



PSYCHOLOGICAL SAFETY ASSESSMENT REPORT

INTERNALLY DISPLACED PEOPLE

30 – 31 July 2025

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EXECUTIVE SUMMARY

On 24 July 2025, the longstanding border dispute and resulting tensions between Cambodia and Thailand culminated in a major five-day military confrontation. By 30 July, according to the Ministry of National Defence, this had resulted in the return of over 400,000 Cambodian migrants from Thailand, as well as the internal displacement of 172,094 people. Although the number of displaced individuals has decreased following the ceasefire (which was enacted at midnight on 28 July), the number of people living in safety centres remains high—124,940 as of 4 August.

The clashes reportedly involved artillery strikes, air attacks, cluster munitions, and the alleged targeting of civilian infrastructure such as hospitals and schools. Many of the internally displaced persons (IDPs) in safety centres witnessed these traumatic events to varying degrees. In response, and to ensure comprehensive care for the displaced populations, World Vision conducted a rapid Psychological Safety Assessment to better understand the psychological impact of the conflict in order to identify actionable interventions and mobilize resources to address anxiety and psychological trauma.

Over a two-day period (30–31 July), 53 World Vision staff members (20 female) interviewed 274 individuals (158 female) in 43 safety centres across three provinces: Preah Vihear, Banteay Meanchey, and Siem Reap. Among the respondents, 209 were adults (118 female)—parents or grandparents aged 19–81—and 65 were children (37 female) aged 6–18. A series of standardized questions were asked in private settings, focusing on individuals' feelings, exposure to traumatic events, emotional distress, support-seeking behaviour, and priority needs.

Results clearly showed that the impact of the conflict has not only been physical and economic, but psychological as well. Affected populations demonstrated varying levels of stress and trauma. Notably:

- 66% of individuals reported experiencing very strong shock related to evacuation, the loss of a family member, or witnessing a shooting or bombing.
- The predominant emotional responses (reported by 52% of respondents) were fear, anger, and a desire for revenge.
- Only 35% of respondents knew where they could go for help and this was mainly to their relatives.
- Children identified education and play materials as their biggest needs, while adults prioritized rice, cooking ingredients, tents, and other essential items such as soap, mattresses, and access to permanent medical staff.

To ensure that affected populations receive holistic care and support, coordinated psychological interventions are essential. Key recommendations include:

- **Ensure immediate access to trained counsellors** for affected populations—both in person and via a free hotline service.
- **Conduct awareness-raising sessions** with affected populations on where and how to access psychological support.
- **Train all government and NGO staff** working in safety centres to identify and triage psychological distress, and refer individuals to available services.
- **Establish and facilitate peer support groups**, preferably composed of individuals from the same villages or communes to ensure continuity of support during the recovery phase.
- **Implement child-focused activities and sessions** to help children process fear and trauma in a safe and supportive environment.

INTRODUCTION

Cambodia and Thailand have long disputed several non-demarcated areas along their shared 800-kilometre land border. Tensions escalated in May 2025 following a fatal clash between soldiers, sparking a diplomatic crisis and increased military build-up on both sides. On June 15th, Cambodia appealed to the International Court of Justice (ICJ) for resolution. The situation worsened after two landmine incidents injured Thai soldiers in July, with mutual accusations of provocation leading to intensified skirmishes and culminating in a major military confrontation on July 24th that continued till July 29th.

The clashes reportedly involved artillery strikes, air attacks, cluster munitions, and alleged targeting of civilian infrastructure such as hospitals and schools. This led to the return of over 400,000 Cambodian migrants from Thailand, as well as internal displacement of 172,094 people (Ministry of Defence, 30th of July 2025)

On the 28th of July, a special meeting hosted by Malaysia brought together leaders from both countries with participation from the United States and China. The meeting produced a joint understanding that included an immediate and unconditional ceasefire effective from 24:00 hours on the 28th of July, 2025. Since then, the ceasefire has generally held and a large portion of displaced people have returned home - as of the 4th of August, the Ministry of Defence reported a reduction to 124,940 IDPs residing in safety centres.

Whether still in the centres, or back in their homes, the affected populations have been afflicted by forced relocation, separation and loss of family members, exposure to the sound of explosions, accidents as well as loss of shelter, livelihoods and access to essential needs. The experience has not only impacted the families physically and economically, but has also caused them a great deal of emotional and psychological stress.

In order to ensure comprehensive support in this time of crisis and during recovery, World Vision undertook a Psychological Safety Assessment with the objective of better understanding the psychological impacts of the conflict on the affected populations in order to identify actionable interventions and mobilize resources that can contribute to reducing anxiety and psychological trauma, and improve overall emotional well-being.

ASSESSMENT METHODOLOGY

The assessment was undertaken to better understand the depth and breadth of the psychological impact of the conflict on affected populations.


The assessment team consisted of 53 (20F) World Vision Operation and Technical Staff.

Data was collected over a two day period, 30th and 31st of July, 2025.

Due to the sensitive nature of questions, the only assessment methodology used were individual interviews that were conducted in quiet areas separated from other families.



The total sample size was 274 (158 F) individuals from different families, out of a total of 16,830 displaced families. 43 Safety centres across three provinces were included for sampling: Preah Vihear (7 safety centres) , Banteay Meanchey (15 safety centres) and Siem Reap (21 safety centres). The 274 families interviewed were selected by using random sampling method and interviews all followed a standard questionnaire.

 **YAMANE (1967)**

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

n=Sample Size
N=Population Size
e=Margin of error

The sampling size was calculated using the Yamane formula:

Limitations:

The main limitation of this study is that it did not go too in-depth into the nature of the interviewees psychological trauma to ensure the principle of DO NO HARM. The sensitive nature of the topic, the triggering effect some questions can have, and the fact that there is currently no qualified counsellor on site to provide psychological support in case of crisis/trigger, meant the data collectors kept this to a rapid assessment with more general questions in order to gather broader information on psychological needs.

FINDINGS AND DISCUSSION

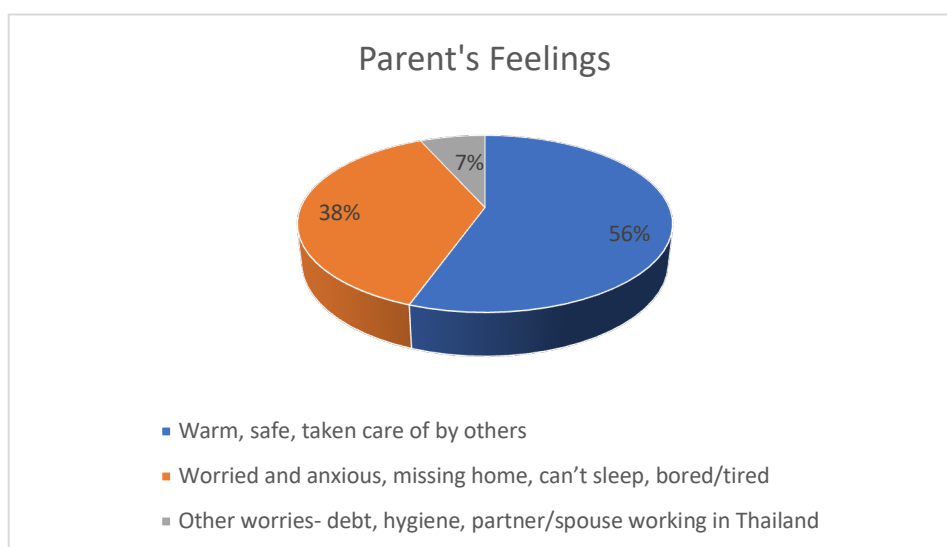
The majority of respondents (85%) residing in the safety centres had been living there for six days as of the data collection dates, July 30–31, 2025. Of the 274 Individuals interviewed, 209 (118F) were adults (parents or grandparents aged 19-81) and 65 (37F) were children (aged 6-18).

Table A: Breakdown of Adults and Children by Province

No	Provinces	# of Sample	
		Children	Adults
1	Banteay Meanchey	16	55
2	Siem Reap	26	72
3	Preah Vihear	23	82
	Total	65 (37F)	209 (118F)

1. Affected Population's Overall Well Being

Of the 209 adults interviewed, 56% reported that they felt warm and safe after arriving at the safety centres; 37% of them expressed emotional attachment to their homes, worrying about the safety of their children, spouses, and property. Around 7% of adult respondents were concerned about bank debts, food insecurity, and the fact that their husbands were working in Thailand.



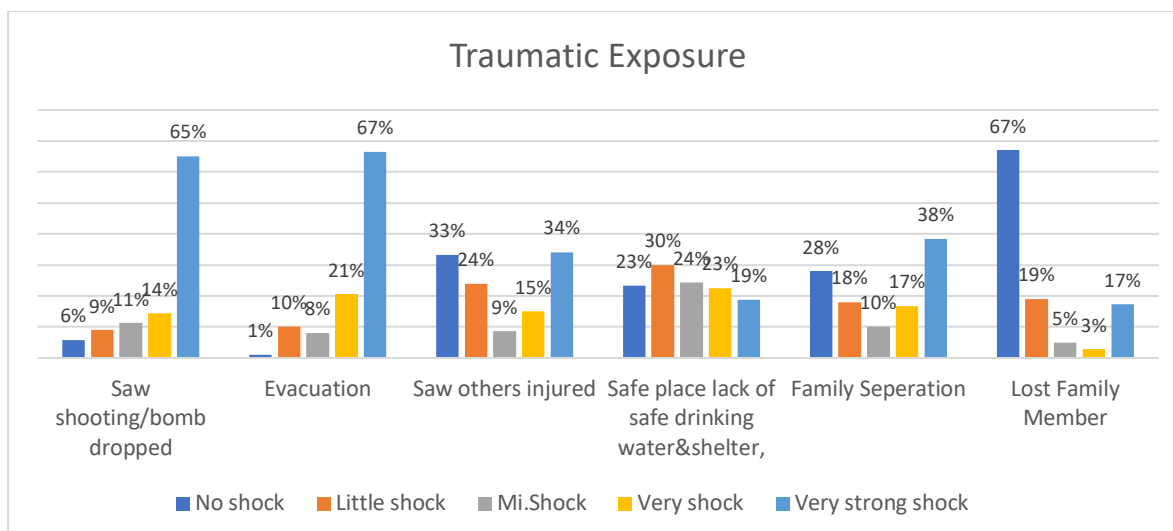
Of the 65 children interviewed, 42% reported feeling happy, having enough food to eat, and reported that they were enjoying reading books. Another 29% reported feeling safe having received care and attention from responsible individuals and authorities. However, 29% expressed feelings of worry, difficulty sleeping, homesickness, and boredom.



2. Exposure to Trauma Inducing Events

Interviewees were asked to rate their level of shock to six trauma inducing events on a scale of one to five where a rating of one indicated the lowest level of shock (No shock at all) and a rating of five indicated the highest level of shock (very strong shock). The six events assessed were: (1) witnessing shootings, bombings, (2) having to evacuate, (3) witnessing injuries from gunfire, (4) living in safety centres with limited access to clean drinking water, food, and shelter, (5) family separation and (6) loss of relatives.

The graph below shows that **Evacuation, Loss of a Family Member, and Witnessing a Shooting or Bomb Drop** were identified by interviewees as the events that induced the most consistent, intense emotional response with an average of **66%** of individuals rating these as inducing **very strong shock**. In contrast, experiences such as **Family Separation, Witnessing Others Injured, and Lack of Shelter or Safe Water** evoked more heterogeneous reactions: while around **38%** responded with very strong shock during family separation, significant minorities reported **little, mild, or even no shock**, pointing to resilience or varied perception among individuals. **Witnessing injury and resource deprivation** scenarios displayed the broadest distribution of shock levels, with notable proportions reporting **no shock**, suggesting these forms of trauma elicited less uniform emotional impact



3. Emotional Distress

Interviewees were asked about whether they were experiencing any of ten emotional distress symptoms. As highlighted in the table below, most people (both children and adults) were experiencing one or more of the potential emotional distress symptoms. Feeling scared, angry and wanting revenge were the most predominate feelings (52%), followed by feelings of anxiousness and having difficulty concentrating (38%).

Table B: Emotional Distress Symptoms

	Not at all	Experiencing a little	Experiencing mildly	Experiencing moderately	Experiencing strongly
Hardly slept	13%	13%	18%	20%	37%
Feeling anxious	9%	13%	15%	24%	38%
Difficulty concentrating	15%	9%	16%	22%	38%
Feeling uneasy and unwell	14%	9%	19%	22%	37%
Don't want to eat	19%	10%	21%	26%	25%
Feeling Sad	14%	11%	20%	22%	33%
Fear	7%	7%	15%	20%	52%
Angry/irritable, easily angered	18%	10%	19%	23%	30%
Bad dream	37%	15%	14%	16%	17%
Feeling angry, wanting revenge	17%	7%	10%	14%	52%

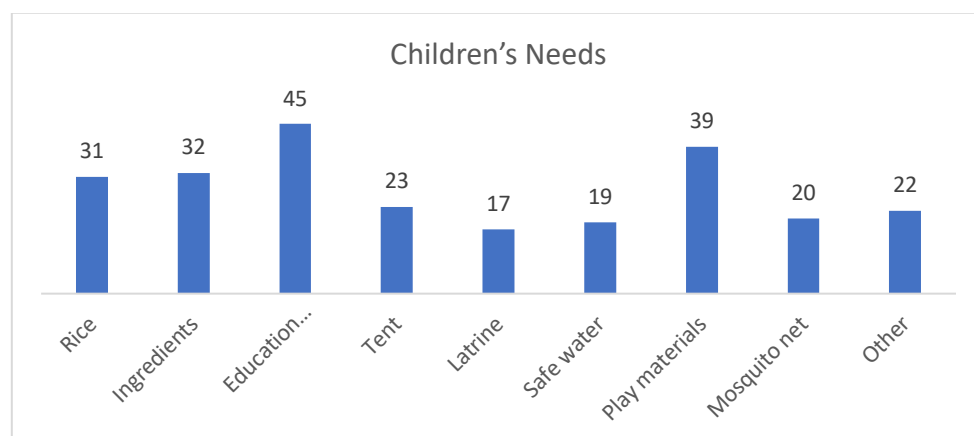
4. Support Seeking Behaviour

The 274 individuals were asked whether they knew how to seek support and if yes, who they would ask. 34% Of children respondents said they knew how to get help; of these, 80% said they would go to their parents or relatives. Similarly, only 35% of adults felt that they knew where to get help; however, were more varied in sourcing support:- 47% went to relatives, while the rest sought support through authorities or service providers.

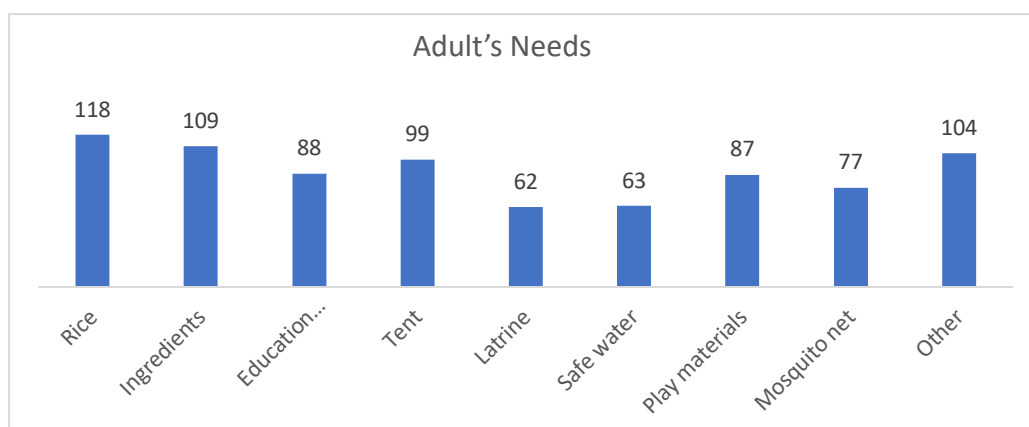


5. Priority Needs

When asked about their biggest needs, children prioritized education (45/65 children) and play materials (39/65 children). This highlights the importance of addressing their developmental and emotional needs alongside basic necessities.



On the other hand, adults (209) primarily requested rice, cooking ingredients, tents, and other essential items such as soap, mattresses, and permanent medical staff as shown in the graph below.



CONCLUSION AND RECOMMENDATIONS

It is evident from the Psychological Safety Rapid Assessment that families have not only been affected physically and economically from the conflict, but are experiencing emotional stress and trauma as well. As such, all stakeholders need to include psychological support as part of their comprehensive response and recovery strategies.

Key recommendations include:

- Ensure immediate access to trained counsellors for affected populations- both in person and via a free hotline service
- Awareness raising sessions with affected populations on where and how to access psychological support
- Ensure all government and NGO staff working in the centres are able to triage psychological distress and refer to available services for support
- Set up and facilitate peer support groups - preferably with groups from the same villages/communes so that support can continue during recovery phase
- Facilitate child-focused activities and sessions to help address fear and trauma



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Our Prayer for Every Heart, the Will to Make It So.**

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