

## **Mental health challenges of people living with disabilities among internally displaced persons in Ndukwa East Local Government Area in Delta State, Nigeria**

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### **Abstract**

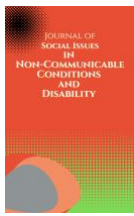
Internal displacement in Nigeria is an existing reality and broad phenomenon that has ravaged the sanity of the nation and affected many households in most states in the Country. Nigeria has about 2.6 million internally displaced persons. However, the statistics of persons living with disabilities among the internally displaced persons in Nigeria is unknown. People living with disabilities among the internally displaced population generally suffer significant risks of mortality higher than the general internally displaced population. They also remain at high risk of physical attack, sexual assault and abduction. This study is aimed to assess the mental health challenges of persons who are not only internally displaced but are also living with disabilities in Ndukwa East Local Government Area in Delta State Nigeria. The study adopted the Jairos Jiri disability and rehabilitation model. Data for this study was generated using an in-depth interview (IDI) and Key in-depth informant (KII) from 12 participants. Findings revealed that most infrastructure and services in situations of displacement do not take into considerations people with special needs, this consequently exposes them to danger and trauma. The study thereby recommends an all-encompassing social work intervention in areas of inclusiveness and social justices in situations of displacement.

### **Key words**

challenges, disabilities, internal displacement, Mental health, Nigeria, social work

### **Key points**

1. This study explored realities of Ndukwa east IDP camp in Nigeria, especially its impacts on IDPs with disabilities.
2. This study encouraged the use of Ubuntu theory in addressing the plights of IDPs with disabilities.
3. The study also revealed the various roles social workers can play in managing and ameliorating these plights.
4. Findings of the revealed that IDPs with disabilities should be involved on planning and implementing polies that affects their well-being.



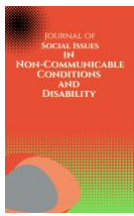
## Introduction

The global plights of people living with disabilities among the internally displaced persons (IDPs) have emerged as one of the greatest human tragedies in the contemporary society and as a challenging issue on the international agenda which requires urgent approach for intervention. People living with disabilities among the internally displaced persons (IDPs) are on the increase as a result of injury, separations of people from medical facilities during the act of armed conflicts, systematic violations of human rights, natural disasters or other events with traumatic experiences leading to several forms of displacements. Internally displaced persons (IDPs) are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed internationally recognized borders.

## Background

World Health Organization (2021) observed that 18-20% Of internally displaced population globally are persons living with disabilities. Internal displacement in most cases is accompanied by disabilities. Although internally displaced persons are at risk and vulnerable, people living with disabilities among internally displaced persons are at more compounded danger created by poor communication during or inability to understand early-warning signs and evacuation, which may result to abandonment, unsafe and untimely flee. In most situation of displacements whether prepared or unprepared families prioritize items to flee with, whereas, most items that provides aid to persons living with disabilities such as wheel-chair, braille, hearing aid, among others may be considered heavy or irrelevant, thereby making easy task such as use of convenience and movement difficult to accomplish. Lack of access to quality health care, difficulties in accessing facilities that are not designed in favour of dependent individuals such as people with sight impediments, separation from comfort areas and care givers are some of the plights faced by IDPs with disabilities. Furthermore, in situations of displacements some persons living with disability such as the amputated maybe labelled criminals and denied access to opportunities that could enable them flee from conflict zones (Letswa & Isyaku, 2018). IDPs with disabilities maybe subjected to some condition of psychological torture, anxiety, anger, financial instability, behavioural problems and poverty as a result of traumatic event that led to their flee.

During violent conflicts or natural disasters in Nigeria, most houses and properties are destroyed, looted or burnt down. People are forced to flee from affected areas to safe environment, residence of affected communities may seek to join family members, relatives or friends residing in safe environments, others move into hotels in nearby cities whereas others mover into IDP camps (Adefisoye, 2015). IDP camps in Nigeria are mostly locally constructed temporary shelters in places such as schools, stadiums, police stations, military barracks, religious centres and other public places which provides shelter to those affected by natural or man-made disaster (Olukolaja, 2014). Furthermore, Mmahi (2016) observed that IDP camps in Nigeria are densely populated creating no room for ventilation, they lack access to social basic amenities as water and social services such as schools, clinics, and other social



infrastructure including proper housing. They are shelters usually constructed on a poorly cleared farm lands and school field, which may restrict movement and inflict injuries on IDPs with disabilities. Lenshie (2016) also noted that IDP camps in Nigeria do not provide special education for people living with disabilities therefore an outright disconnection to education occurs with displacement.

It is imperative to note that in Nigeria plight of IDPs living with disabilities did not occur overnight but a product of compiled issues which were largely ignored and unnoticed by the government. This has consequently resulted to depression, anxiety, post traumatic disorders and other mental health challenges among IDPs with disabilities. Despite humanitarian efforts in assisting IDPs in general, mental health condition of those with disabilities deteriorates on daily basis, hence the need for this study. This study therefore examines, mental health challenges of people living with disabilities among internally displaced persons in Ndukwa east IDP camp.

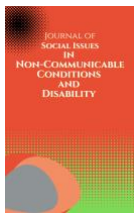
### **Theoretical framework**

This study adopted the Jairos Jiri model which was propounded in 1950 by Jairos Jiri mbe. Jairos Jiri model is equipped with strategies of meeting the needs of persons living with disabilities through the utilization of Integrated framework which encompasses charity model (distribution of food, clothing and other domestic materials among persons with disabilities), empowerment model (inclusive schools, vocational training and skill acquisition), medical model (rural and urban community based inclusive health care delivery), and developmental model (inclusive policy making committee and rural leaders) (Farquhar, 1987). In addition, Mugumbate (2020) noted that the success of this model was highly dependent on the ideologies of the profounder who despite his level of spirituality believes that physio-therapy and psycho-therapy are lasting solutions to conditions of disabilities. This he expressed through his support for corrective surgery and erection of clinics. The model laid little or no emphasis on causes of disability or government negligent on the plights of people living with disabilities rather he was concerned with charity and friendship-based social support system.

According to Mugumbate (2020) the Jairos jiri model is founded on the following basic guiding assumption which could be expressed through the acronym HOPESS, which stands for:

- H- Have natural values for people.
- O- Observe the environment for opportunities to help.
- P- Provide help using your own physical, financial and other resources.
- E- Encourage and treat people you want to help as your friends and family.
- S- Seek outside help.
- S- Start and sustain a charity organization.

Considering the fact that IDPs living with disabilities pass through a lot of mental-health and other forms of challenges and have received little or no help from governmental authorities. These basic guiding assumption of the Jairos Jiri model therefore provides the present study



with knowledge of various support system available to persons living with disabilities among IDPs and how these systems could be utilized by social workers in mitigating the plights of IDPs with disabilities.

## **Methodology**

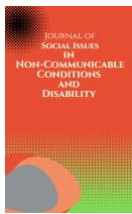
The study was carried out in Ndukwa-West local government area of Delta State Nigeria. The study adopted a qualitative research method to explore lived experiences of IDPs living with disabilities in Ndukwa East IDP camps. With this, first-hand information and observations were obtained in their natural environments. Simple random sampling technique by balloting was employed to select 12 participants used in this study. This comprised of 4 female, 4 male IDPs living with disabilities and were 18 years and above and 4 caregivers who were also displaced and camped in Ndukwa East IDP camps in Delta State. Data for the study was gathered between August-October, 2022. A semi-structured interview guide and observation check list were instruments of data collection. Information from the study was elicited from those who indicated interest in the consent form which contained the objectives of the study, benefits of the study and assured respondents of confidentiality. This consent forms were issued a week prior to the study to potential participants to enable them get fully prepared for the study and also give their consent to participate in the study. As the qualitative research demands, the researchers spent enough time with participants to explain in details the process of data collection before information was elicited from them. In analysing the data, audio recorded data were first translated into English language and then transcribed by language experts. The Transcripts were presented under themes that reflected the objective of the study. This was achieved by narrowing outstanding points of the respondents and analytic concepts in a descriptive manner to objectives of the study. This means that themes were created according to the research objectives (inductive method of data analysis). The data was further analysed thematically. This means that the transcribed data was read a couple of times in-order to capture the analytical concepts used by participants which was further categorized into themes and conveyed through verbatim quotes with participant's false names and a literature control. These themes include: mental health challenges of IDPs living with disabilities, challenges associated with accommodation, challenges associated with finance and access to health facilities.

## **Findings**

In this section findings from study respondents were presented. These presentations were done under themes which covers the study objectives as stated earlier. This includes:

### ***Mental health challenges of IDPs living with disabilities***

Data shows that study respondents have experienced mental-health challenges within the IDP camp. IDIs and KIIs with the IDPs with disabilities and their care givers revealed that majority of the IDPs with disabilities have experienced mental-health challenges such as anger, depression, anxiety, fear, deprivation, segregation, post-traumatic-stress-disorder, among



others. When Mr. John was asked if they have experienced any form of mental health challenge ever since they arrived the camp, one revealed:

‘The way and manner at which they treat us in this camp is very annoying. Not just the camp officials but also fellow IDPs without any physical disabilities. For instance, when items such as matras and other beddings were brought to the camp they were offloaded at a place while people rushed out to select the best for themselves and families, those of us with disabilities were not put into considerations. No special considerations were given to us, most of us slept on our luggage for a while before matras (IDI/hand amputee/male).

KII participant ‘Emeke’ also said:

‘When I secure things like food or bathing water for my blind father and went outside maybe to get mine, on return, I always discover that the secured one has gone missing without him not knowing its way about. This kind of situation happens all the time. I don’t know if someone is deliberately frustrating my efforts. (KII/participant/male).

Yet another KII participant ‘Mrs Olise’ revealed:

“Obviously, staying in an IDP camp like this is something I can’t wish my enemy. There is no form of protection in this place. I am here with my four children of which the oldest among them is 11 years and is yet to talk... their father left us two years ago. With my condition I am always afraid that something unpleasant may happen to my children. Most nights we hear young girls shouting, cars driving in and out, fighting in this place is a regular events and people are not moved to rescue the situations” (KII/participant/female)

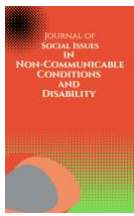
There is also evidence that IDPs with disabilities suffer stigmatization and as such are not allowed to participate in gainful activities such as sharing of items brought by humanitarian organizations. This often leaves a sense of deprivation, which further generates to a feeling of depression among the IDPs with disabilities.

‘Obi, KII participant asserts:

“Most people here believe that people with disabilities are naturally angry and therefore should not be involved with others to avoid transferred aggression. They also see people with disabilities as those can’t access medical health facilities and therefore should have one infection/diseases or the other and should be treated with some degree of isolation”

### ***Challenges associated with accommodation***

There is evidence that the nature of accommodation in the IDP camp is not to the best benefit of IDPs with disabilities. Study participants referred to the accommodation as life threatening and also enumerated the various challenge posed by their accommodation to include poor



ventilation, poor sanitation, rough floor for those curl, poor toilets, licking roofs, poor water supply, no electricity, fumigation against pets or insects among others. The IDI participants responded by commenting on how these factors enumerated has made life unbearable.

‘Kingsly’ a study participant stated

“Flood in Ndukwa land is not new, even though it may be more serious in some years. By now the government should have built a permanent facility to accommodate IDPs rather than a tent built with tarpaulin. The tarpaulin generates lots of heat and there is no proper ventilation, making the room stuffy, suffocating and uncondusive” (IDI/participant/visually impaired/male)

‘Matter’ another participant had this to say:

“I am surprised that there are no tap water or alternative means of water supply in this camp. Most times I and my druthers go to nearby houses to fetch water for our family use, other times she goes to town to beg for money and buy things on return. In such days we don’t bath until she returns because I can’t find my way to any place, I can fetch water” (IDI/participant/visually impaired/female)

Ifebuwa another IDI participant also revealed:

“This camp does not have bathroom nor toilets pits were dug around the camp to serve as the toilet. I understand it’s a temporary accommodation but people like me were not considered at all. I can’t squat down let alone suspending myself squatting in the air just to defaecate. This being the case I use nearby bush, but whenever I am sited by the owners, they shout and throw stone at me” (IDI/participant/on-wheelchair/female)

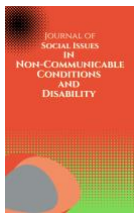
Kenneth a KII participant also revealed:

‘I guess this accommodation is a farm land that was not properly cleared. The floor is very rough and can injure by brother because he can’t work but curls. This means I now have to carry him on my back anytime he wants to move about. That is the only way he could be safe from the very rough floor’(KII/participant/male)

### ***Challenges associated with finance***

Data generated from the participants suggests that IDPs with disabilities do not get any financial support from the government or host community. Data revealed that majority of IDPs with disabilities beg for money on the streets in other to take-care of themselves and families while very few among them depends on relatives for financial aid. Data from KII respondent revealed that some female care givers engage in prostitution as a means of generating money in other to take care of themselves and their wards living with disabilities while young male engage in petty jobs such as washing cars in private buildings, carrying goods for people on market days, working in building sites among others. ‘Ifeoma’an IDI participant confirmed:





“Although I have an amputated arm, but I still sell pure-water on market days. But right now, we have used up the little money I saved because there is no business here. Not that I can’t go to town to buy water, but I will pay for it to be chilled and I will also pay for the space to sell the water too, how much will I now gain’? The management here is not making life easy for us at all. The only way to survive here is by begging openly or asking your relatives for help”. (IDI/participant/one arm amputee/ female)

‘Mr Okeh’another participant said:

‘There is no means of livelihood here. I am a shoe mender and I make enough money to take-care of my family. But since this flood occurred and we found ourselves here as the only place we can stay, I stopped my business and must have lost all customer’s foot wears with me. At first, I went around the camp looking for those who would want their foot wears repaired, but no one seem to be interested, before i moved to the market but after few days they said i should pay for the space and I’ve not even made any money at all so I had to join others to beg on the streets since that seem to be the only way to make money for the family’ (IDI/participant/hunch back/male)

‘Mirabel’ a KII study participant said

“Since I am not a virgin and men always come here at night to pick up girls whom they give money after sleeping with them, I decided to also collect money for sex ... (Female IDP/ care giver to person with disability). Another female care giver also said: Sex for money is a common thing among female IDPs here. It’s a major means of generating money to tak4e care of our sick parents...” (KII/participant/female).

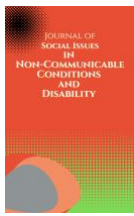
‘Okoro’ a male KII participants revealed that:

‘Getting a job as an IDP is very difficult. However, most of us go to people’s houses to wash cars and do other petty jobs, but that opportunity does not come often... (Male IDP/ care giver to a person living with disability). Another also said: At times we use our heads when we can’t afford to hire wheel barrow to carry goods for people on market days... (KII/participant/Male)

### ***Access to health facilities***

Data shows that IDPs with disabilities has very poor access to health facilities. IDIs and KIIs with IDPs with disabilities and their care givers revealed that despite the conditions of persons with disabilities among IDPs yet there is no free/easy access to health care delivery systems. This implies that proximity to health care delivery systems is not considered during camp sitting. Study participants revealed that:

‘Before the flood I go to a nearby pharmacy to check my blood pressure and sugar level often to avoid crisis. But now checking that means I have to move inside town, which



is a bit far and will cost a lot of money’ (Mrs/Itua/IDI/participant/walking disability/female)

Kobi a KII participant said thus:

‘My mother is blind in one eye while the other eye gives her a lot of headache and pain. She practically lives on pain killer When the flood got our community the eye clinic shout-down so we were displaced with little drug which got finished a long time. Since then, my mother has been crying of pains but there are no drugs nor anywhere close by for us to buy those drugs’ (Male IDP/care giver to person with disabilities)

Data from KII sessions further corroborated with that of the IDIs. ‘Zoe’ a care giver said:

‘The truth is that the health of IDPs with disabilities is deteriorating. Some of them are on bandage which should be changed ones in a while, but there are no medical personnel here to render such services’ (Male IDP/care giver to person with disabilities).

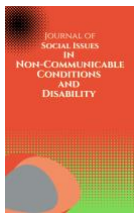
Zina also revealed:

‘I guess the trauma of displacement affected my child. He has been stooling and vomiting with is blind eyes all swallow. When I complained with the camp officials, they threatened that if I don’t have him treated at the hospital, they will have us thrown out of the camp’ (Female IDP/care giver to a person with disabilities)

### **Discussion and Implication to Social Work practice**

The study explored mental health challenges of people living with disabilities among internally displaced persons in Ndukwa East L.G.A in Delta State Nigeria. The qualitative method was employed in generating data for the study. Persons with disabilities among IDPs were interviewed while their care givers were Key in-depth informants (KIIs). Findings from the study have particular reference to the mental health challenges of IDPs living with disabilities, challenges associated with accommodation, challenges associated with finance and access to health facilities. The findings showed that some mental-health challenges among IDPs with disabilities includes anger, depression, anxiety, fear, deprivation, segregation, post-traumatic-stress-disorder, among others. This is in line with the findings of Letswa, & Isyaku (2018); Ajaji & Awodiji (2016) who asserts that IDPs with disabilities maybe subjected to some condition of psychological imbalance, anxiety, anger, financial instability, behavioural problems and poverty as a result of traumatic event that led to their flee. The majority of the respondents were also of the opinion that insecurity, discrimination, isolation and fear of the unknown within the camp triggers mental imbalance among them. This implies that the traumatic experience that led to their displacement and unpleasant atmosphere in the camp is responsible for mental health challenges experienced by IDPs with disabilities in Ndukwa-East IDP camp.

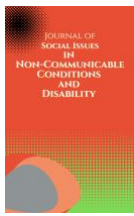




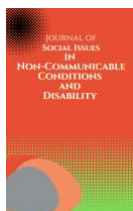
Findings also showed that structures accommodating IDPs were not built with the considerations of those with disabilities. The 16 respondents affirmed that their accommodation was so discomforting and did not by any means aid their recovery or comfort but rather brought more distress which resulted to depression and anger among IDPs with disabilities. It is pertinent to note that the non-inclusive accommodation in IDP camps is a great danger to the mental-health of IDPs with disabilities and the society at large. Inclusion is all about developmental involvement, participation and environmental protection. One of the measures to mitigate trauma and vulnerability encountered in forceful displacement should include ensuring a protective and all-inclusive accommodation that have a stake in the wellbeing of all involved with displacement (Okon, 2018; Surajo, 2020 & Amadasun, 2020).

The findings of this study have some implications for Social Work practice in Nigeria especially now that social work has been gazetted as a profession of practice in Nigeria. It is therefore time for social work profession to take over their territory and seek for a more sustainable research-oriented solutions to the plights of IDPs living with disabilities in Nigeria. The involvement of social work profession in needs assessment and implementation should not be over looked. According to Braimah (2016) Social work as a helping profession, provides therapeutic services to all IDPs living with disabilities as they are mostly affected by the traumatic experience of displacement which results to loss of equipment and materials which could make life easier for them, loss or delineation from support system and environment, among others. Social workers also have overall responsibility in monitoring the progress of treatment and ensuring that they receive all services available to them ranging from rehabilitation to reintegration back to the society. The services of a social worker with IDPs living with disabilities do not end with provision of psycho-therapy and rehabilitation. They take a step further to refer IDPs with disabilities who are in need of medical assistance to health facilities where they are provided with physiotherapy. In situations of displacement, IDPs with disabilities and their caregivers feel helpless and stigmatized. They often go through series of mental stages such as shock, denial, bargaining, anger, depression, and acceptance (Adefisoye,2015). It is the duty of social workers to help these categories of people through this process, with access to appropriate support networks. Such as family counselling, workshops, and family support meetings (Surajo et al, 2020). To ensure beneficiaries reach their full potential, help them become more productive members of the society. To reduce burden on their caregivers, society and vulnerability. Social workers should offer individual training plans, focusing on life skills development in areas such as personal hygiene, home skills and how to hold onto inner strength until desired materials are made available. Social workers should also undertake sensitization of community members on issues of IDPs living with disabilities aimed at reducing stigmatization in host communities (Letswa & Isyaku, 2018; Nwanna et al., 2018). This they can achieve through awareness sessions carried out in many different types of community settings, such as workshops, training, meetings with community leaders. Such awareness creation enhances understanding of IDPs and their integration in the community.

## **Conclusion**

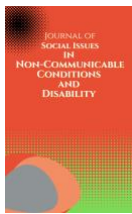


People living with disabilities were found in every nook and cranny of Ndukwa East LGA begging during the flood. Enquiries revealed they were IDPs. This observation led to the formulation of the four objectives examined in this research. The first objective explored mental-health challenges of people living with disabilities among IDPs in Nudkwa East. That is, the study investigated whether IDPs living with disabilities in Ndukwa LGA were faced with any form of mental health challenges a result of displacement. The finding in respect to this objective revealed that majority of the study respondents which are IDPs living with disabilities and majority of their caregivers are faced with some mental-health challenges such as anger, anxiety, depression, fear, deprivation, segregation, post-traumatic-stress-disorder, among others as a result of displacement. The second objective of the study was to explore the challenges associated with the accommodation in Ndukwa East IDP camp. Analysis of interviewees' responses showed that commotion in the camp described with the following characteristics: poor ventilation, poor sanitation, rough floor for those curl, poor toilets, licking roofs, poor water supply, no electricity, no fumigation against pets or insects among others. The third objective investigated the challenges associated with finance. Data analysed in this study revealed that study respondents do not get any financial support from the government or host community. However, study respondents revealed that their means finance include begging on the streets, prostituting and doing menial jobs. The government should therefore strengthen its commitment to ensure that the rights of internally displaced persons are protected. The study finally suggests the involvement of social work practitioners in need assessment and implementation in IDP camps for a sustainable inclusion of all affected by displacement.



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