

Research Paper

## Prevalence of Post-Traumatic Stress Disorder among Internally Displaced Persons of Manipur in Imphal Valley

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### ABSTRACT

**Background:** Since 3 May 2023, Manipur has experienced prolonged ethnic conflict and widespread population displacement, exposing affected communities to traumatic events, loss of livelihoods, family disruption, and prolonged uncertainty. Internally displaced persons (IDPs) living in relief camps may therefore be particularly vulnerable to post-traumatic stress disorder (PTSD). This study aim to assess the prevalence of PTSD and its association with selected socio-demographic characteristics among IDPs residing in relief camps in the Imphal Valley of Manipur. **Methods:** A cross-sectional study was conducted among 546 internally displaced persons residing in relief camps in the Imphal Valley. Data on socio-demographic characteristics and PTSD status were collected using a structured questionnaire. Descriptive statistics were used to summarize participant characteristics, while Pearson's chi-square test was used to examine associations between socio-demographic characteristics and PTSD status. Statistical significance was set at  $p < 0.05$ . **Results:** Among the 546 participants, PTSD was present in 513 (94.0%), and absent in 33 (6.0%). Females constituted 54.9% of the sample, while males constituted 44.7%. **Conclusion:** PTSD was highly prevalent among the IDPs studied, highlighting a substantial mental health burden among conflict-displaced populations in Manipur. The findings support the need for systematic psychological screening, trauma-focused mental health services, and sustained psychosocial support within relief camps.

**Keywords:** PTSD, Internally Displaced Persons, Manipur, Ethnic Conflict, Mental Health

Armed conflict and communal violence can produce profound and long-lasting consequences for population health. Beyond direct physical injury and loss of life, conflict can disrupt social networks, livelihoods, access to healthcare, housing, education, and other essential services. Internally displaced persons (IDPs), who remain within their country but are forced to leave their homes because of conflict or violence, are particularly vulnerable because displacement frequently occurs alongside repeated traumatic

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exposure and prolonged socioeconomic insecurity. A global scoping review has highlighted the complex and overlapping health needs of IDPs, including mental health, chronic disease, reproductive health, and access to essential healthcare services (**Cantor et al., 2021**). Research has similarly emphasized the broader health consequences associated with displacement, including disrupted livelihoods, inadequate living conditions, and barriers to healthcare (**Owoaje et al., 2016; Ekezie et al., 2020**).

Post-traumatic stress disorder (PTSD) is one of the major mental health consequences of exposure to traumatic events. Symptoms include intrusive memories, avoidance, negative alterations in cognition and mood, and heightened arousal and reactivity (**Weathers et al., 2013**). Conflict-affected populations are frequently exposed to multiple traumatic experiences, and cumulative trauma may increase the likelihood and severity of psychological symptoms. Studies among conflict-affected and displaced populations have consistently documented substantial mental health morbidity, although prevalence varies considerably according to the intensity and duration of conflict, nature of traumatic exposure, displacement conditions, cultural context, population characteristics, and assessment instruments (**Kim et al., 2007; Roberts et al., 2008; Morina et al., 2018**).

The mental health consequences of displacement are particularly important in the context of protracted conflict. A systematic review of psychiatric disorders among refugees and IDPs found substantial levels of PTSD and other psychiatric disorders across displaced populations, while evidence indicates that both conditions before displacement and experiences after displacement influence mental health outcomes (**Morina et al., 2018; Porter & Haslam, 2005**). Prolonged displacement may further compromise psychological resilience and contribute to persistent mental health difficulties (**Almedom et al., 2005; Siriwardhana et al., 2013**). These findings suggest that psychological consequences of displacement cannot be attributed solely to the initial traumatic event but may also be shaped by continuing insecurity, socioeconomic disruption, loss of social networks, and prolonged uncertainty.

The situation in Manipur represents an important contemporary context for examining the mental health consequences of conflict-induced displacement. Since May 2023, ethnic violence has resulted in extensive displacement and substantial disruption of family, social, and economic life.

The mental health burden among displaced populations may vary across camps and displaced groups depending on district of origin, duration of displacement, previous traumatic experiences, social support, economic circumstances, living conditions, and continuing uncertainty. Evidence from other conflict-affected IDP populations demonstrates substantial variation in PTSD and other mental health outcomes across settings (**Makango et al., 2023; Roberts et al., 2008; Morina et al., 2018**). Therefore, further evidence from different IDP populations in Manipur is necessary to better understand the magnitude and distribution of PTSD and to identify population characteristics that may be associated with psychological vulnerability. Such evidence can contribute to the development of contextually appropriate mental health and psychosocial interventions for conflict-affected IDPs in the state. So, the present study aimed to assess the prevalence of PTSD among internally displaced persons residing in relief camps in the Imphal Valley of Manipur and to examine its association with selected socio-demographic characteristics.

## METHODS

### *Study design*

A cross-sectional study was conducted among internally displaced persons residing in relief camps in the Imphal Valley of Manipur, India. The study population comprised individuals displaced from their usual places of residence due to the ongoing conflict in Manipur.

### *Study participants and sample size*

A total of 546 internally displaced persons participated in the study, 273 each from the Imphal East and Imphal West districts. Participants were recruited from relief-camp in the study area according to the study's predetermined eligibility. Simple random sampling was used to recruit participants. A total of 14 relief camps were administered. Participants included were 18 years and older, willing to provide informed consent, and residing in relief camps.

### *Data collection and measurement of PTSD*

Data were collected using a structured questionnaire containing socio-demographic characteristics and assessment of PTSD. The PTSD assessment was based on the PTSD Checklist for DSM-5 (PCL-5), developed by Weathers et al. 2013. The questionnaire was translated into Manipuri Script and Manipuri-English Language.

### *Statistical analysis*

Data were analyzed using IBM SPSS Statistics version 21. Frequencies and percentages were calculated for categorical variables. Pearson's chi-square test was used to examine associations between socio-demographic characteristics and PTSD status. A  $p$ -value  $<0.05$  was considered statistically significant.

### *Ethical considerations*

The study has obtained ethical approval from the Institutional Ethics Committee with ethical clearance number 2025-DMU/IEC/043 dated 29th January, 2026.

## RESULTS

### *Socio-demographic characteristics*

Table 1 illustrates the socio-demographic characteristics of the participants. The participants were equally distributed between Imphal East and Imphal West districts (273 each, 50.0%). Among the reported districts of origin, Churachandpur accounted for the largest proportion (42.5%), followed by Imphal East (28.4%) and Tengnoupal (15.8%). Females constituted 54.9% of the participants, males 44.7%, and other genders 0.4%.

Sanamahism was reported by 48.9% of participants, followed by Hinduism (46.5%) and Christianity (4.6%). Most participants were married (67.6%), while 22.3% were unmarried. Housewives and students each constituted 27.8% of the sample, followed by unemployed participants (26.0%). Most participants reported low income (70.3%). Regarding age, 41.8% were middle-aged and 37.5% were young.

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**Table 1. Socio-demographic characteristics of internally displaced persons (N = 546)**

| Variable                         | Category      | Frequency (n) | Percentage (%) |
|----------------------------------|---------------|---------------|----------------|
| <b>District of origin</b>        | Bishnupur     | 3             | 0.5            |
|                                  | Churachandpur | 232           | 42.5           |
|                                  | Imphal East   | 155           | 28.4           |
|                                  | Imphal West   | 14            | 2.6            |
|                                  | Kakching      | 10            | 1.8            |
|                                  | Kangpokpi     | 39            | 7.1            |
|                                  | Senapati      | 7             | 1.3            |
|                                  | Tengnoupal    | 86            | 15.8           |
| <b>Gender</b>                    | Female        | 300           | 54.9           |
|                                  | Male          | 244           | 44.7           |
|                                  | Other         | 2             | 0.4            |
| <b>Religion</b>                  | Christianity  | 25            | 4.6            |
|                                  | Hinduism      | 254           | 46.5           |
|                                  | Sanamahism    | 267           | 48.9           |
| <b>Marital status</b>            | Married       | 369           | 67.6           |
|                                  | Unmarried     | 122           | 22.3           |
|                                  | Divorced      | 1             | 0.2            |
|                                  | Widow         | 40            | 7.3            |
|                                  | Widower       | 14            | 2.6            |
| <b>Present occupation status</b> | Housewife     | 152           | 27.8           |
|                                  | Farmer        | 72            | 13.2           |
|                                  | Student       | 152           | 27.8           |
|                                  | Ex-servicemen | 24            | 4.4            |
|                                  | Private job   | 4             | 0.7            |
|                                  | Unemployed    | 142           | 26.0           |
| <b>Present income</b>            | Low           | 384           | 70.3           |
|                                  | Moderate      | 33            | 6.0            |
|                                  | High          | 129           | 23.6           |
| <b>Age group</b>                 | Young         | 205           | 37.5           |
|                                  | Middle-aged   | 228           | 41.8           |
|                                  | Older         | 90            | 16.5           |
|                                  | Elder         | 23            | 4.2            |

**Prevalence of PTSD**

Table 2 shows the prevalence of PTSD. Out of the 546 participants, PTSD was present in 513 (94.0%), while PTSD was absent in 33 (6.0%) IDPs.

**Table 2. Prevalence of PTSD among internally displaced persons (N = 546)**

| PTSD status  | Frequency (n) | Percentage (%) |
|--------------|---------------|----------------|
| Present      | 513           | 94.0           |
| Absent       | 33            | 6.0            |
| <b>Total</b> | <b>546</b>    | <b>100.0</b>   |

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### *Association between socio-demographic characteristics and PTSD*

Table 3 shows the association of socio-demographic characteristics with PTSD. Religion demonstrated a statistically significant association with PTSD status ( $\chi^2 = 14.440$ ,  $df = 2$ ,  $p = 0.001$ ). No statistically significant association was observed between PTSD status and gender, marital status, present income, present occupation, or age group.

**Table 3. Association between socio-demographic characteristics and PTSD status**

| Socio-demographic characteristic | Category      | PTSD    |        | $\chi^2$ | df | p-value |
|----------------------------------|---------------|---------|--------|----------|----|---------|
|                                  |               | Present | Absent |          |    |         |
| Gender                           | Female        | 287     | 13     | 3.666    | 2  | 0.160   |
|                                  | Male          | 224     | 20     |          |    |         |
|                                  | Others        | 2       | 0      |          |    |         |
| Marital status                   | Married       | 353     | 16     | 8.281    | 4  | 0.082   |
|                                  | Unmarried     | 109     | 13     |          |    |         |
|                                  | Divorced      | 1       | 0      |          |    |         |
|                                  | Widow         | 38      | 2      |          |    |         |
|                                  | Widower       | 12      | 2      |          |    |         |
| Religion                         | Christianity  | 20      | 5      | 14.440   | 2  | 0.001*  |
|                                  | Hinduism      | 234     | 20     |          |    |         |
|                                  | Sanamahism    | 259     | 8      |          |    |         |
| Present income                   | Low           | 358     | 26     | 2.567    | 2  | 0.277   |
|                                  | Moderate      | 33      | 0      |          |    |         |
|                                  | High          | 122     | 7      |          |    |         |
| Present occupational status      | Housewife     | 143     | 9      | 3.161    | 5  | 0.675   |
|                                  | Farmer        | 69      | 3      |          |    |         |
|                                  | Student       | 141     | 11     |          |    |         |
|                                  | Ex-servicemen | 21      | 3      |          |    |         |
|                                  | Private job   | 4       | 0      |          |    |         |
|                                  | Unemployed    | 135     | 7      |          |    |         |
| Age group                        | Young         | 192     | 13     | 5.897    | 3  | 0.117   |
|                                  | Middle-aged   | 216     | 12     |          |    |         |
|                                  | Older         | 86      | 4      |          |    |         |
|                                  | Elder         | 19      | 4      |          |    |         |

*Note: Pearson's chi-square test;  $p < 0.05$  considered statistically significant.*

## DISCUSSION

The present study demonstrates a very high burden of probable PTSD among IDPs in the Imphal Valley, with 94.0% of participants classified as having PTSD measured using the PCL-5. This finding indicates substantial trauma-related psychological morbidity among the displaced population and highlights the continuing mental-health consequences of conflict and forced displacement in Manipur. The prevalence observed in the present study is considerably higher than that reported by **Rajkumari et al. (2024)**, who found PTSD among 65.8% of IDPs residing in relief camps in Imphal East. The markedly higher estimate in the present study may be due to differences in study population, geographical coverage, timing of assessment, characteristics of displacement, exposure to conflict-related events, and camp

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conditions. Although both studies examined conflict-affected IDPs in Manipur and employed the PCL-5, differences in the composition and experiences of the study populations may have influenced the observed prevalence. **Rajkumari et al. (2024)** documented substantial exposure to conflict-related traumatic events, including witnessing destruction and burning of property and, in some cases, witnessing the death of family members or friends. Such experiences, together with repeated displacement and continuing uncertainty, may contribute to persistent trauma-related symptoms.

The high prevalence observed in the present study is also greater than that reported in several other IDP populations. **Makango et al. (2023)** reported a PTSD prevalence of 67.5% among IDPs living in camps in Debre Berhan, Ethiopia. Similarly, studies among conflict-affected displaced populations in other settings have documented considerable psychiatric morbidity, although estimates vary substantially according to population characteristics, exposure to trauma, duration of displacement, and assessment methods (**Kim et al., 2007; Roberts et al., 2008; Morina et al., 2018**). The particularly high prevalence in the present study may be related to the nature of the Manipur conflict, where displacement has been accompanied by exposure to violence, destruction of homes and property, disruption of livelihoods, separation from communities, uncertainty about return, and prolonged residence in relief settings. Previous research has demonstrated that both pre-displacement and post-displacement conditions contribute to mental-health outcomes among displaced populations (**Porter & Haslam, 2005**). Prolonged displacement may further undermine psychological resilience and increase vulnerability to persistent mental-health problems (**Almedom et al., 2005; Siriwardhana et al., 2013**).

At the same time, the prevalence identified in the present study cannot be directly compared with all previous estimates because PTSD prevalence is strongly influenced by the instrument used, diagnostic threshold, sampling strategy, timing of assessment, and characteristics of the population. **Housen et al. (2017)** reported substantially lower levels of probable PTSD in the Kashmir Valley, although the study population was drawn from the general population rather than exclusively from people currently living in relief camps. Similarly, **Ben-Ezra et al. (2023)** found elevated PTSD symptoms among civilians displaced within and outside Ukraine during the 2022 Russian invasion, with internally displaced participants showing greater symptom levels than non-displaced participants. These findings support the importance of displacement as an additional source of psychological vulnerability but also demonstrate that PTSD estimates differ considerably across conflict settings. A systematic review of psychiatric disorders among refugees and IDPs likewise found considerable heterogeneity in the prevalence of PTSD and other mental disorders across populations (**Morina et al., 2018**). Therefore, the exceptionally high prevalence observed in the present study should be understood as an indication of the substantial psychological burden within this particular displaced population rather than as a universal estimate for all conflict-affected IDPs.

Gender was not significantly associated with PTSD in the present study ( $\chi^2 = 3.666$ ,  $df = 2$ ,  $p = 0.160$ ). This finding differs from **Rajkumari et al. (2024)**, who reported significantly higher PTSD among females than males, with 71.3% of female participants compared with 57.7% of male participants meeting PTSD criteria ( $p = 0.018$ ). Other research has also demonstrated gender-related differences in traumatic experiences and PTSD symptoms among displaced populations. **Taha and Sijbrandij (2021)** also identified gender differences in traumatic experiences and PTSD-related symptoms among Iraqi IDPs, while

**Silove et al. (2017)** highlighted the contribution of gender-based violence and network trauma to gender differences in PTSD. The absence of a significant gender difference in the present study may therefore reflect the widespread nature of conflict exposure in the study population, whereby men and women may have experienced substantial and overlapping forms of trauma. It may also indicate that gender alone is insufficient to explain PTSD vulnerability in the context of large-scale collective displacement. Future research should consequently examine the specific forms, severity, and cumulative nature of traumatic exposure experienced by men and women rather than relying exclusively on gender as a predictor.

Religion was the only socio-demographic characteristic that demonstrated a statistically significant association with PTSD in the present study ( $\chi^2 = 14.440$ ,  $df = 2$ ,  $p = 0.001$ ). This finding is particularly relevant in the context of the social, ethnic, and communal dimensions of the Manipur conflict. In a conflict-affected setting, religion may be closely related to other characteristics, including ethnic identity, geographical origin, patterns of exposure to violence, displacement trajectory, perceived threat, community networks, and access to social support. The finding contrasts with **Rajkumari et al. (2024)**, who did not observe a significant association between religion and PTSD ( $p = 0.108$ ). The difference between the two studies may reflect variations in the composition of the samples, districts of origin, conflict experiences, or patterns of displacement. More broadly, research on displaced populations indicates that mental-health outcomes are shaped by the interaction of pre-displacement and post-displacement circumstances rather than by isolated socio-demographic characteristics (**Porter & Haslam, 2005; Cantor et al., 2021**).

Marital status was not significantly associated with PTSD in the present study ( $\chi^2 = 8.281$ ,  $df = 4$ ,  $p = 0.082$ ), although the probability value was relatively close to the conventional significance threshold. This finding differs from **Rajkumari et al. (2024)**, who reported a significant relationship between marital status and PTSD. The absence of a statistically significant association in the present study does not necessarily indicate that marital and family circumstances have relevance to psychological well-being. Displacement can alter family structures, social roles, caregiving responsibilities, and access to emotional and material support. Married individuals may experience considerable stress associated with protecting and supporting family members, whereas widowed, separated, or divorced individuals may experience loss of companionship and reduced social support. Previous studies of displaced populations have similarly emphasized the importance of social and family circumstances in determining mental-health outcomes (**Roberts et al., 2008; Roberts et al., 2009**).

Age group was also not significantly associated with PTSD in the present study ( $\chi^2 = 5.897$ ,  $df = 3$ ,  $p = 0.117$ ). This finding contrasts with **Rajkumari et al. (2024)**, who reported a significant association between age and PTSD, with particularly high prevalence among participants aged 19–59 years. The lack of a significant age gradient in the present study may reflect the widespread exposure of different age groups to conflict and displacement. When traumatic experiences are shared across an entire displaced population, differences based solely on age may become less pronounced. Nevertheless, age may interact with other factors such as physical health, social roles, cumulative trauma, family responsibilities, social support, and duration of displacement. Research among older IDPs has demonstrated that older displaced adults may experience distinct mental-health vulnerabilities and specific psychosocial needs (**Singh et al., 2018; Böcker & Hunter, 2022**).

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Neither current occupation ( $\chi^2 = 3.161$ ,  $df = 5$ ,  $p = 0.675$ ) nor current income ( $\chi^2 = 2.567$ ,  $df = 2$ ,  $p = 0.277$ ) was significantly associated with PTSD in the present study. Although 70.3% of participants reported low income, the absence of a significant association suggests that current socioeconomic status alone may not adequately explain the extremely high level of PTSD observed in the sample. Displacement can simultaneously affect employment, income, housing, social networks, access to services, and livelihood security, making it difficult to isolate the effect of current income or occupation from the broader consequences of displacement. Previous research has emphasized the importance of socioeconomic and post-displacement conditions in shaping the mental health of displaced populations (**Porter & Haslam, 2005; Roberts et al., 2009**). The health needs of IDPs are also influenced by disrupted livelihoods, inadequate living conditions, and barriers to essential healthcare and psychosocial services (**Cantor et al., 2021; Ekezie et al., 2020**).

The present finding also differs from **Rajkumari et al. (2024)**, who reported a significant association between employment status after the conflict and PTSD. This discrepancy may indicate that the relationship between employment and psychological health is context-specific. Current occupation or income may not capture important dimensions of economic disruption among IDPs, such as loss of pre-displacement employment, destruction of productive assets, inability to resume previous occupations, debt, dependence on relief assistance, or uncertainty about future livelihood. Evidence from conflict-affected displaced populations indicates that socioeconomic strain and displacement-related disruption can interact with psychological distress and trauma symptoms (**Kim et al., 2007; Alfahal et al., 2025**).

Overall, the findings indicate that PTSD among IDPs in the Imphal Valley is not adequately explained by conventional socio-demographic characteristics alone. The exceptionally high prevalence observed in the present study, together with the limited number of significant socio-demographic associations, suggests that the broader experience of conflict and displacement may be a more important determinant of psychological morbidity than individual demographic characteristics. Previous research has similarly demonstrated that the mental health of displaced populations is shaped by the cumulative effects of traumatic exposure, displacement-related losses, living conditions, socioeconomic insecurity, social support, and prolonged uncertainty (**Porter & Haslam, 2005; Morina et al., 2018; Cantor et al., 2021**). In the context of Manipur, these findings underscore the need for trauma-informed mental-health services that extend beyond screening for PTSD to include sustained psychosocial support, identification of high-risk individuals, strengthening of social and family support, and improved access to appropriate mental-health care. Such interventions are particularly important where displacement is prolonged, because persistent exposure to stressful post-displacement conditions may continue to influence mental health even after the initial traumatic events have occurred (**Siriwardhana et al., 2013; Sabhlok et al., 2020**).

## CONCLUSION

The present study identified a very high prevalence of PTSD among internally displaced persons residing in relief camps in the Imphal Valley of Manipur. Religion was significantly associated with PTSD, whereas gender, marital status, age, occupation, and income were not statistically significant. The findings highlight the substantial psychological burden associated with conflict-related displacement and the need for systematic PTSD screening, accessible mental health services, trauma-focused interventions, and sustained psychosocial

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support for displaced communities. Given the exceptionally high prevalence observed, further studies using clinically validated diagnostic approaches and longitudinal designs are recommended.

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