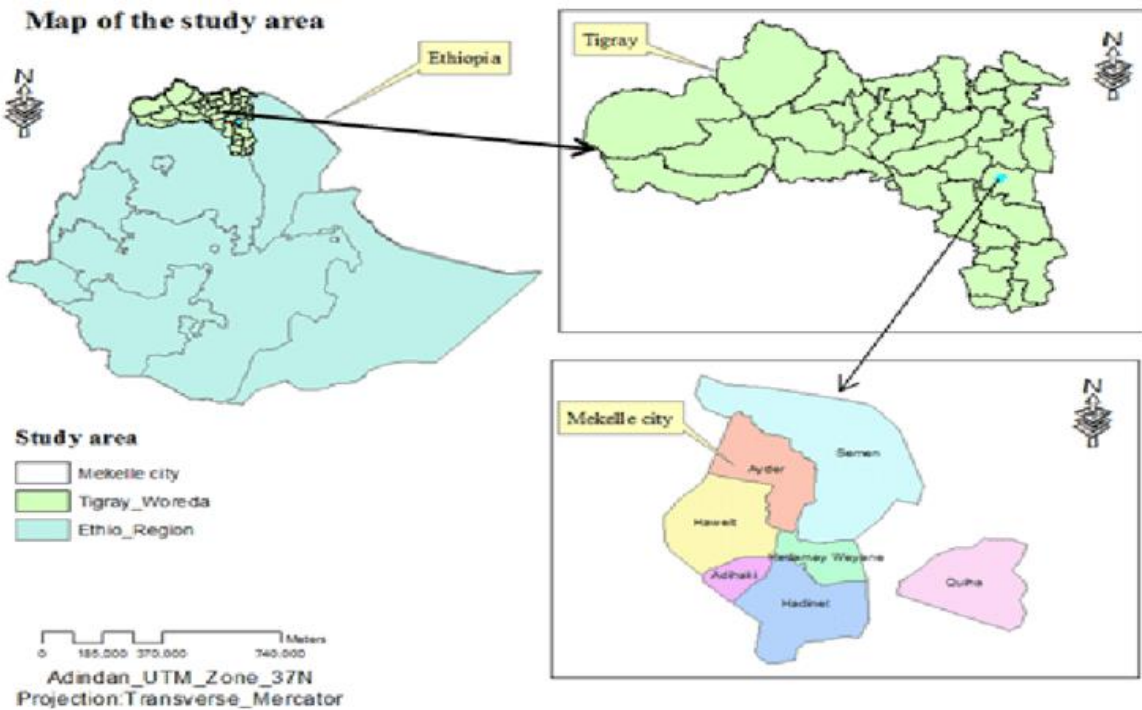
### 3.1. Description of the study area

The study was conducted in internally displaced persons (IDP) sites within Mekelle (Tigrigna: መቐለ), the capital city of the Tigray Region in northern Ethiopia. Situated at an elevation of approximately 2,000 to 2,200 meters above sea level, Mekelle serves as the administrative, economic, and cultural center of the region, historically functioning as a hub for governance, education, healthcare, and commerce.

Prior to the Tigray conflict, Mekelle was experiencing rapid urbanization, marked by expanding markets, educational institutions, and healthcare services. According to the 2007 national census, the city had a population of 169,207, a figure that has grown significantly, further amplified by conflict-driven displacement. The population predominantly practices Ethiopian Orthodox Christianity, with a notable Muslim minority contributing to the city's cultural diversity. Since the outbreak of conflict in November 2020, Mekelle has become a major destination for IDPs fleeing violence from rural areas. Numerous IDP sites including formal camps and informal settlements have developed across the city, often marked by overcrowding and limited access to essential services such as water, sanitation, healthcare, and psychosocial support.

The influx of IDPs has placed severe pressure on Mekelle's infrastructure and social services, exacerbating vulnerabilities among displaced populations. IDPs face trauma exposure, economic hardship, family separation, and deteriorating mental health conditions. Despite humanitarian efforts, significant gaps remain in addressing these needs.

Therefore, Mekelle's IDP sites provide a critical setting for investigating the psychosocial impacts of war and the resilience strategies employed by displaced populations. The city's dual role as an urban center and displacement hub offers a unique context for this research.



**Figure 4 Mekelle City Map**

### **3.2. Research design**

It is a term used to describe a number of decisions which need to be taken regarding the collection of data before they are collected (Nwana, 1981). It provides guidelines which direct the researchers towards solving the research problem and may vary depending on the nature of the problem being studied. According to Creswell, J. W. (2009) research design means the structuring of investigation aimed at identifying variables and their relationship, it is used for the purpose of obtaining data to enable the investigator test hypothesis or answer research question by providing procedural outline for conducting research”. It is therefore, an outline or scheme that serves as a useful guide to the researchers in our efforts to generate data for our study.

In this study cross sectional survey design was employed as the researcher collected data at one point in time in order to describe the subjects at particular time. The researcher has got different reasons for deciding to employ such design. In a cross-sectional survey, data are collected at one point in time from a sample selected to describe some larger population at that time. In addition to

this, the design was also time and cost effective. Such survey can be used not only for the purpose of description, but also for the determination of relationships between variables at the time of the study. Due to the budget and time constraints collecting data from the respondents through longitudinal design would be impossible.

### **3.3. Research approach**

The research approach, encompassing a systematic set of techniques and principles, guides the entire research process, ensuring that the chosen methods align with the study's objectives and the nature of the subject matter. Selecting an appropriate approach is crucial for generating valid and reliable findings. Researchers typically choose between quantitative, qualitative, or mixed-methods designs, each with distinct characteristics and applications.

Quantitative research, as defined by Creswell (2009) and further elaborated by Bryman (2016), involves testing objective theories by examining relationships between measurable variables. This approach emphasizes numerical data, statistical analysis, and deductive reasoning, allowing researchers to generalize findings and control for extraneous variables. It is particularly effective for establishing causal relationships and testing hypotheses.

Qualitative research, on the other hand, focuses on exploring and understanding the complexities of experience through the analysis of non-numerical data, such as interviews, observations, and textual documents. As Patton (2015) highlights, qualitative methods are valuable for gaining in-depth insights into participants' perspectives and experiences, particularly in contexts where subjective interpretations and contextual factors are crucial. It emphasizes inductive reasoning and the generation of rich, descriptive data.

Given the multifaceted nature of the proposed study, which aims to examine the psychosocial impacts of the Tigray War on IDPs and their resilience mechanisms in Mekelle, a mixed-methods approach was employed. This approach integrates both quantitative and qualitative methods, allowing for a comprehensive understanding of the research problem. Mixed methods can provide a more robust and nuanced perspective by combining the strengths of both quantitative and qualitative paradigms. This integration enabled the study to quantify the prevalence of psychosocial impacts and explore the underlying mechanisms of resilience through in-depth

qualitative investigations. The mixed-methods design allowed for triangulation of data, enhancing the validity and reliability of the findings, and providing a more complete and contextualized understanding of the research topic.

### **3.4. Sampling Design and Technique**

Sampling is a systematic process of selecting a subset of individuals or cases from a defined population to participate in a study. A sample represents a portion of the total population, selected following a clearly specified procedure, and the sample size refers to the number of subjects included based on methodological criteria (Ogedegbe, 1998). Sampling techniques specify the strategies by which these subjects are drawn, ensuring that the sample accurately represents the population and supports the validity of the study's conclusions.

#### **3.4.1. Sampling Design**

This study employed probability and non-probability sampling strategies to accommodate its quantitative and qualitative research components. Probability sampling, characterized by random selection, was utilized for the quantitative phase of the research. This approach ensured that every individual within the IDP sites in Mekelle had a known and non-zero probability of selection, thereby enhancing the representativeness of the sample and allowing for the generalization of findings to the broader displaced population.

In parallel, non-probability sampling was employed for the qualitative phase, where random selection was impractical due to logistical constraints, resource limitations, and the need for detailed contextual insights. Specifically, purposive sampling was used to deliberately select participants based on their specific experiences, knowledge, and roles within the IDP community.

This method enabled the study to capture rich, nuanced data essential for understanding complex psychosocial impacts and resilience strategies.

The integration of both probability and non-probability approaches ensured that the dataset was not only statistically robust but also contextually rich, offering a holistic understanding of the psychosocial consequences of the Tigray war among IDPs in Mekelle.

### **3.4.2. Sampling Technique and Sample Size**

For the quantitative part, stratified random sampling was employed to address the heterogeneity of the IDP population. Stratification variables included IDP site, age, gender, ensuring that key demographic subgroups were proportionally represented within the sample. This stratification enhanced the precision of statistical estimates and ensured that findings were reflective of the broader IDP population across different demographic profiles.

In contrast, purposive sampling guided the selection of participants for qualitative data collection. Participants were selected based on criteria such as leadership roles, unique resilience experiences, service provision involvement, or vulnerability status. This approach ensured the collection of rich, in-depth data that complemented and deepened the understanding gained through quantitative analysis.

Sample size determination for the quantitative survey was guided by a multi-criteria approach. Factors such as the total IDP population size in Mekelle, desired statistical precision, available research resources, and the anticipated variability within the population were taken into account. RAOSOFT software was used to calculate the minimum sample size, applying a 95% confidence level ( $\alpha = 0.05$ ) and a 5% margin of error. Adjustments were made to accommodate expected non-response rates and population characteristics.

For the qualitative component, sample size was determined using the principle of thematic saturation; that is, data collection continued until additional interviews or discussions yielded no new significant themes or insights. This ensured that the qualitative findings were both comprehensive and analytically saturated, thereby maximizing the credibility and trustworthiness of the results.

By employing a combination of probability-based stratified random sampling and purposive sampling strategies, and by determining sample sizes according to rigorous quantitative and qualitative principles, this study ensured the generation of valid, reliable, and contextually rich data to address the research objectives.

The study used a two-stage cluster sampling design to select IDPs across multiple sub-cities in Mekelle.

- **Stage 1: Cluster Selection:** from the seven sub cities which hosted IDPs four of them (Hadnet, Adihaki, Quiha, and Ayder) were purposively chosen for their large IDP populations. Within each, individual IDP sites served as secondary clusters.
- **Stage 2: Within Clusters:** Eligible adults ( $\geq 18$  years) were listed, and respondents were selected through systematic random sampling, with one adult randomly chosen per household to avoid bias.

The total adult population across selected sites was 18,079. Using Rao Soft with a 95% confidence level and 5% margin of error, the required sample was 377.

Samples were proportionally allocated to each site based on adult population size. Sebakare 4 IDP site (Adihaki) contributed the largest share (198 respondents), while smaller sites such as Lekatit 23 Secondary School (Ayder) contributed only 6.

This approach ensured cost-effectiveness, representativeness, and maintained the true population structure across sites.

And for the qualitative component, 16 respondents were selected for the focus group discussion (FGD), while three key informants were purposively selected, including one representative from an NGO, one from the Bureau of Social Affairs, and one IDP coordinator. Moreover 5 in-depth interviewees were also selected from the IDPs.

### **3.5. Sources of Data**

This study utilized both primary and secondary data sources to ensure a comprehensive and contextually rich understanding of the research problem.

**Primary data:** was collected directly from the IDP population and key stakeholders through a combination of quantitative and qualitative methods. Structured surveys were administered to a representative sample of IDPs to gather quantitative data on psychosocial well-being, displacement experiences, and coping mechanisms. Semi-structured in-depth interviews were conducted with

purposely selected participants to explore personal narratives, challenges, and resilience strategies. Focus group discussions (FGDs) investigated shared community experiences, while key informant interviews with community leaders, NGO representatives, and humanitarian workers provided broader contextual insights.

**Secondary data:** complemented the primary findings by providing background context and supporting the analytical framework. A thorough review of academic literature, reports from international and national organizations (such as UNHCR and WHO), government documents, and credible online resources was undertaken. These sources informed instrument development, enhanced interpretation, and strengthened the triangulation of the research findings.

By integrating both primary and secondary data, the study produced a robust, empirically grounded analysis of the psychosocial impacts of the Tigray war and the resilience mechanisms adopted by IDPs in Mekelle City.

### **3.6. Methods of data collection**

This study employed a combination of quantitative and qualitative research methods to investigate the psychosocial impacts of the Tigray war on IDPs and to explore the resilience strategies they employ in Mekelle City IDP sites.

#### **3.6.1. Survey**

Survey research is considered one of the most effective methods for collecting original data from large target populations that cannot be included directly in a study (Yeraswork, 2010). In this study, surveys served as the primary quantitative method for assessing the psychosocial well-being of IDPs. Standardized and validated instruments were incorporated into the survey to measure psychosocial health indicators, while demographic questions provided necessary contextual information. The use of surveys enabled the systematic quantification of mental health conditions, coping behaviors, and socio-demographic factors across a large sample of the displaced population.

### **3.6.2. In-depth Interviews**

An in-depth interview is a qualitative research method involving open-ended, detailed conversations that allow researchers to gain rich insights into participants' personal experiences and perceptions regarding a particular topic (Rubin & Rubin, 2012). In this study, in-depth interviews were conducted to explore the psychosocial experiences of IDPs in Mekelle City. The interviews aimed to elicit detailed personal narratives, uncover emotional states, and understand individual coping mechanisms. Additionally, the interviews offered insights into broader community dynamics, thereby informing the development of tailored interventions and support mechanisms that reflect the lived realities of displaced individuals.

### **3.6.3. Focus Group Discussions**

Focus group discussions (FGDs) are a qualitative research method that facilitates interactive dialogue among small groups, typically consisting of six to twelve participants, with eight being most common (Kitzinger, 1995). In FGDs, a trained moderator facilitates the conversation, ensuring balanced participation and fostering an open environment for discussion. The group setting often encourages the emergence of ideas and perspectives that may not arise in individual interviews. For this study, FGDs were conducted with purposively selected participants who had not been included in the in-depth interview phase. Each focus group consisted of eight participants, carefully selected to ensure homogeneity and foster trust among group members. FGDs were used to validate findings from individual interviews, explore community-wide psychosocial experiences, and enrich the overall data through collective reflection (Morgan, 1997).

### **3.6.4. Key Informant Interviews**

Key informant interviews involve qualitative, semi-structured interviews with individuals who possess specialized knowledge about the community and the specific context under study (UCLA Center for Health Policy Research, 1999). In this research, key informant interviews were conducted with individuals such as local leaders, administrators, NGO representatives, and other influential community members. These informants offered critical insights into the psychosocial impacts of the conflict, community resilience strategies, and institutional support structures. Key informant interviews were distinct from general in-depth interviews and FGDs, as they focused

specifically on gathering expert-level perspectives. A total of five key informants were purposively selected based on their positions, experience, and relevance to the research objectives.

### **3.7. Data Collection Instruments**

To comprehensively assess the psychosocial impacts of the Tigray war and the resilience strategies adopted by IDPs within Mekelle IDP sites, the study employed a range of data collection instruments aligned with its mixed-methods design. Both self-constructed and adapted tools were utilized to ensure methodological rigor and contextual relevance as follows:

#### **Survey Questionnaire:**

A structured survey questionnaire was administered to gather quantitative data. The instrument incorporated standardized measures to assess psychosocial well-being and included demographic items to provide essential background information on participants.

#### **Key Informant Interview Guide:**

A semi-structured key informant interview guide was used to collect qualitative data from individuals possessing in-depth knowledge of the study context, such as community leaders, NGO personnel, and humanitarian workers. These interviews focused on eliciting insights into the psychosocial effects of the conflict, observed coping mechanisms, and existing gaps in service provision within IDP communities.

#### **In-depth Interview Guide:**

An in-depth interview guide facilitated semi-structured interviews with purposively selected IDPs. The guide explored participants' personal experiences of displacement, emotional and psychological responses to the conflict, individual resilience strategies, and available support networks.

#### **Focus Group Discussion (FGD) Guide:**

The FGD guide was employed to conduct focus group discussions among selected IDPs. It was designed to promote open dialogue about shared experiences, collective coping strategies, and psychosocial responses. The group setting enabled the emergence of diverse perspectives and community-level insights.

### **3.8. Method of Data Analysis**

Data analysis followed a convergent parallel mixed-methods design, with quantitative and qualitative data analyzed separately and integrated during interpretation. Quantitative data from structured questionnaires were analyzed using SPSS version 26, employing both descriptive and inferential statistics. Descriptive analysis included frequencies, percentages, means, and standard deviations to summarize demographic characteristics and scale scores.

Inferential analysis also involved chi-square tests to examine associations between categorical variables, independent samples t-tests to compare group means, and ordinal logistic regression to identify predictors of psychological distress. The internal consistency of multi-item scales was assessed using Cronbach's Alpha to ensure reliability.

Qualitative data from in-depth interviews, focus group discussions, and key informant interviews were analyzed using thematic analysis, involving transcription, coding, and the identification of overarching themes that reflected participants' experiences, coping strategies, and psychosocial challenges. Direct quotations were used to illustrate findings and enhance authenticity. Finally, both data types were integrated through triangulation to complement, converge, and explain the results, providing a comprehensive understanding of the psychosocial impacts of the Tigray War and resilience mechanisms among IDPs in Mekelle.

In line with the study's mixed-methods approach, both quantitative and qualitative data analysis techniques were employed to ensure a comprehensive understanding of the research problem.

### **3.9. Pilot Study**

To ensure the reliability and validity of the instruments used in this research, a pilot study was conducted prior to the main data collection.

#### **3.9.1. Purpose of the Pilot Study**

The main goals of the pilot study were:

- To test the clarity, readability, and cultural appropriateness of the survey items.

- To assess the internal consistency reliability of the scales.
- To identify ambiguous or potentially distressing questions.
- To make necessary revisions before large-scale administration.

### **3.9.2. Sample and Setting**

The pilot study involved 60 IDPs (35 males and 25 females) selected from temporary shelters and resettlement areas in Mekelle. Participants were chosen based on their similarity to the target population and willingness to participate.

### **3.9.3. Content Validity**

Content validity refers to how well the items represent the intended constructs. To ensure this:

- The initial version of the tool was developed based on an extensive review of prior research on trauma, displacement, and social change in conflict-affected settings.
- The draft instrument was reviewed by two academic and humanitarian experts in Mental Health.
- Items were evaluated for cultural relevance, clarity, sensitivity, and completeness.
- Suggestions for wording, order, and phrasing were incorporated to improve understandability.

The expert review confirmed that the tool had strong content validity with only minor edits recommended for clarity and cultural sensitiveness.

### **3.9.4. Reliability Analysis of Measurement Scales**

To ensure the internal consistency of the instruments used in this study, Cronbach's Alpha was computed for each scale measuring the psychological and social impacts of the war among IDPs. The analysis was performed using responses from 60 participants (35 males and 25 females). All reliability coefficients exceeded the minimum acceptable threshold of 0.70, indicating good to excellent internal consistency of the items within each subscale.

Specific Objective	Variable	Cronbach's Alpha	Number of Items
<b>Psychological Impacts of War</b>	Pre-Traumatic Experience	0.822	2
	Exposure to Traumatic Incident	0.810	2
	Economic Status/Income	0.882	2
	Social Capital	0.956	2
	Frequency of Displacement	0.928	2
	Social Values	0.940	2
	Coping Mechanisms	0.943	2
<b>Social Impacts of War</b>	Social Capital	0.961	4
	Social Values	0.941	4

**Table 1 Reliability of measurement Scales**

The results of the reliability analysis demonstrate that all scales used in this study are statistically reliable. The mean Cronbach's Alpha for the psychological impact scales ( $\alpha = 0.897$ ) indicates good internal consistency, while the social impact scales ( $\alpha = 0.951$ ) exhibit excellent internal consistency.

These findings suggest that the items within each scale are closely related and effectively measure the intended constructs. Additionally, the high internal consistency across the specific objectives reinforces the validity of using these scales in further statistical analyses.

Thus, the measurement tools employed in this study are robust and suitable for capturing the complex psychological and social consequences of war and displacement experienced by IDPs in Mekelle.

### **3.9.5. Feedback from Respondents**

Feedback gathered after survey completion showed that:

- The majority of respondents found the items clear and easy to understand.

- A few individuals suggested that questions related to traumatic experience could cause emotional discomfort, but they also emphasized their importance.
- No questions were found to be culturally inappropriate or offensive.

### **3.9.6. Modifications Based on the Pilot Study**

Based on both the statistical results and participant feedback:

- No major revisions were made to the scale items due to high reliability and validity scores.
- Minor adjustments were made to the instructions and formatting of the questionnaire to enhance readability.

In conclusion, the pilot study confirmed that the research instrument is valid, reliable, and culturally appropriate for studying the psychosocial impacts of war among IDPs in Mekelle. High Cronbach's Alpha values, factor analysis results, and positive participant feedback validate the robustness of the tool. Accordingly, the instrument is approved for use in the main study without significant changes.

## Chapter IV; Results and Discussion

### 4.1. Background of the respondents

Understanding the demographic characteristics of study participants is crucial for interpreting findings and situating them within the broader social and conflict-affected context (Creswell & Creswell, 2018; Babbie, 2020). This section presents a detailed profile of the 377 respondents, focusing on age, sex, marital status, educational attainment, and occupation. Examining these characteristics provides insight into the composition, vulnerabilities, and resilience potential of populations affected by conflict, such as IDPs (Flick, 2018; Baruch & Holtom, 2008). The information summarized in Table 3.1 lays the foundation for understanding patterns and relationships in the subsequent analyses of the psychosocial and socioeconomic impacts of the Tigray war.

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age</b>	18–29	120	31.8
	30–44	133	35.2
	45–59	62	16.4
	60 and above	62	16.4
<b>Sex</b>	Male	209	55.4
	Female	168	44.6
<b>Marital Status</b>	Single	72	19.1
	Married	107	28.4
	Divorced	77	20.4
	Widowed	110	29.2
	Separated	11	2.9
	Other	0	0

<b>Education</b>	No formal education	37	9.8
	Primary school	69	18.3
	Secondary school	116	30.8
	Vocational training	20	5.3
	College/University degree	120	31.8
	Postgraduate degree	15	4.0
	Other	0	0
<b>Occupation</b>	Government employment	13	3.4
	NGO	19	5.0
	Small business owner	75	19.9
	Unemployed	239	63.4
	Other	31	8.2

**Table 2 Background of Respondents**

**Age;** the respondents' ages ranged from 18 years to over 60 years, reflecting a broad spectrum of life stages. The largest group was 30–44 years, with 133 respondents (35.2%), followed by 18–29 years, with 120 respondents (31.8%). Older adults, aged 45–59 and 60 and above, each accounted for 62 respondents (16.4%), providing insights from both middle-aged and senior populations.

Out of the total respondents, 209 were male (55.4%) and 168 were female (44.6%), indicating a slightly higher representation of males while still maintaining adequate female participation to allow for gender-based analysis.

**Marital Status;** regarding marital status, the largest group was widowed, with 110 respondents (29.2%), followed closely by married respondents, numbering 107 (28.4%). Divorced respondents were 77 (20.4%), and single respondents numbered 72 (19.1%). A smaller proportion was separated, with 11 respondents (2.9%), and no respondents reported other marital statuses. This diversity reflects a wide range of social and familial experiences among participants.

**Educational Background;** the respondents’ educational backgrounds were varied. College or university graduates formed the largest group with 120 respondents (31.8%), followed by secondary school graduates, with 116 respondents (30.8%). Other educational levels included primary school graduates (69 respondents, 18.3%), no formal education (37 respondents, 9.8%), vocational training (20 respondents, 5.3%), and postgraduate degrees (15 respondents, 4.0%). No respondents reported other types of education. This distribution indicates a generally well-educated sample with varying levels of formal training.

**Occupation;** in terms of occupation, the majority of respondents were unemployed, totaling 239 respondents (63.4%), followed by small business owners, 75 respondents (19.9%). Respondents employed in government numbered 13 (3.4%), while those in NGOs numbered 19 (5.0%). Other types of employment were reported by 31 respondents (8.2%). This distribution highlights the prevalence of unemployment and informal economic activity within the sample.

Overall, the sample demonstrates a diverse and representative population in terms of demographic characteristics. This diversity ensures that the study captures perspectives from various age groups, genders, educational levels, marital statuses, and occupational backgrounds, providing a solid foundation for the subsequent analyses.

**Background of the respondents**

<b>Respondent Type</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Position / Role</b>
FGD	8	8	16	IDPs
Key Informant	2	1	3	1 NGO representative, 1 Bureau of Social Affairs, 1 IDP coordinator
In-Depth Interview	2	3	5	IDPs
<b>Total</b>	12	12	24	

**Table 3 Background of qualitative respondents**

The qualitative sample included 24 participants, consisting of 16 FGD participants, 3 key informants, and 5 in-depth interviewees. The FGDs were conducted exclusively with IDPs, equally divided between males and females. Key informants included two males (one NGO representative and one Bureau of Social Affairs representative) and one female IDP coordinator. The in-depth interviews involved five IDPs, with two males and three females. This composition ensured representation across genders, types of respondents, and positions, providing both personal and institutional perspectives on the psychosocial and socioeconomic impacts of displacement.

**4.2. The Psychological impacts Tigray War and Subsequent Displacement on IDPs in Mekelle**

**4.2.1. Cross Tabulation and Chi-Square Results**

**1. Analysis of the Association between Age and Psychological Distress (Kessler Score) Using Cross tabulation and Chi-Square Tests**

**Crosstab**

Count

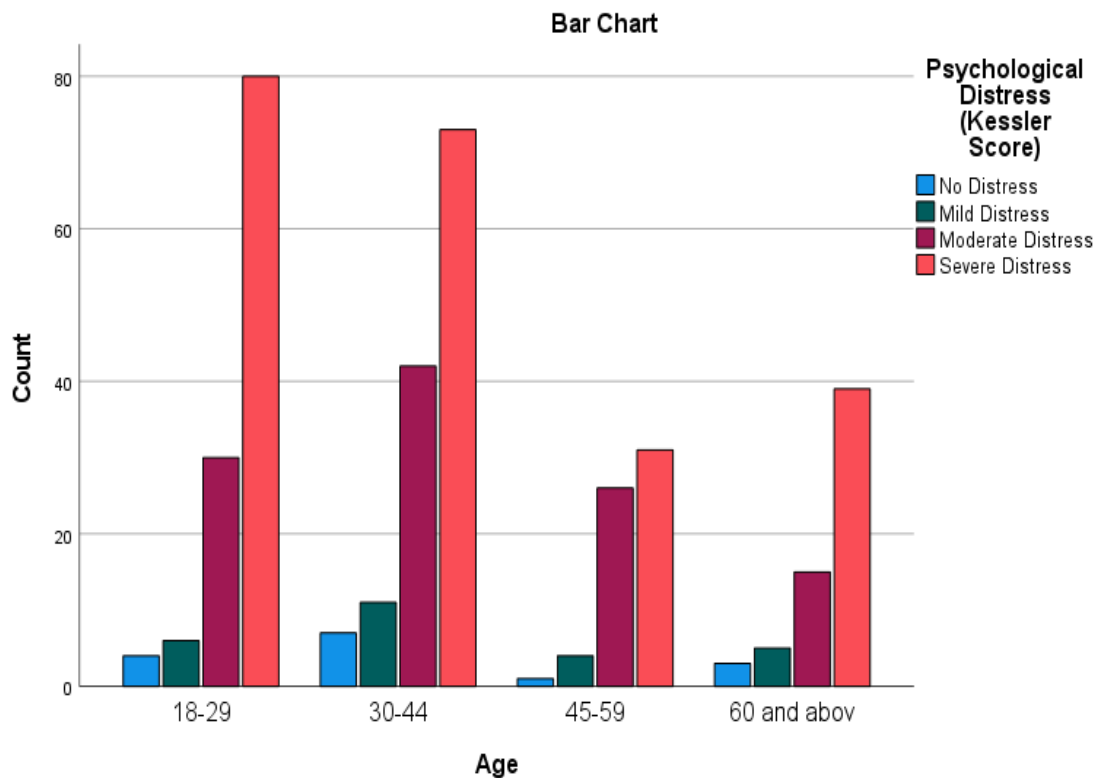
		Psychological Distress (Kessler Score)				Total
		No Distress	Mild Distress	Moderate Distress	Severe Distress	
Age	18-29	4	6	30	80	120
	30-44	7	11	42	73	133
	45-59	1	4	26	31	62
	60 and above	3	5	15	39	62
Total		15	26	113	223	377

**Table 4 Analysis of the association between Age and Psychological Distress (Kessler Score) Using Cross tabulation**

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.130 <sup>a</sup>	9	.340
Likelihood Ratio	10.161	9	.338
Linear-by-Linear Association	.775	1	.379
N of Valid Cases	377		

**Table 5 Chi-Square Tests: Age and Psychological Distress**



**Figure 5 Age and Psychological Distress**

The results of the cross tabulation show that, severe psychological distress was the most prevalent outcome in all age categories. Among respondents aged 18–29 years, approximately two-thirds (66.7%) reported severe psychological distress, while a substantial proportion of those aged 30–44 years (54.9%) were similarly classified in the severe category. Likewise, half of the respondents aged 45–59 years (50.0%) and more than three-fifths of those aged 60 years and above (62.9%) reported experiencing severe distress. Moderate distress emerged as the second most common outcome, particularly concentrated among the 30–44-year age group, where nearly one-third (31.6%) of participants fell into this category. In contrast, very few respondents reported either no distress or only mild distress, across all age groups, which highlights the pervasive nature of psychological distress in the study population regardless of age. These descriptive findings suggest that distress is widespread, cutting across both younger and older cohorts, with only minimal variation in proportional distribution.

To statistically evaluate whether age is significantly associated with psychological distress, a Pearson Chi-square test was conducted. The test yielded a Chi-square value of 10.13 with 9 degrees of freedom, and the result was not statistically significant ( $p = 0.340$ ). Similarly, the Linear-by-Linear Association test failed to detect a significant linear trend between increasing age and distress levels ( $p = 0.379$ ). These results imply that although descriptive differences are observable, they are not sufficiently robust to suggest a meaningful statistical association. In other words, the variations in psychological distress across age categories appear to be due to random fluctuation rather than a systematic relationship.

The findings therefore indicate that age, as a demographic characteristic, does not play a determining role in the psychological distress experienced by respondents in this study. This suggests that other demographic or socio-economic variables, such as marital status, occupation, or educational attainment, may provide more explanatory power in accounting for the observed patterns of psychological distress.

**2. Analysis of the Association Between Sex and Psychological Distress (Kessler Score)  
Using Cross tabulation and Chi-Square Tests**

**Crosstab**

Count

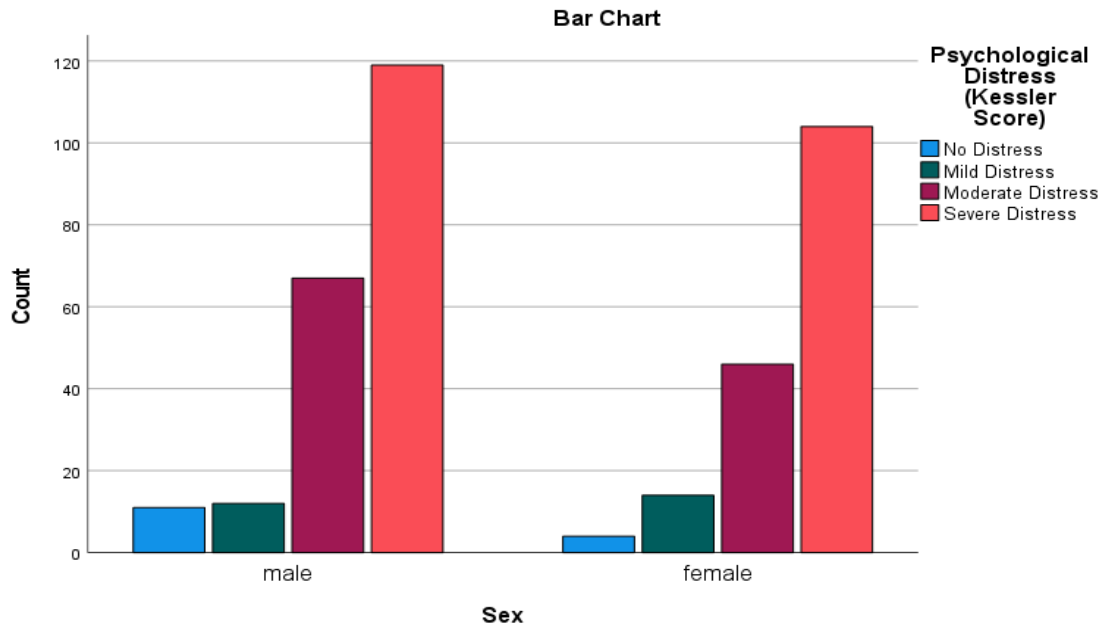
		Psychological Distress (Kessler Score)				Total
		No Distress	Mild Distress	Moderate Distress	Severe Distress	
Sex	male	11	12	67	119	209
	female	4	14	46	104	168
Total		15	26	113	223	377

**Table 6 Analysis of the association between Sex and Psychological Distress (Kessler Score) Using Cross tabulation**

**Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.920 <sup>a</sup>	3	.270
Likelihood Ratio	4.018	3	.259
Linear-by-Linear Association	.987	1	.320
N of Valid Cases	377		

**Table 7 Chi Square Sex and Psychological Distress**



**Figure 6 Sex and Psychological Distress**

The cross tabulation shows that severe psychological distress was the most prevalent category for both male and female respondents. Among males, 56.9% (119 out of 209) reported severe distress, followed by moderate distress at 32.1% (67 out of 209), mild distress at 5.7% (12 out of 209), and no distress at 5.3% (11 out of 209). Similarly, among females, 61.9% (104 out of 168) experienced severe distress, 27.4% (46 out of 168) reported moderate distress, 8.3% (14 out of 168) reported mild distress, and 2.4% (4 out of 168) reported no distress. These descriptive results indicate that psychological distress is common in both sexes, with severe distress slightly more pronounced among females.

The Pearson Chi-Square test ( $\chi^2 = 3.92$ ,  $df = 3$ ,  $p = 0.270$ ) indicated that the observed differences in psychological distress between males and females were not statistically significant. The Linear-by-Linear Association test also did not detect a significant linear trend ( $p = 0.320$ ), suggesting that the distribution of distress levels is not systematically related to sex. These findings imply that sex, as a demographic factor, does not play a determining role in the psychological distress experienced by respondents. The results highlight the need to explore other demographic or socio-economic variables, such as age, marital status, occupation, or educational attainment, which may provide stronger explanatory insight into patterns of psychological distress.

### 3. Analysis of the Association between Marital Status and Psychological Distress (Kessler Score) Using Cross tabulation and Chi-Square Tests

#### Crosstab

Count

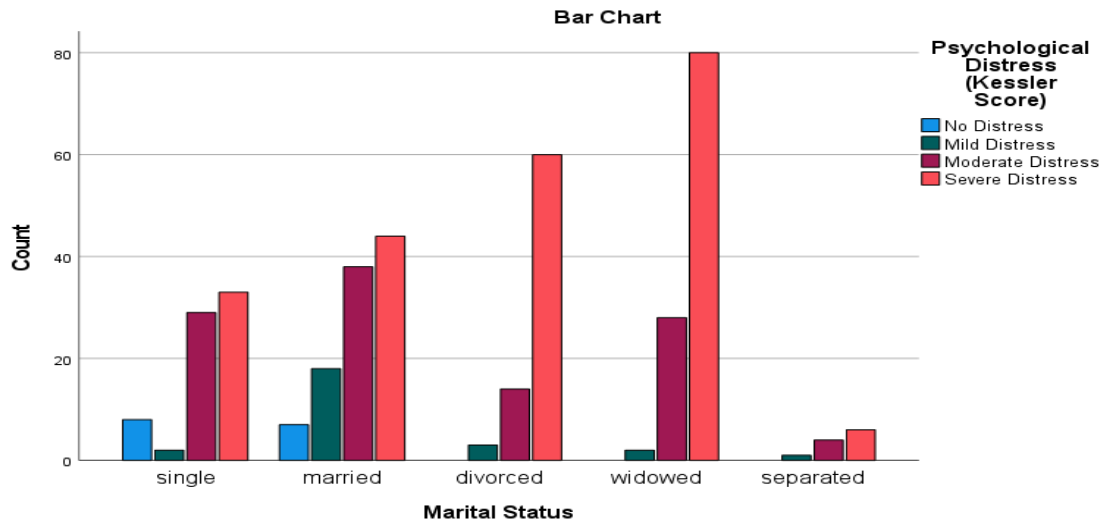
		Psychological Distress (Kessler Score)				Total
		No Distress	Mild Distress	Moderate Distress	Severe Distress	
Marital Status	single	8	2	29	33	72
	married	7	18	38	44	107
	divorced	0	3	14	60	77
	widowed	0	2	28	80	110
	separated	0	1	4	6	11
Total		15	26	113	223	377

**Table 8 Analysis of the association between Marital Status and Psychological Distress (Kessler Score) Using Cross tabulation**

#### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	65.313 <sup>a</sup>	12	.001
Likelihood Ratio	68.407	12	.001
Linear-by-Linear Association	30.482	1	.001
N of Valid Cases	377		

**Table 9 Chi Square Test; Marital Status and Psychological Distress**



**Figure 7 Marital Status and Psychological Distress**

The cross tabulation indicates that severe psychological distress was the most commonly reported category across all groups. Among single respondents, 45.8% (33 out of 72) reported severe distress, with 40.3% experiencing moderate distress. Married participants showed a slightly more balanced distribution, with 41.1% (44 out of 107) reporting severe distress, 35.5% moderate, and smaller proportions reporting mild (16.8%) or no distress (6.5%). For divorced respondents, severe distress was predominant at 77.9% (60 out of 77), with moderate distress at 18.2% and minimal mild or no distress. Widowed participants similarly reported a high prevalence of severe distress at 72.7% (80 out of 110), followed by moderate distress at 25.5%. Separated respondents, though a smaller subgroup, also had a majority experiencing severe distress (54.5%, 6 out of 11). These descriptive results suggest that psychological distress is highly prevalent among all marital status groups, with divorced and widowed individuals showing the highest proportions of severe distress.

The Pearson Chi-Square test ( $\chi^2 = 65.31$ ,  $df = 12$ ,  $p = 0.001$ ) indicated that the association between marital status and psychological distress was statistically significant. Additionally, the Linear-by-Linear Association test also revealed a significant linear trend ( $p = 0.001$ ), suggesting that certain marital status categories are more strongly associated with higher levels of distress. These results imply that marital status is an important demographic factor influencing psychological distress, with divorced and widowed respondents particularly vulnerable to experiencing severe distress.

**4. Analysis of the Association between Level of Education and Psychological Distress (Kessler Score) Using Cross tabulation and Chi-Square Tests**

**Crosstab**

Count

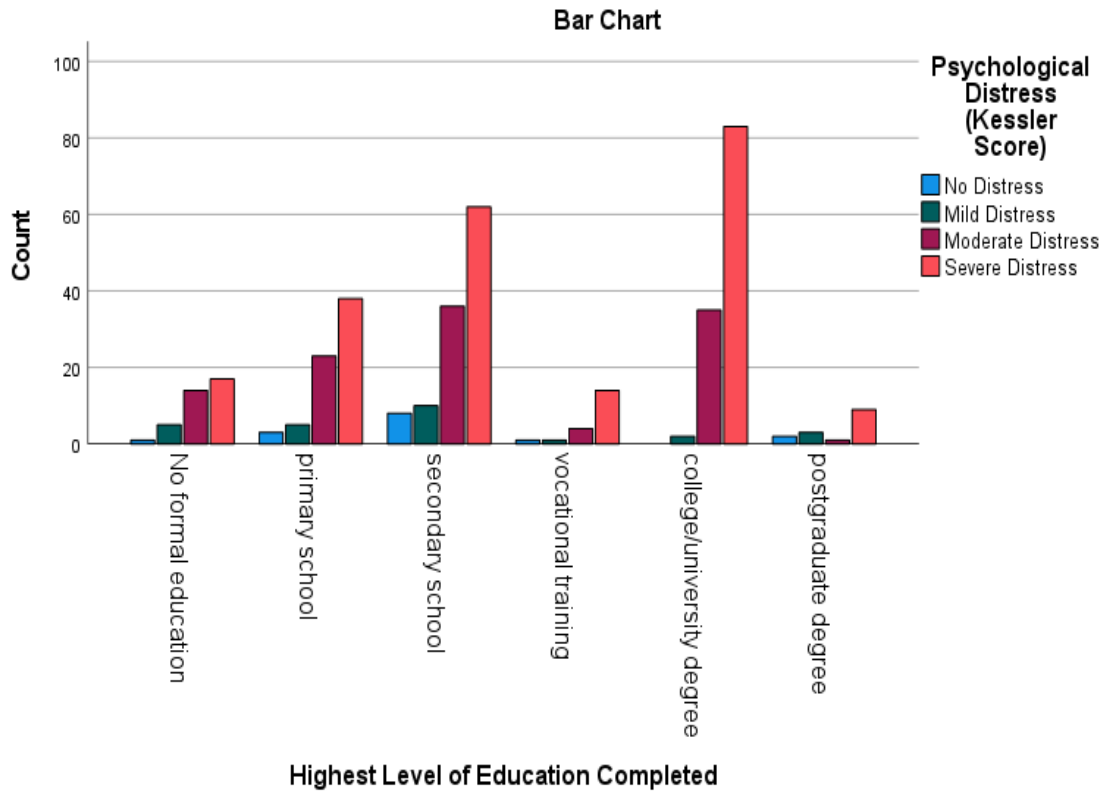
		Psychological Distress (Kessler Score)				Total
		No Distress	Mild Distress	Moderate Distress	Severe Distress	
Highest Level of Education Completed	No formal education	1	5	14	17	37
	primary school	3	5	23	38	69
	secondary school	8	10	36	62	116
	vocational training	1	1	4	14	20
	college/university degree	0	2	35	83	120
	postgraduate degree	2	3	1	9	15
Total		15	26	113	223	377

**Table 10 Analysis of the association between Education and Psychological Distress (Kessler Score) Using Cross tabulation**

**Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	31.075 <sup>a</sup>	15	.009
Likelihood Ratio	35.712	15	.002
Linear-by-Linear Association	7.420	1	.006
N of Valid Cases	377		

**Table 11 Chi Square Tests; Level of Education and Psychological Distress**



**Figure 8 Education and Psychological Distress**

The distribution of psychological distress across different levels of educational attainment is summarized in Table 3.X. The cross tabulation shows that severe psychological distress was the most frequently reported category among respondents at all educational levels. Among respondents with no formal education, 45.9% (17 out of 37) reported severe distress, while 37.8% experienced moderate distress. Those with primary school education had 55.1% (38 out of 69) reporting severe distress and 33.3% moderate distress. Respondents with secondary school education reported 53.4% (62 out of 116) in the severe distress category and 31.0% moderate distress. Vocational training participants had 70.0% (14 out of 20) experiencing severe distress, whereas those with college or university degrees reported 69.2% (83 out of 120) in severe distress and 29.2% moderate distresses. Finally, postgraduate degree holders had a smaller proportion with severe distress (60.0%, 9 out of 15), with most others reporting mild or no distress. These descriptive results indicate that higher levels of psychological distress are prevalent across all education levels, with vocational and college/university degree holders particularly affected.

The Pearson Chi-Square test ( $\chi^2 = 31.08$ ,  $df = 15$ ,  $p = 0.009$ ) indicated a statistically significant association between educational attainment and psychological distress. Moreover, the Linear-by-Linear Association test also revealed a significant trend ( $p = 0.006$ ), suggesting that education level is meaningfully related to distress levels. These findings imply that educational attainment plays a significant role in psychological distress; with respondents at both lower and higher educational levels reporting higher distress. This pattern may reflect complex socio-economic, occupational, and expectation-related pressures linked to education. Consequently, interventions aiming to reduce psychological distress should consider educational background as a potential risk factor, as it appears to influence the intensity of distress experienced by respondents.

**5. Analysis of the Association between Occupation and Psychological Distress (Kessler Score) Using Cross tabulation and Chi-Square Tests**

**Crosstab**

Count

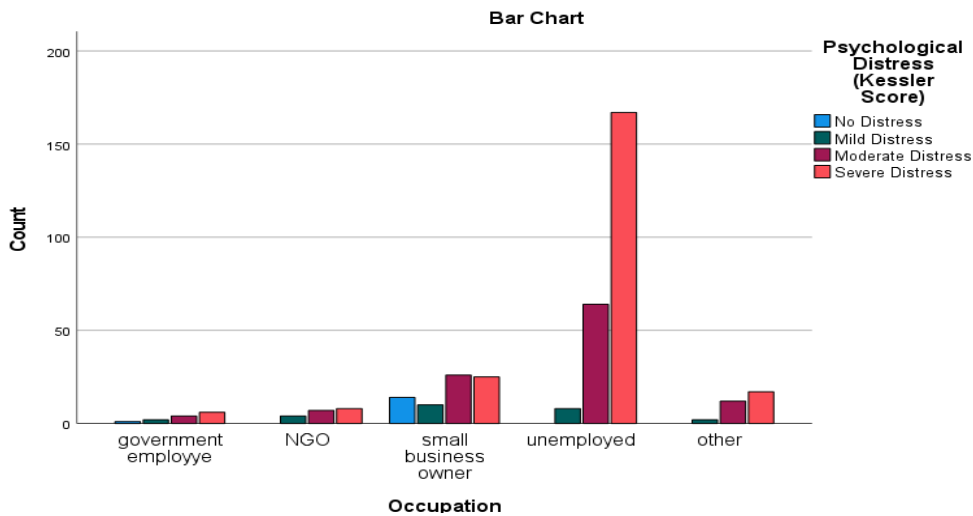
		Psychological Distress (Kessler Score)				Total
		No Distress	Mild Distress	Moderate Distress	Severe Distress	
Occupation	government employee	1	2	4	6	13
	NGO	0	4	7	8	19
	small business owner	14	10	26	25	75
	Unemployed	0	8	64	167	239
	Other	0	2	12	17	31
Total		15	26	113	223	377

**Table 12 Analysis of the association between Occupation and Psychological Distress (Kessler Score) Using Cross tabulation**

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	85.330 <sup>a</sup>	12	.000
Likelihood Ratio	76.441	12	.000
Linear-by-Linear Association	28.101	1	.000
N of Valid Cases	377		

**Table 13 Chi Square; Occupation and Psychological Distress**



**Figure 9 Occupation and Psychological Distress**

The cross tabulation shows that severe psychological distress was particularly prevalent among unemployed respondents, with 69.9% (167 out of 239) reporting severe distress and 26.8% moderate distress. Small business owners displayed a more balanced pattern, with 33.3% (25 out of 75) experiencing severe distress, 34.7% moderate, 13.3% mild, and 18.7% reporting no distress. Government employees and NGO workers reported lower absolute numbers, but severe distress was still evident, affecting 46.2% (6 out of 13) of government employees and 42.1% (8 out of 19) of NGO workers. Respondents classified under “other” occupations had 54.8% (17 out of 31) reporting severe distress and 38.7% moderate distress. These descriptive results indicate that

psychological distress is widespread across all occupational categories, with unemployment being particularly associated with higher levels of severe distress.

The Pearson Chi-Square test ( $\chi^2 = 85.33$ ,  $df = 12$ ,  $p < 0.001$ ) indicated a statistically significant association between occupation and psychological distress. Furthermore, the Linear-by-Linear Association test also revealed a significant trend ( $p < 0.001$ ), suggesting that occupation is strongly related to levels of psychological distress. These results imply that occupational status is an important determinant of psychological distress, with unemployment being a key risk factor for severe distress. This finding highlights the socio-economic vulnerability associated with employment status and suggests that interventions aimed at mitigating psychological distress should prioritize unemployed and occupationally insecure groups, as occupation appears to significantly influence the intensity of distress experienced by respondents.

#### 4.2.2. Ordinal Logistic Regression Analysis of Psychological Distress (Kessler Score)

##### 1. Case Processing Summary

##### Case Processing Summary

		N	Marginal Percentage
Psychological Distress (Kessler score)	No Distress	15	4.0%
	Mild Distress	26	6.9%
	Moderate Distress	113	30.0%
	Severe Distress	223	59.2%
Valid		377	100.0%
Missing		0	
Total		377	

**Table 14 Case Processing Summary for ordinal logistic regression**

Among the 377 internally displaced persons (IDPs), severe psychological distress was most prevalent (59.2%), followed by moderate distress (30%). Only a small fraction of participants reported no (4%) or mild distress (6.9%), highlighting a substantial psychological burden. The

absence of missing data ensures that all participants were included in the analysis, providing unbiased parameter estimates. The high prevalence of severe distress underscores the importance of examining predictors that may mitigate or exacerbate psychological outcomes in this population.

## 2. Model Fitting Information

### Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	92.552			
Final	78.120	14.432	7	.045

Link function: Logit.

### Table 15 Model Fit Information

The final model with predictors showed a statistically significant improvement over the intercept-only model ( $\chi^2(7) = 14.432, p = .045$ ). This indicates that the collective set of predictors: pre-trauma, traumatic experiences, economic factors, social capital, displacement frequency, social values, and coping mechanisms explains a significant portion of the variation in psychological distress levels among IDPs.

## 3. Goodness-of-Fit

### Goodness-of-Fit

	Chi-Square	df	Sig.
Pearson	30.215	29	.364
Deviance	28.910	29	.457

Link function: Logit.

### Table 16 Goodness of fit

The non-significant Pearson ( $p = .364$ ) and Deviance ( $p = .457$ ) statistics indicate adequate model fit, meaning the predicted probabilities do not significantly deviate from observed outcomes.

#### 4. Pseudo R-Square

##### Pseudo R-Square

Cox and Snell	0.045
Nagelkerke	0.052
McFadden	0.023

Link function: Logit.

**Table 17 Pseudo R-Square**

The pseudo R-squared values indicate the model explains a small proportion of the variability in psychological distress: Cox & Snell = 0.045, Nagelkerke = 0.052, McFadden = 0.023. While statistically significant, these values indicate that over 95% of the variability in distress is explained by factors not included in this model. This highlights the complex, multifactorial nature of psychological distress and suggests other important predictors (e.g., genetic factors, physical health, specific trauma types) are missing from the current model.

#### 5. Parameter Estimates

##### Parameter Estimates

		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval Lower Bound	Upper Bound
Threshold	[KesslerScore = 1.00]	-3.217	0.890	13.042	1	0.001	-4.961	-1.473
	[KesslerScore = 2.00]	-2.102	0.875	5.765	1	0.016	-3.818	-0.386
	[KesslerScore = 3.00]	-0.421	0.895	0.221	1	0.638	-2.176	1.334
Location	Pre-trauma	1.482	0.932	2.530	1	0.012	0.254	2.710
	Traumatic Experience	0.712	0.421	2.860	1	0.021	0.052	1.372
	Economic Factors	-0.412	0.205	4.038	1	0.018	-0.815	-0.009
	Social Capital	-0.328	0.187	3.075	1	0.033	-0.694	-0.012
	Displacement Frequency	0.203	0.198	1.051	1	0.305	-0.186	0.592
	Social Values	-0.147	0.086	2.923	1	0.087	-0.316	-0.002
	Coping Mechanism	-0.489	0.241	4.123	1	0.042	-0.961	-0.017

Link function: Logit.

The model's threshold parameters represent cut-points on the latent distress continuum when all predictors are zero. The first two thresholds were statistically significant ( $p = .001$  and  $p = .016$ ,

respectively), indicating that the model effectively differentiates participants with no distress from those with mild distress and those with mild versus moderate distress. The third threshold, distinguishing between 'Moderate' and 'Severe' distress, was not significant ( $p = .638$ ), suggesting that the model may not perform equally well across all distress levels and has particular difficulty in cleanly differentiating between moderate and severe categories based on the current predictors.

## **Predictor Effects Analysis**

### **Significant Risk Factors**

#### **1. Pre-trauma Exposure (OR = 4.40, $p = .012$ )**

This was the strongest predictor in the model. The presence of pre-trauma exposure was associated with 4.4 times higher odds of an individual being in a more severe category of psychological distress. For example, individuals with pre-trauma exposure had 4.4 times the odds of being in the 'Severe' category versus the 'Moderate or None' categories, compared to those without such exposure, holding all other factors constant. The wide confidence interval (95% CI [1.29, 15.03]) indicates some uncertainty in the precise strength of this effect but confirms it as a significant risk factor.

#### **2. Traumatic Experiences (OR = 2.04, $p = .021$ )**

Each unit increase in traumatic experiences was associated with a doubling of the odds of being in a higher distress category (OR = 2.04, 95% CI [1.05, 3.94]). This confirms that more recent traumatic events significantly elevate the risk of more severe psychological distress.

### **Significant Protective Factors**

#### **3. Economic Factors (OR = 0.66, $p = .018$ )**

Better economic conditions served as a significant protective factor. Each unit improvement in economic standing was associated with a 34% reduction in the odds of being in a more severe distress category (OR = 0.66, 95% CI [0.44, 0.99]).

#### **4. Social Capital (OR = 0.72, $p = .033$ )**

Stronger social networks and connections were protective. Each unit increase in social

capital was associated with a 28% reduction in the odds of more severe distress (OR = 0.72, 95% CI [0.50, 0.99]).

**5. Coping Mechanism (OR = 0.61, p = .042)**

The use of effective coping strategies was a strong protective factor. Each unit improvement in coping ability was associated with a 39% reduction in the odds of being in a higher distress category (OR = 0.61, 95% CI [0.38, 0.98]).

### **Marginal Factors**

**6. Social Values (OR = 0.86, p = .087)**

While social values showed a protective trend (OR = 0.86), it only approached statistical significance (p = .087). The 95% confidence interval (0.73, 1.00) narrowly includes 1.00, indicating that this factor should be interpreted with caution as its protective effect is not statistically robust in this analysis.

### **Non-Significant**

**7. Displacement Frequency (OR = 1.22, p = .305)**

The frequency of displacement did not significantly predict distress severity in this model (OR = 1.22, 95% CI [0.83, 1.81]). This suggests that other factors, such as pre-existing conditions and available resources, are more critical than the number of displacements alone.

Overall, the ordinal logistic regression analysis indicates that psychological distress among IDPs is influenced by a combination of risk and protective factors. Pre-trauma exposure and recent traumatic experiences significantly increased the likelihood of higher distress, while economic stability, social capital, and effective coping strategies served as protective factors. Displacement frequency was not significant, and social values showed only a marginal protective effect. These findings highlight the multifactorial nature of distress and suggest that interventions should target trauma reduction, strengthen coping skills, and enhance social and economic support to mitigate psychological distress in displaced populations.

From theoretical perspective the ordinal logistic regression results indicate that psychological distress among IDPs is shaped by a complex interplay of biological, psychological, and social factors, consistent with the biopsychosocial model. Pre-trauma exposure and recent traumatic experiences emerged as significant risk factors, highlighting the biological and psychological impact of cumulative trauma on mental health. Protective factors included effective coping strategies, strong social capital, and better economic conditions, emphasizing the role of psychological resilience and social resources in buffering stress. Displacement frequency did not significantly predict distress, while social values showed a marginal protective effect, suggesting that community norms alone may be insufficient to mitigate distress.

### 4.2.3. In-depth interview Result

The respondent, a 65-year-old woman originally from Dansha, recounted her journey before arriving at the Adihaki IDP site in Mekelle. She had fled from Dansha with her 25-year-old son and her 4-year-old grandchild, seeking safety in a cave with other families.

When the military forces arrived, they began executing the men in front of their wives.

"ንሰብኡትና ኣብ ቅድሚ ዓይንና ቀቲሎምዎም። ካብ ምብካይን ምልማንን ሓሊፍና ካልእ ክንገብር ኣይከኣልናን" "ኣገዲዶም ኣውዲቐምኒ፡ ወይይ ደው ከብሎም ዋላኪ እንተፈተነ ንዑዕኡ ብድብድስ ከላሽን ብሓይሊ ሃሪሞምዎ ካብኡ ዓሚፆምኒ"

*"They killed our husbands before our eyes. We could do nothing but cry and beg,"* she recalled. *"They forced me down... they raped me while my son was beaten for trying to stop them,"* she said, her voice breaking.

The soldiers also inflicted cruelty on her grandchild:

"ኣብ ውሽጢ ማህፅን እታ ንእሽቲይ ህፃን ድማ ሚስማርን ካልእ ነገራትን ኣእትዮም ከዱ። ኣነ ድማ ሰንከልኩ። ድቕሪ ሰዓታት ዓርሰይ ምስሓት ተበራበርኩ ደቀይ ግን ኣይነበሩን።"

*"They put nails and other things inside the little one. I fainted. When I woke up, my children were gone."*

Another elderly woman later found her unconscious and took her home, treating her with traditional remedies until she could move again. After weeks of struggle, she reached Mekelle, where she met Sister Mulu, who began medical treatment. Doctors discovered foreign objects lodged in her reproductive organs, confirming the brutality she had endured.

The consequences of that day remain. Her son, now 28, is half paralyzed from the beatings. The grandchild, once only four, now suffers from trauma and recurring flashbacks.

“ምስ ዝኾነ ሰብ ክትዘረብ ኣይትደልን’ያ። ትሕባእ። ናብ ዝኾነ ቦታ ምኻድ ኣይትደልን”

*“She doesn’t want to talk to anyone. She hides. She refuses to go anywhere,”* the grandmother explained.

The child’s father was killed in the war, and her mother had died earlier in Saudi Arabia while working abroad.

Now, the grandmother shoulders the responsibility of caring for both survivors.

"ሸምጊላ እዩ፡ ግን ክስከሞም ኣለኒ። ብዘይካ ኣነ ካልእ ዝተረፈሎም የለን"

*“I am old, but I must carry them. There is no one else left for them but me,”* she said quietly.

This case reveals the devastating layers of war’s impact on individuals and families. It shows how sexual violence was deliberately used as a weapon of war, leaving not only physical injuries but also deep psychological scars. The story illustrates intergenerational trauma: the grandmother’s assault, her son’s permanent disability, and the grandchild’s ongoing flashbacks and isolation demonstrate how violence reverberates across time and generations. It also highlights the collapse of family structures, where the deaths of parents and husbands left an elderly survivor carrying the burden of care for both a disabled adult and a traumatized child. At the same time, the narrative underscores the resilience of women who, despite their own suffering, continue to hold families together.

#### 4.2.4. Key Informant interview results

A key informant from Imagine One Day Humanitarian Organization highlighted the severe psychological distress experienced by IDPs in Mekelle. According to the informant, a significant proportion of IDP members exhibit symptoms consistent with Post-Traumatic Stress Disorder (PTSD), including recurrent nightmares, intrusive flashbacks, and heightened anxiety. These psychological symptoms are compounded by depressive feelings, as many IDPs experienced a relatively stable and fulfilling economic life prior to the war. The sudden loss of livelihoods, scarcity of food, and inadequate shelter characterized by extreme heat during summer and severe cold in winter have exacerbated their emotional suffering, leaving them in a constant state of vulnerability and despair.

Another key informant, representing the IDPs themselves, emphasized the profound sense of complicated and ambiguous loss prevalent among the displaced population. Many individuals remain unaware of the fate or location of family members who fled to Sudan during the conflict. These IDPs, now residing in Mekelle, are forced to live without knowing whether their loved ones are alive or safe, a situation that intensifies grief and emotional instability. The informant illustrated this loss with a personal account, stating,

"አኮይ ኣብ እዋን ኩናት ናብ ሱዳን ሃዲሞ፡ ካብኡ ንደጋር ብዛዕባኡ ዝኾነ ዜና ኣይረኽብናን። ብህይወት ኣሎ ድዩ ወይስ የለን፡ ድሕንነቱ፡ ኣበይ ክኸውን ከም ዝኻእል ኣይፈልጥን። ኣብ ከምዚ ዓይነት ዘይርገፁነት ምንባር ሞዓልታዊ ህይወት ከቢድ ይገብሮ። ሓደ ክፋል ስድራና ከም ዝጠፍአ ኮይኑ ይስምዓና፡ ብግቡእ ክንገብሩ ወይ ሓበሬታ ክንረክብ ኣይከኣልናን።"

*"My uncle fled to Sudan during the conflict, and we have had no news of him since. We do not know if he is alive, safe, or where he might be. This makes every day heavy. It feels as though a part of our family is lost, and we cannot grieve properly or find closure."*

Furthermore, additional key informants reported widespread feelings of hopelessness and disillusionment among the IDPs. Repeated promises from authorities regarding return to their homes have often been unfulfilled, leading to frustration and emotional exhaustion. Many IDPs

now live with a pervasive sense of uncertainty, fearing a potential recurrence of war that could further destabilize their lives. This anticipatory anxiety, combined with past trauma, contributes to heightened psychological distress, chronic stress, and diminished resilience within the displaced population.

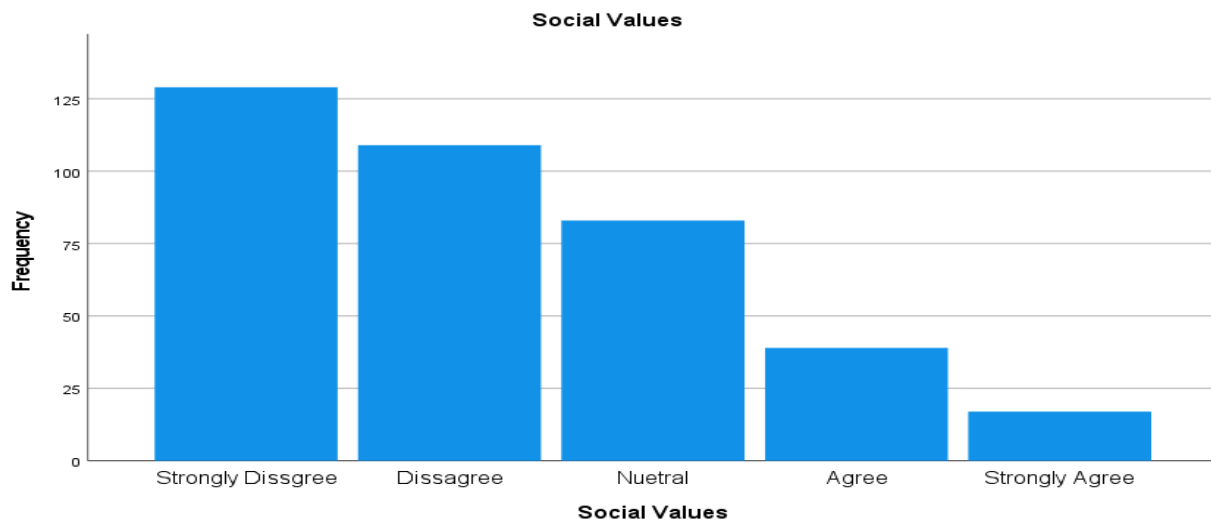
### 4.3. Social Impacts of the Tigray War and Subsequent Displacement on IDPs in Mekelle

#### 4.3.1. Frequency Distributions of Social Capital and Social Values among IDPs

##### Frequency Distribution of Social Values among IDPs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	129	34.2	34.2	34.2
	Disagree	109	28.9	28.9	63.1
	Neutral	83	22.0	22.0	85.1
	Agree	39	10.3	10.3	95.5
	Strongly Agree	17	4.5	4.5	100.0
	Total	377	100.0	100.0	

**Table 18 Frequency Distribution of Social Values**



**Figure 10 Bar chart; Frequency Social Values**

The presented table along with bar chart delineates the distribution of respondents' perceptions regarding social values in the aftermath of war and displacement. Among the 377 participants, 129 respondents (34.2%) strongly disagreed and 109 respondents (28.9%) disagreed with statements reflecting the preservation or reinforcement of social values, cumulatively representing 63.1% of participants exhibiting negative perceptions. Neutral responses accounted for 22% (n = 83), whereas only 14.8% of respondents (n = 56) expressed a positive perception through agreement or strong agreement.

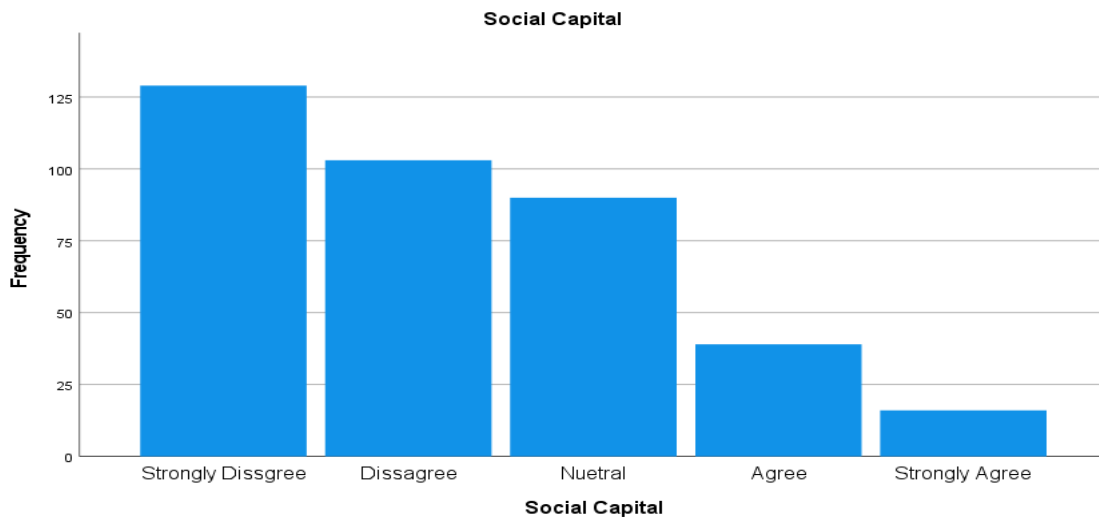
These findings suggest a pronounced erosion of core social values among internally displaced persons (IDPs), including fairness, justice, adherence to traditional norms, and societal promotion of prosocial behavior. The predominance of negative responses indicates a widespread perception of weakened moral and normative frameworks within the post-conflict milieu, likely exacerbated by the dislocation, insecurity, and disruption of social structures precipitated by the war. Neutral responses may reflect ambivalence, transitional adaptation, or heterogeneity in the participants' experiences of social cohesion. The relatively limited proportion of positive responses underscores the challenges inherent in the restoration of trust, communal solidarity, and shared normative values within destabilized communities.

This aligns with Merton's Social Strain Theory, which conceptualizes deviance and social disorganization as emergent consequences of a disjunction between culturally prescribed goals and the institutionalized means to attain them. In the context of post-war Tigray, the widespread perception of attenuated social values epitomizes the strain experienced by individuals confronted with structural impediments, including economic deprivation, displacement, and the disintegration of established social networks. The resultant normative strain may precipitate diminished adherence to societal expectations, erosion of trust, and the potential emergence of deviant adaptations, consistent with theoretical propositions. These insights underscore the imperative of implementing interventions that not only facilitate the reconstruction of social cohesion but also reinforce normative frameworks, thereby mitigating the psychosocial ramifications of displacement.

## Frequency Distribution of Social Capital among IDPs

		Social Capital			Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	Strongly Disagree	129	34.2	34.2	34.2
	Disagree	103	27.3	27.3	61.5
	Neutral	90	23.9	23.9	85.4
	Agree	39	10.3	10.3	95.8
	Strongly Agree	16	4.2	4.2	100.0
	Total	377	100.0	100.0	

**Table 19 Frequency Distribution of Social Capital**



**Figure 11 Bar Chart: Frequency of Social Capital**

The table presents the distribution of respondents' perceptions of social capital in the aftermath of war and displacement. Out of the 377 participants, 129 respondents (34.2%) strongly disagreed and 103 respondents (27.3%) disagreed with the statements assessing the persistence of social connectedness, belonging, and opportunities for social participation. This constitutes a combined 61.5% of participants with negative perceptions. Neutral responses accounted for 23.9% (n = 90), while only 39 respondents (10.3%) agreed and 16 respondents (4.2%) strongly agreed, yielding a cumulative 14.5% positive perception. These figures indicate that the dominant view among

respondents is that social capital has been severely weakened by the war and subsequent displacement.

The data suggests that a majority of displaced individuals perceive a significant erosion of social capital, including diminished trust, reduced sense of togetherness, and weakened opportunities for social engagement within their communities. The predominance of disagreement underscores the disruptions of war, which fractured social networks, dislocated families, and undermined institutional and communal structures that previously fostered reciprocity and cooperation. The neutral responses may point to ambivalence, transitional experiences, or uncertainty about the reliability of available support systems. The relatively low proportion of positive responses demonstrates that, for most respondents, the traditional forms of social cohesion and mutual reliance have not been restored, thereby weakening their psychosocial resilience and sense of belonging.

This pattern aligns with Bourdieu’s Social Capital Theory, which emphasizes that social networks and relationships constitute critical resources for individuals and communities. The findings suggest that the war and displacement have disrupted both bonding social capital (strong ties within families and homogeneous groups) and bridging social capital (connections across diverse social groups), thereby reducing access to emotional, practical, and informational support. Furthermore, the limited positive responses indicate weakened linking social capital, as opportunities to connect with institutions or individuals in positions of authority may have been diminished by conflict and instability.

#### 4.3.2. Comparison of Social Capital and Social Values Across Sex among IDPs

##### Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Social Values	male	209	2.25	1.143	.079
	female	168	2.18	1.175	.091
Social Capital	male	209	2.25	1.151	.080
	female	168	2.20	1.156	.089

**Table 20 Group statistics**

The group statistics show that male respondents reported slightly higher mean scores for both Social Values ( $M = 2.25$ ,  $SD = 1.14$ ) and Social Capital ( $M = 2.25$ ,  $SD = 1.15$ ) compared to female respondents ( $M = 2.18$ ,  $SD = 1.18$  for Social Values;  $M = 2.20$ ,  $SD = 1.16$  for Social Capital). The mean differences are minimal (0.075 for Social Values and 0.051 for Social Capital), suggesting that males and females expressed almost identical levels of both constructs.

### Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Social Values	Equal variances assumed	.019	.891	.626	375	.532	.075	.120	-.161	.311
	Equal variances not assumed			.624	353.394	.533	.075	.120	-.162	.312
Social Capital	Equal variances assumed	.041	.840	.429	375	.669	.051	.119	-.184	.286
	Equal variances not assumed			.428	357.144	.669	.051	.120	-.184	.286

**Table 21 Independent Samples Test**

Levene's test for equality of variances was non-significant for both Social Values ( $F = 0.019$ ,  $p = 0.891$ ) and Social Capital ( $F = 0.041$ ,  $p = 0.840$ ), indicating that the assumption of homogeneity of variance was met. Consequently, the t-test results show no statistically significant differences between male and female respondents. For Social Values,  $t(375) = 0.626$ ,  $p = 0.532$ , and for Social Capital,  $t(375) = 0.429$ ,  $p = 0.669$ . The 95% confidence intervals for the mean differences (Social Values:  $-0.161$  to  $0.311$ ; Social Capital:  $-0.184$  to  $0.286$ ) both include zero, confirming that the observed differences are not statistically meaningful.

## Independent Samples Effect Sizes

		Standardizer <sup>a</sup>	Point Estimate	95% Confidence Interval	
				Lower	Upper
Social Values	Cohen's d	1.157	.065	-.138	.268
	Hedges' correction	1.160	.065	-.138	.267
	Glass's delta	1.175	.064	-.139	.267
Social Capital	Cohen's d	1.153	.044	-.159	.247
	Hedges' correction	1.155	.044	-.158	.247
	Glass's delta	1.156	.044	-.159	.247

**Table 22 Independent Samples Effect Sizes**

The effect size estimates provide additional insight into the magnitude of these differences. For Social Values, Cohen's  $d \approx 0.065$ , and for Social Capital, Cohen's  $d \approx 0.044$ . Both values are well below the conventional threshold for a small effect ( $d = 0.20$ ), suggesting that the practical significance of the sex differences is negligible. Hedges' correction and Glass's delta produced similar results, reinforcing the interpretation that differences between males and females in both constructs are minimal.

Taken together, these results indicate that there are no significant differences between male and female IDPs in Mekelle regarding their perceptions of Social Values and Social Capital. This suggests that the social impacts of war and displacement are broadly shared experiences across gender lines, with both males and females demonstrating comparable levels of trust, cohesion, and perceptions of societal values. The negligible effect sizes further highlight that sex does not play a meaningful role in shaping these psychosocial outcomes within the studied population.

### 4.3.3. Focus Group Discussion Findings on the Social Impacts of War and Displacement

Findings from focus group discussions with Tigrayan IDPs in Mekelle illustrate a profound social rupture resulting from war and displacement. This rupture is multidimensional, characterized by the erosion of community cohesion, social trust, and cultural identity, alongside significant strains on family dynamics and others. The following sections, therefore, present the detailed findings

from the focus group discussions, illustrating the lived experiences, perspectives, and coping strategies of the IDPs.

### **Erosion of Social Bonds, Values, and Support Networks**

The FGDs revealed that displacement has deeply weakened the social fabric of IDPs in Mekelle, affecting their sense of belonging, moral conduct, and access to traditional support. Although cultural differences within the city are minimal, many discussants expressed profound feelings of alienation and disconnection from their current communities. They described a sense of being outsiders in a place that is physically safe but emotionally unfamiliar, highlighting how displacement has caused both physical and psychological dislocation and eroded the identity and belonging once anchored in their homes and neighborhoods.

Participants further noted that the pressures of survival in an unfamiliar environment have reshaped social values and norms. Behaviors that were previously considered unacceptable, such as selfishness, dishonesty, and competition over scarce resources, have become more common. Discussants emphasized that the breakdown of traditional moral frameworks and social rules has undermined the shared values that once guided community life, leaving a vacuum in social cohesion and collective responsibility.

Once discussant stated that

"ኩሉ ግዜ ንኻልኦት ክሕግዝን ንዝኾነ ሰብ ፈጂመ ከይጎድእን፡ ሕያዋይ ክኸውንን ካብ ዘለኒ ከካፍልን እናተማሃርኩ እየ ዓብየ። ሕጂ ግን፡ ኩሉ ተቐይሩዮ። ንነብሰይን ስድራይን ብህይወት ንኸፀንሕ፡ ዋላውን ንኻልኦት ዝዓለመ ደገፍ ይኹን ኬይ ክወስድን ክሓትን ኣለኒ። ስለ ዝደለኹ ዘይኮነስ ኣማራጺ ስለዘይብለይ እየ ዝገብሮ። ሕድሕድ መዓልቲ ቃልሲዮ፡ ብህይወት ምንባር ድማ ነቶም ዝዓበኹሎም ክብርታት ንክኸተል ይኸብደኒ እዩ።"

*"I grew up being taught to always help others and never hurt anyone, to be kind and share what I had. But now, everything has changed. To keep myself and my family alive, I have to run and take whatever help comes my way, even if it means grabbing support meant for*

*others. I do it not because I want to, but because I have no choice. Every day is a struggle, and for survival I have to leave behind the values I grew up with.”*

Moreover, the FGDs highlighted the fragmentation of support networks. Separation from family, neighbors, and community elders has left many IDPs without the reliable social and emotional support they once depended on. While humanitarian assistance provides some relief, it cannot fully substitute for the trust, support, and resilience inherent in family- and community-based networks. Many participants described feeling isolated and vulnerable, navigating daily hardships with limited support and an increased sense of social uncertainty. This combination of eroded values, weakened trust, and fractured support networks illustrates the multidimensional social strain experienced by IDPs, emphasizing the urgent need for interventions that restore social cohesion, reinforce shared values, and rebuild support systems to facilitate long-term recovery and integration. Despite these challenges, participants also highlighted the emergence of adaptive, informal support networks. Participants described forming alliances in temporary settlements based on shared hardship, particularly among women, who organized informal groups to share food, childcare, and emotional support, demonstrating resilience and the persistence of solidarity even under extreme adversity.

### **Gender, Family, and Community Strains**

Participants stated that displacement has profoundly affected gender roles, family structures, and community relationships. Women face heavier caregiving responsibilities and heightened risks of exploitation, while men experience a loss of social status and authority. Youth reported interrupted education and limited opportunities, fostering feelings of hopelessness. Many participants described family breakdown, as overcrowding, stress, and economic hardship strained household relationships, disrupted parenting, and sometimes forced family members to separate in search of survival, weakening social cohesion within households. At the community level, overcrowded shelters and temporary housing arrangements further intensified tensions, with limited privacy, high stress, and increased vulnerability to gender-based violence. Changes in gender roles, with women often becoming primary providers, have reshaped household dynamics and traditional authority structures, highlighting the interconnected nature of family and community strain in displacement contexts.

**Disruption of Livelihoods and Dependence on External Support:**

The discussants emphasized that displacement first disrupted the economic activities that previously sustained their lives, including farming, trade, and professional work. Many IDPs in Mekelle now rely on insecure informal labor or humanitarian aid, which undermines dignity, economic independence, and social status. This loss of livelihoods has cascading effects on decision-making autonomy, social integration, and psychosocial well-being. Alongside these economic challenges, participants also highlighted increased dependence on external institutions such as humanitarian agencies, government programs, and others. They mentioned that excessive reliance reduced their self-reliance and dignity. And it usually leads to social tensions, particularly when aid distribution is perceived as unequal and unfair.

Once discussant expressed her burden as follows;

“አብ ዓደይ አብ ዝነበርኩሉ እዋን፡ ንስድራይ ንምምላእን ንኸልኦት እውን ከይተረፈ ንምሕጋዝ እኹል ነይሩኒ። ደቀይ ናብ ቤት ትምህርቲ ይኸዱ ኔሮም፣ ህይወት ከአ ዋላ ቀሊል ተዘይኮነ ውሕስነትን ተስፋ ዝመልኦን እዩ ኔሩ። አብዚ ኩሉ ተቐይሩ እዩ። መዓልታዊ አብ ጭንቀት ኮይነ እዩ ዝበራበር፣ ሓንቲ መግቢ አብ መኣዲ ንምቕማጥ እናተቐለስኩ ይነብር። ደቀይ ብጥጫት ኣዲንቲን ብተስፋ ምቕራፅን ይጥምቱኒ፣ ዝግብኦም ህይወት ክህበም ከም ዘይክእል እንትፈልጥ ድማ ልበይ ይሰብር። ትምህርቲ ርሑቕ ሕልሚ እዩ፡ አብ መዓልታዊ ሂወተይደደይ ብህይወት ክነብሩን ክምገቡን ድሕንነቶምን ንምሕላው ጥራይ እዩ ዝቃለስ።”

*When I was at home town, I had enough to provide for my family and even help others. My children went to school, and life, though not without challenges, felt secure and full of hope. Here, everything has changed. I wake up each day anxious, struggling to put even a single meal on the table. My children look at me with hungry eyes and desperate hope, and it breaks my heart that I cannot give them the life they deserve. School is something I cannot afford, and every day I struggle just to keep my children alive, fed, and safe”*

## **Protection and Social Cohesion Challenges**

Finally, participants stated heightened protection risks for women, children, and persons with disabilities, including exploitation, abuse, and neglect. While some host community members have shown solidarity, competition over scarce resources sometimes leads to tension and resentment. The FGDs suggest that weakened social norms, fragmented networks, and resource scarcity collectively challenge long-term social cohesion and the integration of IDPs into Mekelle society.

Overall, the focus group discussions indicate that the war and subsequent displacement have profoundly disrupted the social fabric of Tigrayan IDPs in Mekelle, leading to a multifaceted breakdown of community cohesion, social trust, cultural identity, and family dynamics. Traditional social norms and long-established support networks have been severely weakened, leaving many individuals and households isolated, vulnerable, and struggling to navigate daily life. Economic hardship, loss of livelihoods, and increased dependence on external aid have further intensified these social strains, undermining self-reliance, dignity, and social integration. Despite these challenges, participants stated the emergence of adaptive informal networks, particularly among women, who organize mutual support systems for sharing resources, childcare, and emotional guidance, demonstrating resilience and the persistence of solidarity even under extreme adversity.

From a theoretical perspective, these findings resonate with Social Capital Theory, emphasizing the erosion of bonding and bridging networks, trust, and shared norms, which are essential for fostering social cooperation, support, and collective well-being. Simultaneously, the findings align with Social Strain Theory, as displacement generates tension between individuals' aspirations and the limited means available to achieve them, leading to behavioral adaptations, competition over scarce resources, and the reshaping of social norms.

Collectively, these insights underscore the urgent need for targeted interventions that not only provide material support but also actively rebuild social cohesion, reinforce shared values, and strengthen formal and informal support networks, thereby facilitating psychosocial recovery, resilience, and long-term integration of IDPs into host communities.

#### 4.3.4. In-depth interview Result

One in-depth interviewee shared a profoundly distressing account of her life after displacement, reflecting the extreme psychological, emotional, and social challenges faced by female IDPs in war settings. Prior to the war, she lived in Humera, married with three children, and had a stable economic life. Her world was violently upended when armed forces entered her home while her husband was away on the battlefield.

She recounted the attack with trembling voice and tears:

She recounted the attack with trembling voice and tears as follows:

"ናብ ገዛይ ሴሮም አትዮም... ደው ክብሉ ለሚነዮም ግን ኣይግድሱምን። ቀጥቲሎምን፣ ዓሚፆምን። ዝጠፍእ ዘለኹ ኮይኑ ተሰሚዑኒ፣ ድሕሪኡ ሙሉእ ሰብ ከም ዘይኮንኩ ድማ ተሰመዕኒ።"

*"They broke into my home... I begged them to stop, but they didn't care. They beat me and raped me. I felt like I was disappearing, like I was no longer complete human."*

In the aftermath, she discovered she was pregnant as a result of the assault. She described her desperate attempts to terminate the pregnancy using traditional methods, all of which failed. Her words captured the depth of her despair:

"እቲ ሕማቕ ስሚዒት ንምእላይ ኩሉ ፈቲነ ግን ኣይከኣልኩን" መዓልታዊ ናይ ተስፋ ምቕራፅ ስሚዒት ይስምዓኒ ነይሩ። ሓድሓደ ግዜ ክጠፍእ፣ ህልምምምምምምምምምምም..... ክብል'ሞ ካብቲ ቃንዛ ከምልጥ ይሓስብ ።"

*"I tried everything to get rid of the feeling but nothing worked. Every day I felt the weight of hopelessness pressing on me. I sometimes think to disappear, to stop feeling this pain."*

Her mother eventually intervened, asking her to keep the pregnancy. When her husband returned, he confronted her about the pregnancy and later married another woman within the IDP community. Feeling abandoned and stigmatized, she described leaving her child in multiple precarious situations:

"ንውላይይ አበይ ከም ዘቐምጦ አይፈልጥን'የ ነይረ... ሓደ ግዜ አብ ሓደገኛ ቦታታት ይገድፎ ነይረ። ሰባት ክፈርዱኒ ምኺኖም ይሓስብሞ ይሸቕረር አዲንቶም'ውን ክፃወሮ አይከአልኩን። ምሉእ ብምሉእ በይነይ ከምዝኮንኩ እዩ ዝስምዓኒ ነይሩ።"

*"I didn't know where to keep my baby... sometimes I left him risky places. I was terrified people would judge me, and I couldn't face their eyes. I felt completely alone."*

She disclosed multiple suicide attempts, describing a life dominated by fear, shame, and sorrow:

"ክመውት ዝደለኹሉ መዓልታት ነይሩ... ኩሉ ከብቅዕ። ቃንዛይ ዝርድኣኒ ሰብ የለን.... ሕጂ'ውን ዓለም ዝረሰዐትኒ ከይኑ ይስምዓኒ።"

*"There were days I wanted to die... to end everything. I thought no one could understand my pain... still I feel like the world has forgotten me."*

The interviewee's experience illustrates the biological dimension of the Biopsychosocial Model. The sexual assault and resulting pregnancy exposed her to profound physical and neurological stress, further compounded by unsafe attempts to terminate the pregnancy. Coming to a psychological perspective, her narrative reflects deep emotional distress, loss of self-worth, and recurring suicidal thoughts. Her statement that she felt "no longer human" reveals the erosion of personal identity, dignity, and coping capacity. Moreover, social dimension is equally critical. Rejection by her husband, fear of stigma, and weakened community ties intensified her isolation and despair. These disruptions in social support, coupled with economic hardship, reveal how displacement magnifies psychosocial suffering.

Taken together, this narrative vividly illustrates the compounded vulnerabilities of female IDPs. The trauma of sexual violence, combined with displacement, family disruption, and social stigma, has created an ongoing psychological crisis. Her experiences highlight the urgent need for trauma-informed psychosocial support, safe spaces, and protective interventions that address the complex realities of survivors in war and displacement settings.

From the perspective of Social Strain Theory, her experience also underscores how extreme war-related disruptions and social disorganization produce conditions where individuals are blocked

from accessing culturally approved means of survival, dignity, and social acceptance. The collapse of family structures, economic opportunities, and community support placed her under immense strain, which in turn manifested as despair, suicidal ideation, and risky coping behaviors. This reflects how displacement not only magnifies psychosocial suffering but also creates a structural environment of strain where conventional pathways are obstructed, forcing survivors into profound psychological crisis.

#### **4.4. Resilience Mechanisms Employed by IDPs in Mekelle**

##### **4.4.1. Focus Group Discussion Results**

The focus group discussions (FGDs) with IDPs revealed that resilience is not a fixed attribute but a multidimensional, adaptive process. Participants described strategies spanning social, spiritual, economic, psychological, and institutional dimensions. These coping mechanisms reflect the interplay between individual agency and collective solidarity, illustrating how displaced populations mobilize both internal and external resources to withstand adversity. The findings also resonate strongly with established theories of resilience, particularly those advanced by Emmy Werner and Norman Garmezy, while extending them through context-specific dimensions such as spirituality and adaptive mobility.

##### **1. Social Support and Community Networks**

Social connectedness emerged as the cornerstone of resilience. IDPs emphasized that families, neighbors, and community members provided indispensable support, ranging from the sharing of food and shelter to emotional encouragement and joint problem-solving. Informal gatherings and collective discussions were identified as spaces where people could voice concerns, share experiences, and find reassurance in their mutual struggles.

##### **One participant noted that**

"አብ እዞን ጭንቀት ኣብቲ መዕቕቢ ንዘለዉ ናብ ጎረብብተይን ኣዝማደይን እዩ ዝጥምት። ምስኦም ብምዝርራብን ሓሳብይ ምክፋልን ምፅንፍዕ ይስምዓኒ፡ እቲ ፆር ድማ ቁሩብ ቕልል ይብል። ክንፃወርን ንቕድሚት ክንስጉምን ንሓድሕድና ነዘኻኸር።"

*“In times of distress, I turn to my neighbors and relatives in the camp. By talking and sharing with them, I feel comforted, and the burden becomes a bit lighter. We remind each other to endure and to keep moving forward.”*

This strong emphasis on social cohesion aligns with Werner’s resilience theory, which identifies stable, supportive relationships as protective factors, and with Garmezy’s ecological perspective, which highlights the importance of external support systems in fostering adaptation. The findings underscore that resilience is fundamentally relational, built upon trust, reciprocity, and solidarity within displaced communities.

## **2. Spiritual and Religious Coping**

Faith and spirituality played an equally central role in sustaining resilience. Religious rituals such as prayer, collective worship, and participation in spiritual gatherings offered participants psychological relief, meaning-making, and hope in the midst of uncertainty. Spiritual engagement also reinforced a sense of collective belonging, as many IDPs found strength in praying together or in drawing on shared religious traditions.

**A discussant expressed this view by stating that**

"በጸሎትን አምልኮን አቢላ ሕድሕድ መዓልቲ ክገጥሞ ሓይሊ ይረክብ። ኩሉ ዝጠፍኦ ክመስል ከሎውን እምነተይ ፅባሕ ዝሓሸ ክኸውን ከም ዝኸእል ተስፋ ይህበኒ።"

*“Through prayer and worship, I find strength to face each day. Even when everything seems lost, my faith gives me hope that tomorrow can be better.”*

Although neither Werner nor Garmezy explicitly foregrounds spirituality, the coping role it played in this study reflects their broader emphasis on adaptive outlooks and community involvement. In this context, religious coping functions as both an individual psychological resource and a collective cultural practice, reinforcing the resilience process in ways that extend the Western-centered theories.

### 3. Economic Adaptation and Livelihood Strategies

Participants also stated the role of economic adaptation in resilience. Despite severe restrictions and resource scarcity, many engaged in small-scale trading, casual labor, and informal cooperative income-generating activities. These strategies were valued not only for their capacity to sustain livelihoods but also for the sense of dignity and independence they provided. Economic cooperation, such as pooling resources or sharing tools, further illustrated how livelihood strategies were embedded in collective solidarity.

**As one participant stated,**

"አጭሱት ብምሻጥ ዝረኽቦ ኣታዊ ውሑድ እኪ እንተኾነ፡ ንደቀይ ንምምላእ የኽእለኒ እዩ፡ ሕጂ'ውን ብህይወት ክንነብር ከም እንኽእል ርእሰ ተኣማንነት ይህበኒ።"

*"Although the income I earn from selling goods is small, it allows me to provide for my children and gives me the confidence that we can still survive."*

These strategies resonate with Garmezy's concept of developmental cascades, where competence in one domain (such as economic functioning) promotes stability in other areas, including psychological well-being and family cohesion. Similarly, they mirror Werner's emphasis on problem-solving skills and social adaptability as protective factors. Economic resilience thus reflects the ability of displaced persons to transform scarce opportunities into pathways of survival and self-worth.

Another discussant also stated that,

"ኣብ ድሕረ መፅላሊዩ ኣብ ዝርከብ ክፍቲ ቦታ ዝተወሰነ ኣሕምልቲ ይተክል እዩ።"

*"I plant some vegetables in my shelter backyard (IDP camp)."*

This statement reflects the everyday survival strategies that internally displaced persons employ in the face of economic hardship and food insecurity. Engaging in small-scale backyard gardening is not merely an economic activity; it represents a form of agency and resilience that allows displaced persons to supplement limited food aid, diversify dietary intake, and maintain a sense of

dignity through productive engagement. Such practices echo findings in the broader literature, where displaced populations have been documented to create “micro-economies” within camps, often utilizing minimal resources to enhance their livelihoods and reduce dependency on external assistance (Betts et al., 2017). Moreover, the act of planting vegetables carries psychosocial significance, as it provides routine, purpose, and a symbolic continuity with pre-displacement livelihoods. For many, this form of self-reliance is both a coping mechanism and a strategy of resistance against the passivity often associated with displacement contexts.

#### **4. Psychological Coping and Positive Mindset**

Psychological coping mechanisms were also crucial in navigating displacement. Participants emphasized the importance of hope, optimism, and focusing on achievable goals rather than dwelling on losses. Storytelling, sharing personal experiences, and engaging in supportive dialogue were identified as therapeutic practices that allowed individuals to process trauma and reinforce emotional stability.

One discussant remarked that

"ቅድሚያ ሕጂ ዝኸሰርክዎ ኣብ ክንዲ ምሕሳብ ኣብ ናይ ኣብ ናይ ፅባሕ ተስፋ ከድህብ ይፅዕር። ታሪኽይ ንኸልኣት ምክፋል ጥንካረ ይፈጥረላይን ኣብዚ ሞከራ በይነይ ከምዘይኮንኩ የዘኸኸረኒን።"

*"I try to focus on the possibilities of today instead of thinking about what I lost in the past. Sharing my story with others makes me feel stronger and reminds me that I am not alone in this struggle."*

This finding directly reflects Werner’s protective factor of maintaining a realistic outlook and Garmezy’s emphasis on adaptive coping mechanisms. Both theorists argue that psychological resilience is fostered by positive self-perceptions and problem-focused coping, which were evident in the attitudes and practices of IDPs in this study.

#### **5. Utilization of Institutional and Humanitarian Support**

In addition to personal and community-based strategies, IDPs relied on institutional and humanitarian support systems, including NGOs, government offices, and community-based organizations. Assistance such as food aid, psychosocial counseling, and livelihood training was

described as indispensable for survival and recovery. Importantly, such support often restored participants' sense of agency and optimism about the future.

A participant explained that

“ከብ ሰብአዊ ትኩላት ዝረኽብክዎ ሓገዝ ንእሽትይ ንግዲ ንክጅምር ሓጊተኒ፡ እዚ ድማ ተስፋ ሂቡኒን ብዘዕባ ሞፃኣኢ ስድራይ ክሓስብ ኣኽኢሉኒን እዩ።”

*“The assistance I received from humanitarian organizations helped me to start a small business, which gave me hope and allowed me to plan for my family’s future.”*

This reliance on institutional support strongly corresponds with Garmezy’s protective factor of external support systems and Werner’s recognition of structured community involvement as vital resources for resilience. It also underscores that resilience is not merely self-driven but requires access to timely and culturally relevant institutional support.

## **6. Resourcefulness and Adaptive Mobility**

Finally, resourcefulness and adaptive mobility were key resilience strategies. Participants reported relocating within camps or to nearby neighborhoods to access better services, sharing housing with other families, and pooling scarce resources to ensure collective survival. These strategies reveal creativity, flexibility, and cooperation in navigating environmental constraints.

One discussant expressed this by noting that

"ኣገልግሎት ዝረኽበሉ ቦታ ብምቕራብን ካብታ ዝረኽብናዎ ዉሕድቲ ነገር ናብ ነንሕድሕድና ብምክፋልን ንነብር ኣለና፡ ዋላ'ኪ ብዙሕ ፀገማት እንተሃለዉና ክሰብ ሕጂ ኣለና።"

*“We adjust by moving closer to where services are available and by sharing what little we have with each other. Despite the challenges, we manage to survive.”*

This adaptive mobility illustrates the dynamic and context-responsive nature of resilience, consistent with Garmezy’s ecological framework, which situates adaptation within the interplay of individuals and their environments. It also extends Werner’s model by revealing how

displacement contexts require mobility and improvisation, factors not explicitly captured in her original longitudinal study.

Overall, the findings from the FGDs demonstrate a strong alignment with the theories of Emmy Werner and Norman Garmezy:

- Werner’s resilience theory is reflected in the protective role of supportive relationships, adaptability, problem-solving, and community engagement.
- Garmezy’s framework is evident in the ecological and cascading effects of resilience, where competence in economic, social, or psychological domains enhances adaptation in others.

At the same time, this study expands on these theories by highlighting the central role of spirituality and adaptive mobility, which are essential resilience strategies in the conflict-induced displacement context of Tigray but less emphasized in Western-based resilience frameworks.

In conclusion, the resilience of IDPs in the study area is multifaceted, encompassing both individual capacities and collective practices. Social support, spiritual engagement, economic adaptation, psychological coping, institutional reliance, and adaptive mobility were all essential strategies. These findings confirm the relevance of Werner’s and Garmezy’s theories while also extending them to capture the unique cultural and displacement-related dynamics shaping resilience in the Tigray context. Resilience, therefore, should be understood as a dynamic, socially embedded, and context-specific process of survival and adaptation.

#### **4.4.2. In-depth interview Results**

She is a 40-year-old woman whose life was turned upside down by the war. Before the conflict, she lived peacefully in Maiakadra, raising her family and contributing to her community. When the war reached the town, she fled in fear for her life, leaving behind her home, her possessions, and the place she once called safe. Her journey of displacement eventually took her to Axum, where she hoped to find refuge.

But Axum brought unimaginable pain. When the Eritrean forces entered the town, her nightmare deepened. She was gang-raped in front of her own mother, an act of violence designed not only to harm her body but to shatter her dignity and spirit.

"አብ ቅድሚያ አደይ ዓሚጾምኒ። ሓገዝ ክሓትት ይበኪ ነይረ፡ ግን ዝኾነ ሰብ ኣይነበረን። ህይወተይ ኣብታ መዓልቲ እቲ እያ ተዛዚማ"

*"They raped me in front of my mother. I was crying for help, but there was no one. My life ended that day," she recalled, her voice heavy with grief.*

Afterward, she was left in excruciating pain. She wanted to seek medical help, but the soldiers prevented her from accessing the hospital, trapping her in silence and suffering.

"ናብ ሆስፒታል ክኸይድ ክፈቕዱለይ ለሚነዮም። ከምዚ ክመውት ከምዘለኒ እንዳትናገሉ ብሕጫጫ ሰሓቕ"

*"I begged them to let me go to the hospital. They only laughed and told me I should die like this," she said.*

After some days her stomach began to swell. Neighbors whispered that she might be pregnant, but the truth was far more horrifying. One day, a compassionate Bajaj driver, seeing her unbearable pain, decided to risk helping her. He took her to a local doctor. The treatment cost was 10,000 birr an impossible sum for a displaced woman with nothing. Still, she somehow managed to undergo an X-ray and surgery.

The doctor discovered the depth of her torture: her stomach was filled with blood, and from her reproductive organs, they removed foreign objects including nails.

"እቲ ሓኪም ምስረአየኒ፡ ደምን ክልኦት ባእድ ነገራትን ኣብ ውሽጢ ከብድኹ ኣሎ ኢሉ። እቶም ርጉማን እንታይ ከም ዝገበሩለይ ክኣምን ኣይከኣልኩን። ፈፂሞ ብህይወት ኣይነብርን'ዮ ኢለ'ዮ ድማ ሓሰብኩ"

*“When saw, he said, ‘you are carrying blood and nails inside you.’ I couldn’t believe what they had done to me. I thought I would never survive,” she whispered.*

Her survival was nothing short of a miracle. After the peace deal, she underwent another surgery that helped her recover physically, though the scars of trauma remained.

Eventually, she was displaced again, this time to Mekelle, where she now lives in the 70 Kare IDP site. There, she found support through a Women and Girls Friendly Space (WGFS), which became a turning point in her journey. With encouragement and small financial assistance, she started selling tea.

*“ከባህ ላንቲ ንእሽቲይ እንዳ ሻሂ ከፈትኹ። ንነብሳይ ድማ ከምዚ ኢለ ነገረያ፡ ካብቲ ዘጋጠመኒ ብተኣምር እንድሕር ደላንኩ ሓድሽ ነገር እዉን ክሃንፅ ክምዝኽእል ተሰምዐኒ።*

*“I began with only a small tea shop in the IDP. I told myself, as I survived from what happened to me, I can also build something new.”*

Step by step, her determination transformed that small tea stall into a restaurant in Mekelle City, outside the IDP camp. Today, she stands as a symbol of strength and resilience.

*“ሕጂ፡ እቲ ቤት መግባይ ክርኢ ከለኹ፡ ሓበን ይስምዓኒ፤ ሕጂ ኣብ መዕቆቢ ተመዘበልቲ ኣይኮንኩን ዝነብር፤ ሓይ መዓልቲ ድማ ናብ ማይካድራ ተመሊሰ ኣብኡ ዓቢ ቤት መግቢ ክኸፍት ተስፋ እገብር። ከጥፍኡኒ ፈቲኖም፡ ግን ክሰብ ሕጂ ኣብዚ ኣለኹ። ኣነ ግዳይ ኣይኮንኩን ኣነ ንሞት ዝሰዓረት ዋዕሮ እዩ።”*

*“Now, when I see my restaurant, I feel proud; I am no more in the IDP site; and I hope one day I will be back to Maikadra and open a big restaurant there. They tried to destroy me, but I am still here. I am not just a victim I am a survivor.”*

The participant’s experience illustrates the severe physical, psychological, and social impacts of war-related sexual violence and displacement. Despite being gang-raped in front of her mother and initially denied medical care, she survived life-threatening injuries, including deliberate mutilation of her reproductive organs. Her recovery was facilitated by both individual acts of

support, such as the intervention of a compassionate bajaj driver, and institutional resources, including the Women and Girls Friendly Space (WGFS) in Mekelle. Furthermore, her ability to rebuild a livelihood transforming a small tea stall into a restaurant demonstrates remarkable resilience, agency, and adaptive coping, highlighting how survivors of extreme violence can reclaim their dignity and create meaningful social and economic opportunities.

This finding aligns closely with Emmy Werner's and Norman Garmezy's resilience theories. At the individual level, she exhibited adaptive coping, determination, and problem-solving skills, reflecting the personal characteristics identified by both theorists. Supportive relationships, including the WGFS and community actors, provided critical emotional and practical assistance, consistent with Werner's emphasis on stable bonds and Garmezy's focus on familial and social support. Finally, her engagement in economic activity and structured community support illustrates the role of external resources in fostering resilience, confirming that positive adaptation emerges from dynamic interactions between personal traits, relationships, and environmental factors.

## **5. Chapter V; Summary Conclusion and Recommendations**

### **5.1. Summary**

This study, titled “Psychosocial Impacts of the Tigray War and Resilience Strategies among IDPs in Mekelle,” was designed to address significant gaps in the existing literature. Previous research has often been geographically narrow, limited to specific demographic groups (such as women or children), or reliant predominantly on quantitative methods, thereby overlooking the nuanced, lived experiences and coping mechanisms of displaced populations. This study sought to bridge these conceptual, methodological, and geographical gaps by providing a holistic understanding of both the profound adversities faced by IDPs and their capacity for resilience.

The research was guided by three objectives: to examine the psychological impacts of the war on IDPs, to explore its social impacts, and to identify the resilience strategies employed. The study was grounded in an integrated theoretical framework combining Social Capital Theory (to analyze the role of networks and support systems), Social Strain Theory (to explain deviant adaptations to blocked goals), the Biopsychosocial Model (to account for the interplay of biological, psychological, and social factors), and Resilience Theories developed by Werner and Garmezy (to highlight protective factors and adaptive processes). This framework was operationalized through a conceptual model that hypothesized psychological distress as an outcome shaped by variables such as war-related traumatic exposure, pre-war trauma, economic hardship, social capital, coping mechanisms, and social values.

Methodologically, the study employed a mixed-methods convergent parallel design to ensure comprehensiveness and triangulation. The quantitative component consisted of a survey of 377 IDPs, selected through a two-stage stratified cluster sampling technique from a total registered population of 18,079. The qualitative component included FGDs (16), in-depth interviews (5) and KIIs (3). Data collection tools included structured questionnaires, interview guides, and FGD guides. Quantitative data were analyzed using descriptive statistics, chi-square tests, independent t-tests, and ordinal logistic regression in SPSS version 27, while qualitative data were examined through thematic analysis.

Coming to findings, this research revealed a profound and multifaceted impacts of the Tigray War and subsequent displacement on Internally Displaced Persons (IDPs) in Mekelle, revealing a population experiencing severe psychological distress, social erosion, and disrupted family and community structures, yet demonstrating some sorts of resilience. Quantitative findings indicate that 59.2% of IDPs suffer from severe psychological distress, 30.0% experience moderate distress, 6.9% mild distress, and 4.0% no distress, meaning majority of IDPs undergo significant psychological symptoms.

A Chi-square tests, also revealed that age and sex were not significant predictors of distress, while marital status, occupation, and education showed significant associations. Specifically, divorced and widowed IDPs, unemployed individuals, reported high levels of distress, whereas education showed a complex pattern with both vocational and college/university graduates affected. These statistical patterns were triangulated by qualitative interviews, which revealed that divorced or widowed individuals often faced additional social isolation, caregiving burdens, and loss of family support, intensifying their psychological vulnerability.

Ordinal logistic regression identified pre-trauma exposure and traumatic war experiences as the strongest risk factors for distress, whereas better economic conditions, strong social capital, and effective coping mechanisms significantly reduced the odds of severe distress. Frequency of displacement was not a significant predictor, while strong social values showed only a marginal protective effect.

Socially, the war and displacement severely undermined trust, fairness, and prosocial values, with 63.1% of participants perceiving a severe erosion of core social values and 61.5% reporting a breakdown of social connectedness and community support. Independent t-tests revealed no significant gender differences in these perceptions. Family structures were strained by overcrowding, economic hardship, and disrupted gender roles, leading to separation and tension within IDP sites and with host communities. The loss of livelihoods forced many into dependency on informal work or humanitarian aid, further eroding dignity and self-reliance. Qualitative evidence vividly illustrated these challenges, revealing narratives of mass killings, sexual violence, mutilation, abandonment by spouses, and stigma, alongside accounts of the collapse of social networks and community support.

Despite these challenges, some of the IDPs demonstrated resilience through multiple adaptive strategies, including reliance on family and community support, spiritual coping (prayer and faith), small-scale economic adaptation, positive psychological coping, institutional support from NGOs, and resourcefulness in managing scarce resources. Qualitative findings showed how these coping strategies enabled survivors to regain a sense of agency, rebuild livelihoods, and maintain hope despite severe trauma.

The study's findings align closely with the integrated theoretical framework. The Biopsychosocial Model is reflected in how psychological distress among IDPs was shaped by the interplay of pre-war trauma, war-related experiences, economic conditions, social support, and coping mechanisms. Social Capital Theory is supported by evidence that strong family, community, and institutional networks mitigated distress and enhanced resilience, while the erosion of social values and trust intensified vulnerability. Social Strain Theory is evident in the deviant adaptations and tensions arising from blocked goals, such as loss of livelihoods, disrupted gender roles, and dependence on informal labor or aid. Finally, Resilience Theories are illustrated by the adaptive strategies observed, including social, spiritual, economic, and psychological coping mechanisms, which enabled many IDPs to maintain agency, recover from trauma, and rebuild their lives despite profound adversity.

## **5.2. Conclusion**

In light of the findings, this study concludes that the Tigray war has exerted profound psychosocial impacts on IDPs in Mekelle, manifesting in high levels of psychological distress, social disruption, and economic hardship. However, the evidence also demonstrates that resilience is not absent; rather, it is sustained through social capital, cultural values, religious practices, and adaptive livelihood strategies though to limited extent. The integrated theoretical framework proved useful in explaining both vulnerability and resilience, showing that while trauma and deprivation intensify distress, strong networks, coping mechanisms, and values serve as protective factors. These insights carry important implications for policy and practice, underscoring the necessity of interventions that simultaneously alleviate psychological suffering, rebuild disrupted social systems, and strengthen the resilience capacities of displaced populations.

### 5.3. Recommendations

Based on the findings and conclusions made, the following recommendations are forwarded to government, policymakers, practitioners, and researchers:

#### 1. For Government

- **Facilitate safe and sustainable return of IDPs:** Ensure that return processes are contingent upon demonstrable security and the rehabilitation of essential infrastructure.
- **Promote durable solutions:** Alongside return, consider local integration or resettlement as viable alternatives, with special attention to vulnerable groups such as widows, divorced persons, elderly individuals, and female-headed households.
- **Integrate MHPSS into public systems:** Decentralize mental health and psychosocial support (MHPSS) services and train primary healthcare staff to provide trauma-informed care at the community level.

#### 2. For Policy Makers and Practitioners

- **Adopt trauma-informed approaches:** Recognize mental health and social cohesion as critical components of recovery, treating them with equal importance to food security, shelter, and physical health.
- **Enhance institutional coordination:** Establish robust collaboration across government agencies, NGOs, UN bodies, and community-based organizations to deliver integrated and coherent responses.
- **Ensure accountability and sustainability:** Incorporate participatory monitoring, evaluation, and feedback mechanisms that actively involve IDP communities to strengthen trust and program sustainability.

#### 3. For NGOs and Humanitarian Agencies

- **Expand psychosocial support services:** Provide trauma-informed care, safe spaces for healing, gender-based violence (GBV) services, and opportunities to engage in spiritual and faith-based coping mechanisms.

- **Strengthen social cohesion:** Facilitate community-driven initiatives, cultural activities, and peer-support networks to restore trust, solidarity, and collective resilience.
- **Support livelihoods:** Promote vocational training, microfinance initiatives, small business grants, and urban agriculture projects as strategies for both economic recovery and psychological well-being.
- **Prioritize vulnerable groups:** Design specialized interventions for women, youth, and children, including child-friendly spaces, non-formal education opportunities, and school feeding programs.

#### 4. For Future Research

- **Conduct longitudinal studies:** Track the psychosocial trajectories of IDPs to examine the persistence of distress and the sustainability of resilience mechanisms over time.
- **Evaluate interventions:** Systematically assess the effectiveness of MHPSS models, livelihood recovery programs, and social cohesion initiatives in conflict-affected contexts.
- **Advance innovative solutions:** Explore the potential of digital and remote platforms to expand access to psychological support in resource-constrained or insecure settings.
- **Deepen theoretical integration:** Further refine and operationalize multiple theoretical frameworks to capture the complexity of psychosocial outcomes in protracted humanitarian crises.

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## Appendices

### Appendix I- Quantitative Questionnaire

#### Introduction:

Thank you for participating in this important study. The purpose of this interview is to understand the psychosocial impacts of the Tigray war and explore resilience mechanisms among internally displaced persons (IDPs) in Mekelle City. The following questions will help me gather information regarding your experiences, challenges, coping strategies, and sources of support in the aftermath of the conflict. This study is part of the requirements for my Master's degree in Sociology, and the findings will contribute to a better understanding of the psychosocial needs of affected populations and inform future interventions. Your participation is voluntary, and you have the right to withdraw at any time. All information you provide will be kept strictly confidential and your identity will be protected. I appreciate your willingness to share your experiences openly and honestly.

**Thank you in advance for your time and valuable contributions.**

Signature: \_\_\_\_\_

Date of interview \_\_\_\_\_

Name of enumerator: \_\_\_\_\_

Questionnaire ID Number: \_\_\_\_\_

IDP Site: \_\_\_\_\_

## Section One: Demographic Information

1. Age:
  - A. 18-29
  - B. 30-44
  - C. 45-59
  - D. 60 and above
2. Sex:
  - A. Male
  - B. Female
3. Marital Status:
  - A. Single
  - B. Married
  - C. Divorced
  - D. Widowed
  - E. Separated
  - F. Other\_\_\_\_\_
4. Highest Level of Education Completed;
  - A. No Formal Education
  - B. Primary School
  - C. Secondary School
  - D. Vocational Training
  - E. College/University Degree
  - F. Postgraduate Degree
  - G. Other\_\_\_\_\_
5. Occupation:
  - A. Government Employment
  - B. NGO
  - C. Small Business Owner
  - D. Unemployed
  - E. Other\_\_\_\_\_

**Section Two: Questions related to psychological impacts war and displacement**

**A. Section one (Independent Variables)**

**Instruction: Tick (✓) the box that best represents your opinion for each statement. There is no right or wrong answer what matters is your honest response.**

<b>Variable</b>	<b>No.</b>	<b>Items</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>Pre-War Traumatic Experience</b>	1.	I experienced or witnessed traumatic events before the war and displacement.					
	2.	I had distressing memories or nightmares before the war and displacement.					
<b>War induced traumatic incident</b>	3.	I directly experienced or witnessed violent events during the war and displacement.					
	4.	I have distressing memories or nightmares before the. I frequently feel on edge or startled since the war and displacement.					
<b>Economic Factors</b>	5.	My current economic situation enables me to meet basic needs.					

	6.	I didn't lose my main source of income because of the war and displacement.					
<b>Social Capital</b>	7.	I feel supported or connected with my community.					
	8.	I have people I can rely on for emotional or practical support.					
<b>Displacement Frequency</b>	9.	I have been displaced more than once since the war started.					
	10.	Each displacement has made it harder to rebuild my life.					
<b>Social Values</b>	11.	I feel connected to cultural or religious values I respected before.					
	12.	I feel like traditional social norms still apply after the war and displacement.					
<b>Coping Mechanisms</b>	13.	I find effective ways to deal with stress and emotions.					
	14.	I often feel emotionally strong and able to manage my feelings.					

**B. Section Two (Dependent Variable)**

**Kessler Psychological Distress Scale (K10)**

**Instruction: Tick (✓) the box that best represents your opinion for each statement. There is no right or wrong answer what matters is your honest response.**

No.	Items	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1.	In the past 4 weeks, about how often did you feel tired out for no good reason?					
2.	In the past 4 weeks, about how often did you feel nervous?					
3.	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4.	In the past 4 weeks, about how often did you feel hopeless?					
5.	In the past 4 weeks, about how often did you feel restless or fidgety?					
6.	In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7.	In the past 4 weeks, about how often did you feel depressed?					
8.	In the past 4 weeks, about how often did you feel that everything was an effort?					
9.	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10.	In the past 4 weeks, about how often did you feel worthless?					

**Section Three; questions related to social impacts of the war and displacement**

**Instruction: Tick (✓) the box that best represents your opinion for each statement. There is no right or wrong answer what matters is your honest response.**

	No.	Items	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
<b>Social Capita</b>	1.	After the war and displacement, the sense of togetherness I once felt in my community has remained.					
	2.	After the war and displacement, I often feel a sense of belonging within my current community.					
	3.	After the war and displacement, I still have more people I can rely on for emotional or practical support.					
	4.	Opportunities to participate in social or community activities are continuing even after the war and displacement.					
<b>Social Values</b>	5.	The war and displacement have strengthened my core personal values (e.g., family, religion, justice).					
	6.	After the war and displacement, I feel society encourages people to maintain behaviors that are acceptable or normal.					
	7.	After experiencing the war, I feel it is still right to follow traditional social values and rules.					
	8.	After the war and displacement, I still believe about fairness and justice in society.					

## **Appendix II**

### **In-Depth Interview Checklist**

1. Could you describe in detail how the experiences of war and subsequent displacement have influenced your mental and emotional well-being over time?
2. In what ways have you observed changes in your cognitive patterns, emotional responses, behaviors, or daily functioning since your displacement?
3. How has your experience of displacement due to the war and displacement affected your relationships with family members, friends, neighbors, and the broader community?
4. In what ways has your participation in social, cultural, or religious activities been altered as a result of your displacement?
5. What personal coping mechanisms or strategies have you employed to manage the challenges associated with displacement, and which resources have been most critical in sustaining your hope and resilience?
6. Could you elaborate on how social networks, such as family support, religious faith, cultural traditions, or community initiatives, have contributed to your capacity to endure and adapt to the hardships of displacement?

## **Appendix III**

### **Key Informant Checklist**

1. From your professional perspective, what major psychological effects have you observed among internally displaced persons (IDPs) in Mekelle City as a result of the Tigray war and displacement?
2. In your experience, how have symptoms such as trauma, depression, anxiety, or emotional distress manifested among the IDP population?
3. How has displacement due to the Tigray war and displacement affected the social relationships, community structures, and support networks among IDPs in Mekelle City?
4. What social challenges, such as marginalization, discrimination, or breakdown of traditional support systems, have IDPs encountered in the displacement sites?
5. What resilience strategies or coping mechanisms have you observed that IDPs use to adapt to their new circumstances and recover from the trauma of displacement?

6. In your view, what role do community initiatives, religious practices, or traditional coping methods play in promoting resilience among IDPs in Mekelle City?

#### **Appendix IV:**

##### **Focus Group Discussion (FGD) checklist**

1. Could you describe in detail how the experiences of war and subsequent displacement have influenced your mental and emotional well-being over time?
2. In what ways have you observed changes in your cognitive patterns, emotional responses, behaviors, or daily functioning since your displacement?
3. How has your experience of displacement due to the war and displacement affected your relationships with family members, friends, neighbors, and the broader community?
4. In what ways has your participation in social, cultural, or religious activities been altered as a result of your displacement?
5. What personal coping mechanisms or strategies have you employed to manage the challenges associated with displacement, and which resources have been most critical in sustaining your hope and resilience?
6. Could you elaborate on how social networks, such as family support, religious faith, cultural traditions, or community initiatives, have contributed to your capacity to endure and adapt to the hardships of displacement?

**መጻዕት፡**

አብዚ አገዳሲ መፅናዕቲ ስለ ዝተሳተፉ የቐንደልና፡፡ ዕላማ ናይዚ ቃለ-መጠይቕ፡ ስነ-ልቦናዊን ማሕበራዊን ፅልዎታት ኩናትን ምምዝባልን ትግራይ አብ ተመዘበልቲ ንምርዳእን ተመዘበልቲ ዝጥቅምዎም ሜላታት ምፅዋር ንምድህሳስን ንምርዳእን እዩ። እዞም ዝስዕቡ ሕቶታት ድሕሪ እቲ ኩናትን ምምዝባልን ዘጋጠሙኹም ተጓንፎታትን፣ ብድሆታትን፣ እትጥቅምሎም ናይ ምፅዋር ሜላታትን ምንጭታት ደገፍን ዝምልከት ሓበሬታ ንምእካብ ዝሕግዙ እዮም። እዚ መፅናዕቲ እዚ ትምህርቲ ንማስተርስ ዕላማ ኮይኑ፡ ተሳትፎኹም ብወላንታ(ብዓርሰ ፍቓድ) እዩ፣ አብ ዝኾነ ስዓት ድማ ናይ ምቁራፅ መሰል ኣለኩም። ኩሉ እትህብዎ ሓበሬታ ብጥብቂ ምስጢራዊ ክኸውን እዩ መንነትኩም እዚን ሚስጥራዊ እዩ ክኸውን። ተጓንፎታትኩምን ተሞክሮትታትኩምን ብግልፅን ብቕንዕናን ንምክፋል ዘለኩም ድልውነት ኣዝዮ እዮ ዘድንቑ።

**ስለ ግዜኹምን ክቡር ኣበርክቶኹምን ኣቕዲመ የመስግን።**

ክታም፡ \_\_\_\_\_

ዕለት ቃለ መሕትት \_\_\_\_\_

ስም ናይ ዳታ ኣካቢ፡ \_\_\_\_\_

መለለዪ ቁፅረ እቲ መሕተቲ \_\_\_\_\_

ናቕጦ ተመዘበልቲ፡ \_\_\_\_\_

**መመለኛታ ሀ**

**መሕትት ን ቁፅራዊ (ኪንቴተቲሽ) ዳታ**

**ክፍለ ሓደ፡ ስነ-ህዝባዊ ሓበሬታ**

**1. ዕድሜ፡**

ሀ 18-29

ቤ 30-44

ሐ 45-59

መ. 60ን ልዕሊኡን

**2. ፆታ፡**

ሀ ተባዕታይ

ለ አንስተይቲ

**3. ኩነታት ሓዳር፡**

ሀ ባሕተላይ

ለ ዝትመርዓወ

ሐ. ዝተፋትሐ

መ መባለት

ረ. ዝተፋላለዩት

ሰ. ካሊኛ\_\_\_\_\_

**4. ዝለዓለ ደረጃ ትምህርቲ፡**

ሀ/ ትምህርቲ የለን

ለ መባእታ ቤት ትምህርቲ

ሐ. ካልኣይ ደረጃ ቤት ትምህርቲ

መ. ሞያዊ ስልጠና

ረ ናይ ኮሌጅ/ዩኒቨርሲቲ ዲግሪ

ሰ ማስተርስ

ሰ. ካልኛ\_\_\_\_\_

**5. ሞያ፤**

ሀ. መንግስታዊ ስራሕ

ለ. ዘይመንግስታዊ ትካል

ሐ. ወናኒ ኣናእሽቱ ትካላት

መ. ስራሕ ኣልቦ

ረ. ካሊኛ\_\_\_\_\_

**ክፍለ 2፡ ካልኣይ ክፋል፡ ምስ ስነልቦናዊ ፅልዎታት ኩናትን ምምዝባልን ዝተኣሰሩ ሕቶታት  
U. ፀላዎይ ኹነት**

**መምርሒ፡ ካብቶም ሓሙሽተ መልሲታት ንዓይ ይግልፀኒ እዩ ኢልካ ትሓስቦ (✓) ምልክት ግበር**

		ዝርዝር	ኣዝዮ ኣይሰማማ ዕን	ኣይሰማማ ዕን	ገለልተ ኛ	ይሰማማ ዕ	ኣዝዮ ይሰማማ ዕ
<b>ስነልቦናዊ ስንባይ ቅድሚኡ ኩናትን ምምዝባልን</b>	1	ቅድሚኡ ኩናትን ምምዝባልን ስነልቦናዊ ስንባይ ዝፈጥር ፍፃሞታት ኣጋጢሙኒ ኔሩ።					
	2	ቅድሚኡ ኩናትን ምምዝባልን ዘጨንቕን ዘባህርርን ተዘክሮታት ወይ ሕልሚ ነይሩኒ።					
<b>ስነልቦናዊ ስንባይ ኣብ እዋን ኩናትን ምምዝባልን</b>	3	ኣብ እዋን ኩናትን ምምዝባልን ብቐጥታ ዘጋጠመኒ ዓመፅ ዝመልእ ፍፃሞታት ተመክሮ ወይ ርእዮ።					
	4	ካብ ኩናትን ምምዝባልን ጀሚረ ብተደጋጋሚ ዘጨንቕ ተዘክሮታት ወይ ሕልሚ ኣለኒ።					
<b>ቁጠባ (ዓቕሚ ኢኮኖሚ)</b>	5	ኣብዚ ሕጂ ዘለኹዎ ቁጠባዊ ኩነታት መሰረታዊ ድሌታት ከማልእ ይኸእል እዮ።					
	6	ቀንዲ ምንጪ ኣታዊታተይ ብሰንኪ እቲ ኩናት ኣይሰኣንኩን።					
<b>ማሕበራዊ ሃፍቲ</b>	7	ምስ ማሕበረሰባይ ዝደጋግፍ ወይ					

		ዝተኣሳሰርኩ ከይኑ ይስምዓኒ።					
	8	ንስምዒታዊ ወይ ግብራዊ ደገፍ ክምርከሶም ዝኸእል ሰባት ኣለዉኒ።					
<b>ብዝሒ ድግግም ምምዝባል</b>	9	እቲ ኩናትን ምምዝባልን ካብ ዝጅምር ንላዕሊ ካብ ሓደ ግዜ ንላዕሊ ተመዘቢሊ ኣለኹ።					
	10	ነፍሲ ወከፍ ምምዝባልን ህይወተይ ዳግማይ ንምህናፅ ኣፀጋሚ ገይርዎ እዩ።					
<b>ማሕበራዊ ክብርታት</b>	11	ምስ ባህላዊ ወይ ሃይማኖታዊ ክብርታት ዝተኣሳሰር ከይኑ ይስምዓኒ።					
	12	ድሕሪ ኩናትን ምምዝባልን ክሰብ ሕጂ ባህላዊ ማሕበራዊ ስርዓታት ብዝግባእ ዩኸብር እዩ።					
<b>ናይ ምፅዋር ሜላታት</b>	13	ምስ ፀቕጥን ስምዒታትን ንምግጥም ኣድማዒ መገዲ እረክብ።					
	14	ብዙሕ ግዜ ብስምዒት ሓይልን ስምዒተይ ከማሓድር ዝኸእልን ከይኑ ይስምዓኒ።					

**ለ፡ ተፀላዋይ ኩነት**

**መምርሒ፡ ካብቶም ሓሙሽተ መልሲታት ንዓይ ይግልፀኒ እዩ ኢልካ ትሓስቦ (✓) ምልክት ግበር**

	ዝርዝር	ኩሉ ግዘ (5)	ዝብዝሕ ግዘ (4)	ሓልሓ ፍ (3)	ዉሒድ ግዘ (2)	ብፍፁም (1)
1.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ብዘይ እኹል ምክንያት ናይ ድኻም ስምዒት ተሰሚዕካ?	5	4	3	2	1
2.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ፍርሓት ተሰሚዕካ?	5	4	3	2	1
3.	ኣብ ዝሓለፉ 30 መዓልቲታት ምንም ነገር ከረጋግዕካ ክሳብ ዘይክእል ደርጃ ክንደይ ዝኣክል ፍርሓት ተሰሚዕካ?	5	4	3	2	1
4.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ተስፋ ናይ ምቕራፅ ስሚዒት ተሰሚዕካ?	5	4	3	2	1
5.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ናይ ዕረፍቲ ምስኣን (ህውከት) ስምዒት ተሰሚዕካ?	5	4	3	2	1
6.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ተረጋጊዕካ ኮፍ ንምባል ዘይከኣልካሉ ግዜ ተፈጢሩ ነሩ?	5	4	3	2	1
7.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ናይ ጭንቕት ስምዒት ተሰሚዕካ	5	4	3	2	1
8.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ናይ ሂወት ነገር ከምዝከብደካ ተሰሚዕኪ?	5	4	3	2	1
9.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ምንም ነገር ከሕጉሳካ ከምዘይክእል እስካዕ ዝመስለካ ሓዚ ንካ?	5	4	3	2	1
10.	ኣብ ዝሓለፉ 30 መዓልቲታት ክንደይ ዝኣክል ንባዕልካ ትርጉም ዮብለይን ኢልካ ሓሲብካ?	5	4	3	2	1

**ክፋሊ ሰለስቲ፤ ምስ ማሕበራዊ ፅልዎታት ናይቲ ኩናትን ምምዘባልን ዝተኣሰሩ ሕቶታት**

**መምርሒ: ካብቶም ሓሙሽተ መልሲታት ንዓይ ይግልፀኒ እዩ ኢልካ ትሓስቦ (✓) ምልክት ግበር**

	ተ.ቁ	ዝርዝር	አዝዮ አይሰማ ማዕን	አይሰማ ማዕን	ገለልተኛ	ይሰማማዕ	አዝዮ ይሰማማዕ
<b>ማሕበራዊ ሃፍቲ</b>	1	ድሕሪ ኩናትን ምምዘባልን ኣብ ውሽጢ ሕብረተሰብ ሕጂ'ውን ናይ ሓድነት ስምዒት ይስምዓኒ።					
	2	ድሕሪ ኩናትን ምምዘባልን ኣብ ውሽጢ እቲ ሕጂ ዘለኹዎ ሕብረተሰብ ናተይነት ስምዒት ይስምዓኒ።					
	3	ድሕሪ ኩናትን ምምዘባልን ኣብ ሕጂ'ውን ስምዒታዊ ወይ ግብራዊ ደገፍ ክሕግዙኒ ዝኸእሉ ሰባት ኣለዉኒ።					
	4	ኣብ ማሕበራዊ ወይ ማሕበረሰባዊ ንጥፈታት ናይ ምስታፍ ዕድላት ድሕሪ ኩናትን ምምዘባልን እዉን ይቕፅል ኣሎ።					
<b>መሕበራዊ ኸብሪታት</b>	1	ዋላ እኳ ኩናትን ምምዘባልን እንተሃለወ፡ ቀንዲ ውልቃዊ ክብርታተይ (ንኣብነት፡ ስድራቤት፡ ሃይማኖት፡ ፍትሒ) ከምዘይተበላሸወ ይስምዓኒ።					
	2	ዋላ እኳ እቲ ኩናትን ምምዘባልን እንተሃለወ፡ ሕብረተሰብ ሕጂ'ውን ሰባት ማሕበራዊ ቅቡል ባህርያት ክሕዙ የተባብዕ።					
	3	ድሕሪ ኩናትን ምምዘባልን ኣብ ሕጂ'ውን ባህላዊ ማሕበራዊ ክብርታትን ሕግታትን ምኽታል ልክዕ'ዩ ዝብል እምነት ኣለኒ።					
	4	ዋላ እኳ ኩናትን ምምዘባልን እንተሃለወ፡ ብዘሰባ ፍትሓውነትን ፍትሕን ኣብ ሕብረተሰብ ዘለኒ እምነታት ግን ድልድል እዩ።					

**መመላእታ ለ**

**ዝርዝር መሕትት ዓሚቕ ቃለ መሕትት**

1. ኩናትን ስዒቡ ዝመፀ ምምዝባልን ኣብ ከይዲ ግዜ ኣእምሮኣውን ስምዒታውን ኩነታት ሂወትካ ብኸመይ ከም ዝፀለፀ ብዝርዝር ግለፅ?
2. ድሕሪ ምምዝባል ኣብ ኣእምሮኣዊ ኩነታትካ፡ ስምዒታዊ ምላሽካ፡ ባህርያትካ ወይ መዓልታዊ ሂወትካ ብኸመይ መንገዲ ለውጢ ተዓዚብካ?
3. ብሰንኪ ኩናትን ምምዝባልን ምስ ኣባላት ስድራቤት፡ ፈተውቲ፡ ጎረባብትን ሕብረተሰብን ዘለካ ርክብ ብኸመይ ፀልይዎ?
4. ብሰንኪ ምምዝባልካ ኣብ ማሕበራዊ፡ ባህላዊ፡ ወይ ሃይማኖታዊ ንጥፈታት ዘለካ ተሳትፎ ብኸመይ መንገዲ ተቐይሩ?
5. ምስ ምምዝባል ዝተኣሳሰሩ ብድሆታት ንምእላይ እንታይ ውልቃዊ ናይ ምፅዋር ኣገባባት ወይ ሜላታት ተጠቐምካ፡ ተስፋኻን ፅንዓትካን ንምቕፃል ድማ ኣየኖት ፀጋታት እዮም ዝያዳ ወሳኒ ዝኾኑ?
6. ማሕበራዊ ርክባት ከም ደገፍ ስድራቤት፡ ሃይማኖታዊ እምነት፡ ባህላዊ ልምድታት፡ ወይ ማሕበረሰባዊ ተበግሶታት፡ ንፀገማት ምምዝባል ክትፃወርን ክትላመድን ዘለካ ዓቕምኻ ብኸመይ ኣበርክቶ ከም ዝገበሩ ኣስፊሕካ ክትገልፅ ትኽእል ዲኻ?

**መመላእታ ሐ**

**ዝርዝር መሕትት ቁልፊ ሓበርቲ ስባት**

1. ብዓይኒ ሞያኻ ብውፅኢት ኩናትን ምምዝባልን ትግራይ ኣብ ከተማ መቐለ ኣብ ውሽጢ ሃገር ተመዘበልቲ (IDPs) እንታይ ዓበይቲ ስነ-ኣእምሮኣዊ ፅልዎታት ተዓዚብካ?
2. ብተመኩሮኻ፡ ከም ስንባይ፡ ጭንቀት፡ ጭንቀት፡ ወይ ስምዒታዊ ጭንቀት ዝኣመሰሉ ምልክታት ኣብ ህዝቢ ተመዘበልቲ ብኸመይ ተራእዮም?
3. ብሰንኪ ኩናት ትግራይ ዝተፈጠረ ምምዝባል ኣብ ከተማ መቐለ ኣብ ሞንጎ ተመዘበልቲ ንዘሎ ማሕበራዊ ርክባት፣ ማሕበረሰባዊ መሓውር፣ ደገፍ መርበባት ብኸመይ ፅልዎ ኣሕዲሩ?
4. ተመዘበልቲ እንታይ ዓይነት ማሕበራዊ ብድሆታት ከም ምግላል፡ ኣድልዎ ወይ ዋሕዲ ደገፍ ኣጋጢሙዎም?

5. ተመዘበልቲ ምስ ሓድሽ ኩነታቶም ንምትዕዕፃፍን ካብቲ ናይ ምምዝባል ስንባይ ንምሕዋይን እንታይ ዓይነት ናይ ምፅዋር ስትራቴጂታት ወይ ናይ ምፅዋር ኣገባባት ተዓዚብኩም?
6. ብናትካ ኣረኣእያ ኣብ ተመዘበልቲ ፅንዓት ኣብ ምሕያል ወይ ምፍጣር፣ ማሕበረሰባዊ ተበግሶታት፣ ሃይማኖታዊ ተግባራት፣ ወይ ባህላዊ ኣገባባት እንታይ ግደ ኣለዎም?

**መመላእታ መ**

**ዝርዝር መሕትት ጉጅለኣዊ ምይይጥ**

1. ኩናትን ስዒቡ ዝመፀ ምምዝባልን ኣብ ከይዲ ግዜ ኣእምሮኣውን ስምዒታውን ኩነታት ሂወትካ ብኸመይ ከም ዝፀለዎ ብዝርዝር ግለፅ?
2. ድሕሪ ምምዝባል ኣብ ኣእምሮኣዊ ኩነታትካ፡ ስምዒታዊ ምላሽካ፡ ባህርያትካ ወይ መዓልታዊ ሂወትካ ብኸመይ መንገዲ ለውጢ ተዓዚብካ?
3. ብሰንኪ ኩናትን ምምዝባልን ምስ ኣባላት ስድራቤት፡ ፈተውቲ፡ ጎረባብትን ሕብረተሰብን ዘለካ ርክብ ብኸመይ ፀልይዎ?
4. ብሰንኪ ምምዝባልካ ኣብ ማሕበራዊ፡ ባህላዊ፡ ወይ ሃይማኖታዊ ንጥፈታት ዘለካ ተሳትፎ ብኸመይ መንገዲ ተቐይሩ?
5. ምስ ምምዝባል ዝተኣሳሰሩ ብድሆታት ንምእላይ እንታይ ውልቃዊ ናይ ምፅዋር ኣገባባት ወይ ሜላታት ተጠቐምካ፡ ተስፋኽን ፅንዓትካን ንምቕፃል ድማ ኣዮኖት ፀጋታት እዮም ዝያዳ ወሳኒ ዝኾኑ?
6. ማሕበራዊ ርክባት ከም ደገፍ ስድራቤት፡ ሃይማኖታዊ እምነት፡ ባህላዊ ልምድታት፡ ወይ ማሕበረሰባዊ ተበግሶታት፡ ንፀገማት ምምዝባል ክትፃወርን ክትላመድን ዘለካ ዓቕምኽ ብኸመይ ኣበርክቶ ከም ዝገበሩ ኣስፊሕካ ክትገልፅ ትኽእል ዲኽ?