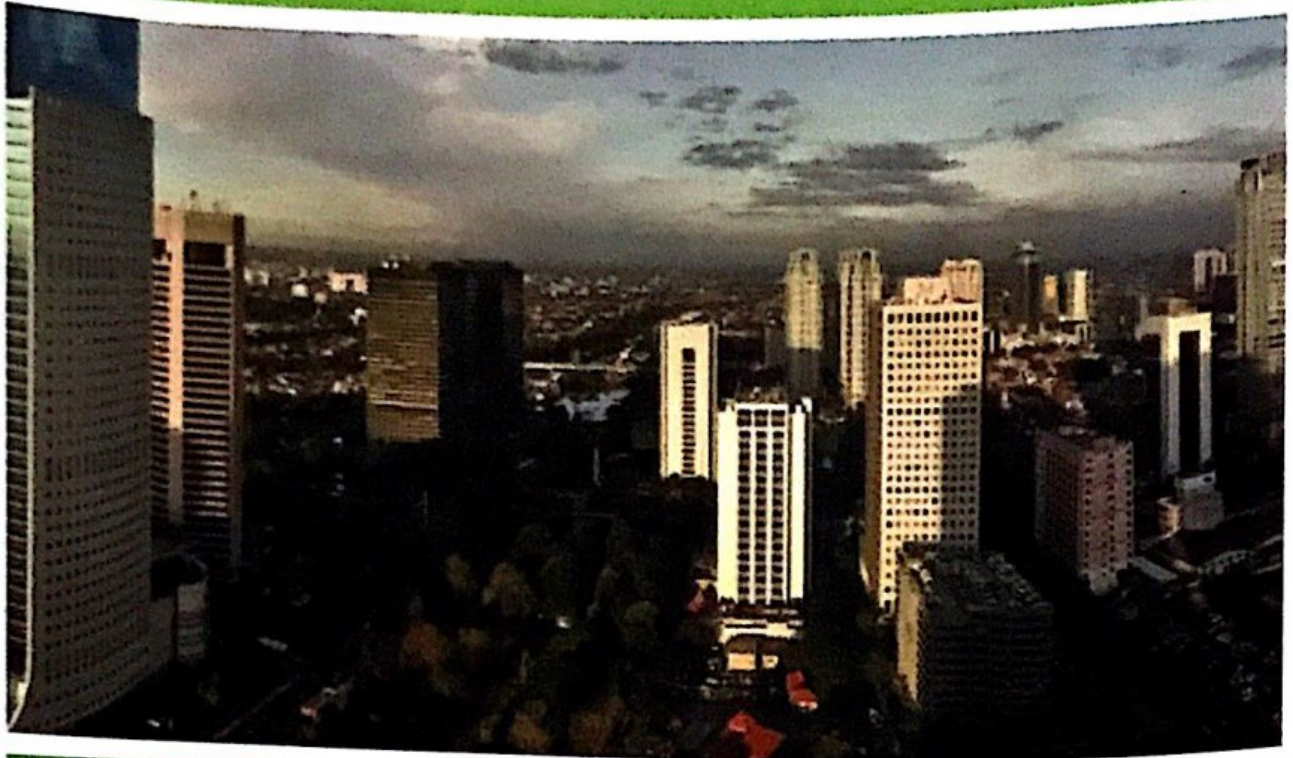


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TRAUMA AMONG JUVENILE VICTIMS OF ARMED CONFLICT AND TSUNAMI IN ACEH

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ABSTRACT

Study of trauma among juvenile victims of the armed conflict and tsunami conducted due to some assumptions that Aceh was in a prolonged armed conflict and was destroyed by a huge earthquake and tsunami. This study applies Manual Standard Trauma Symptom Inventory (TSI) by Brier (1995) using purposive sampling method. A total of 1185 adolescent victims of armed conflict and tsunami have been selected to be the subject of this study. The objectives of this study are to determine the effect of trauma, level and sources of trauma. Findings shows that juvenile in Aceh has a significant effect of trauma due to armed conflict and tsunami with medium level of trauma. Results source of trauma shows that armed conflict gave more traumatic experience compare to tsunami.

Keywords: Trauma, Trauma Symptom Inventory, Post Traumatic Stress Disorder

1 INTRODUCTION

Aceh is one of the province in Indonesia which was full with conflicts starting from war with the Dutch, Japanese, until a revolution war between the government of Indonesia such as "Perang Cumbok" DI/TII and Aceh Independent

Movement (Gerakan Aceh Merdeka - GAM). Aceh also has been struck by huge earthquake and tsunami on December 26, 2004 which destroyed thousands of houses, offices, infrastructures as well as thousands of Acehnese lives.

The major natural disaster has brought benefits to the Aceh community, whereas Indonesian government and the Aceh Independent Movement (GAM) has agreed to stop the 30 years long conflicts between them. However, the conflict has left Aceh communities with horrible experiences especially children resulting from kidnapping, raping, violent and intimidation that occurred during the long conflicts. Such experiences has caused trauma, fear, anger, depression to the people of Aceh and even many has ended in a mental institution due the unbearable stress.

The violent and horrible situation experienced by the children of Aceh during the armed conflicts is only the tip of an iceberg. All of this children has grown up and they should possess a strong physical and mental ability, but unfortunately most of these children doesn't have the intellectual competencies, emotional and spiritual stability needed due to uncondusive environment they lived in which is also lack of basic infrastructures.

Trauma is a wound that happened to someone as a results of a scary events such as murder threat, accident, natural disaster, war, and other incident that can make someone feels afraid, worry, under pressure and sad. All unfortunate incidents can make anyone suffer at any age and different level . If they do not get the good guidance it can lead them to the physical and mental disturbance. Shapiro (1999) stated that trauma is the experience in life that disturbs the biochemistry balance from the system of brain psychological process. This balance blocks information process to continue processing something to achieve the adaptive perception, emotion, believe and meaning derived from the experience that is locked in the neuron system. Janawi (2007) stated that trauma is a psychological disturbance that is so dangerous and can disturb the balance of human life. Yule

(2004) stated the statement of trauma definition as a spectacular event that cause not only wound and hurt, but also serious wound or hurt feeling caused by incredible events that affect someone directly or indirectly, which caused the physical wound, or mental wound, or the combination of both of them. Whether hard or easy, the event will be felt differently by each other, so that the influence from the event to the behavior is also different from each other.

After trauma, they usually will show the symptom that is out of people's habit generally. Children, who suffered from trauma in their life due to the threat of life or danger, possibly would have a long period of trauma that can lead to PTSD and if they face the new trauma, they will give the feedback based on the experience as the power source so that they can face it. Loss something or someone that happened repeatedly will increase the ability of someone to face the mental and physical disturbance. Usually, psychological impression will be seen as avoid to self-defense, remembering the memory in detail of what has happened, becoming too worry for things and feel it as the tragedy that lead them to trauma.

The American Psychiatric Association (APA) (2000), in the Diagnostic and Statistical Manual of Mental Disorder (DSM.IV-TR), defines trauma boom to include one or two of the following, namely: (1) a person who experienced, witnessed or been confronted with accidents that caused death, serious injury or physical threat to themselves or others, (2) an individual response to fear, a sense of hopeless horror (children may experience behavioral disorders). Webb (2004) states that: (1) trauma is defined as pain experienced by someone that can affect a person's physical and psychological health, that it affects the lives of as declining levels of productivity

and daily life activities, (2) trauma occurs as either a flip of physical and mental health that cause immediate damage to the body or shock on the mind, (3) trauma occurs because there is an extreme anxiety or fear of the traumatic physical and psychological effects that can cause emotional distress triggered by acute painful events, (4) trauma increases symptoms of stress (stress) that cause emotional distress to a child or school causing behavioral changes, emotions and thoughts, (5) trauma is also said to be a bodily injury caused by physical force from the outside such as fire, accident, stabbed by sharp weapon, wounds caused by fighting, rape, neglect, technology and so on. Based on the above statement, hence the objectives of this study are to determine the level, effect and sources of trauma among juvenile in Aceh.

2 METHODOLOGY

Subject of Study

This study using purposive sampling technic using the principle of information-rich case. Patton (1990) interviewed counselors or teachers to determine the characteristics of the respondents needed as subject of the study. The characteristics of respondents are : (1) respondents must be the victim of both armed conflict and tsunami directly or indirectly; (2) Respondents shows unusual and different attitude from others such as depression, extreme anxiety, rage, hysteria, cries constantly and avoidance from other people; (3) respondents has no home due to armed conflict and tsunami and has to live in other family members house or shelter; (4) respondents has lost their parents due to the conflict and tsunami and (5) respondent must be a student with minimum age 18 years old and maximum 23 years old but still a school student. These age criteria needed due to during the conflict and tsunami, they were still children and now

has growth up as a teenagers. Researchers found that these teenagers has experienced traumatic experience since their childhood and has affecting their attitudes.

A total of 1185 adolescent victims of armed conflict and the tsunami have been selected to be the subject of this quantitative research approach. The subject was taken from high schools in eight districts and four areas of armed conflict and tsunami disaster. 120 subjects were selected based on purposive sampling for face-to-face interview with qualitative approach.

Instrument

Instrument used to see the impact, level, trauma differences among adolescents and the influence of territory, resources and gender within the quantitative approach is the Trauma Symptom Inventory (TSI) created by Briere, (1995) which was divided into two scales of validity with indicator Atypical Response (ATR), Response Level (RL) and Inconsistent Response (INC), whereas the clinical scale was divided into four dimensions, namely Dysporic mood consists of three indicators, i.e.: Anxious Arousal (AA), Depression (D) and Anger Irritability (AI). Post Traumatic Stress Disorder (PTSD) is composed of three indicators, i.e.: Intrusive Experience (IE), Defensive Avoidance (DA) and Dissociation (DIS); Sexual Dysfunction consist of two indicators, i.e.; Sexual Concerns (SC) and Dysfunction Sexual Behavior (DSB) and Self Dysfunction indicator consists of two self Impaired Reference (ISR) and Tension Reduction Behavior (TRB). Inventory scores show that the higher the score obtained, the higher the degree of trauma suffered by subject. Whereas for qualitative research, the study is held to formulate four face to face questions with the subject of the study. This research focuses on finding the

truth to support the quantitative approach result.

Data analysis

Data were analyzed using SPSS version 13, to see the effects of trauma and the use of ANOVA and for the different effects of trauma was also performed ANOVA and post hoc test of Scheffe Multiple Comparisons for more than two variables. In order to determine the gender differences in the level of trauma T-Test was used and to

Table1. Effect of Trauma

Scale	Indicator	N	Validity Dimension		
			Min	F	Sig
Validity	Atypical Respon (ATR)	1185	15.251	13.705	0.000
	Respond Level (RL)	1185	3.977	3.392	0.000
	Inconsistent Respon (INC)	1185	10.934	5.602	0.000
Clinical Dysphoric Mood	Anxious Arousal (AA)	1185	22.324	7.795	0.000
	Depression (D)	1185	22.872	7.261	0.000
	Anger Irritability (AI)	1185	23.213	6.753	0.000
Clinical PTSD	Intrusive Experience (IE)	1185	18.882	4.307	0.000
	Defensive Avoidance (DA)	1185	23.328	3.326	0.000
	Dissociation (DIS)	1185	19.075	10.167	0.000
Clinical Sexual Dysfunction	Sexual Concerns (SC)	1185	17.125	8.377	0.000
	Dysfunction Sexual Behavior	1185	12.512	7.744	0.000
Clinical Self Dysfunction	Impaired Self Reference (ISR)	1185	21.490	7.307	0.000
	Tension Reduction Behavior (TRB)	1185	22.340	5.168	0.000

*p < 0.05

Table 2 Based on the overall results showed that the level of trauma is moderate level, but another result indicates are high level on a scale of clinical IE (Intrusive Experience: 22.8%) and highest score is PTSD on DA(Defensive Avoidance: 30.3%). High

know the contribution of regional trauma resource regression testing was also utilized.

3 FINDINGS

Table 1 shows the results of ANOVA indicated there is a very significant effect of trauma on the second response of TSI scale on validity and clinical scale with the indicator the higher level is Self Dysfunction on Tension Reduction Behavior (Mean:22.340) and low level is Respond Level (Mean:3.977). This value is less than the prescribed p value (P < 0.05). For more detail see Table 1 below.

scores for TSI is score indicates more than 20%, only in the clinical scale dimensions of PTSD and Self Dysfunction of indicator Impaired Self Reference (ISR). For more detail see table 2 below.

Table 2. Level of Trauma based on Trauma Source

Scale	Indicator	N	Trauma Source						Total
			Low		Modest		High		
			F	%	F	%	F	%	
Validity	ATR	1185	122	10.3	877	74.0	186	15.7	100
	RL	1185	146	12.3	865	73.0	174	14.7	100
	INC	1185	199	16.8	810	68.4	176	14.9	100
Clinical: Disphoric Mood	AA	1185	167	14.1	802	67.7	216	18.2	100
	D	1185	143	12.1	853	72.0	189	15.9	100
	AI	1185	180	15.2	803	67.8	202	17.0	100
PTSD	IE	1185	167	14.1	748	63.1	270	22.8	100
	DA	1185	70	5.9	756	63.8	359	30.3	100
	DIS	1185	120	10.1	737	62.2	252	21.3	100
Sexual Dysfunction	SC	1185	288	24.3	645	54.4	205	17.3	100
	DSB	1185	225	19.0	753	63.7	205	17.3	100
Self Dysfunction	ISR	1185	157	13.3	708	59.8	319	26.9	100
	TRB	1185	57	4.8	916	77.3	212	17.9	100

Table 3, shows the results of Scheffe Post Hoc Multiple Comparisons show differences trauma resources based on all indicators of response at 95% significance level. The

results show that the difference in mean is a very obvious indicator visible on the sources of conflict.

Table 3. Post Hoc Test Results difference in all indicators

		MIN	All Indicators		
			1	2	3
1	Tsunami	,48229
2	Conflict	-1,47684
3	Tsunami Conflict	,99454

*P<0.05, *ATR= Atypical Response *RL= Response Level, *INC= Inconsisten Response *AA= Anxious Arousal, *D= Depression, *AI= Anger Irritability, *IE= Intrusive Experience, *DA= Defensive Avoidance *DIS= Dissociation, *SC= Sexual concern, *ISR= Impaired Self Reference, Tension Reduction Behavior

4 DISCUSSION

Based on the results of the study, trauma among teenagers victims of the armed conflict and the tsunami in Aceh is justified because of a prolonged armed conflict and a huge natural disasters happened in the history of Aceh. As a result many people traumatized. According Alchaidar (1999) states that post Helsinki Master of Understanding between Indonesia and the Free Aceh Movement (GAM) on

August 15, 2005 was a formal jurisdiction exercised by the Republic of Indonesia by issuing the Act number 11 year 2006 about the Government of Aceh. Since then, the social conditions of the Acehnese society have been in similar situation after the war of 1873-1913 which also left a lot of physical wounds that affected the mental health. Reid (2007) describes the situation as "destruction, stress and mental illness". Such a condition can also trigger the

occurrence of alleged trauma on society mainly among teenagers.

The source of trauma shows that armed conflict gave more traumatic experience compare to tsunami, because the armed conflict was due to human aggression who kidnapped, killed and tortured the innocents victims which caused victims to retaliate. Meanwhile, tsunami considered as an act from God, which accepted as faith and they responded in a different ways compare to the armed conflict. Results from study shows a significant different from sources of trauma. This is supported with findings from Kusmawati (2009) that trauma due to the armed conflict is more painful than trauma caused by tsunami disaster.

Thus it can be stated that a moderate level of trauma experienced by teenagers now have led to clinical trauma of Post Traumatic Stress Disorder, or stress post traumatic event. Brewin et al (2000) states that the risk factors for suffering from PTSD are living in traumatic events and hazards, history of mental illness, getting hurt, seeing people injured or killed, the feeling of horror, helplessness, or extreme fear, not get social support after the event, dealing with extra stress after the event, such as the pain of losing a loved one, injury, or loss of a job or home. Gurvits et al (2000) state that environmental factors, such as childhood trauma, head injury, or a history of mental illness, may increase a person's risk affecting early brain growth. Meanwhile, Charney (2004) sets out the factors that can reduce the risk of PTSD theist are: seeking support from others, such as friends and family, finding a support group after a traumatic event, feeling good about his own actions in the face of danger, strategy to face a bad situation, or get out of his teachers', as some are able to act and respond effectively despite feeling fear. Among Acehnese juvenile, atypical attitudes, level of respon and inconsistent respon showed is very

significant, which shows that victims possess a different attitudes from the others. This indicate that victims still experiencing the effect of the armed conflict and tsunami in Aceh. They should received support from families, condusive environment and also from authorities to overcome the traumatic experience to avoid victims to develop clinical disorders such as *Dysphoric Mood*, *Post Traumatic Stress Disorder (PTSD)*, *Sexual Dysfunction* dan *Self Dysfunction*, which always occurred in most of untreated victims.

5 CONCLUSION

Overall findings shows that armed conflicts and tsunami in Aceh has left a significant trauma at medium level among juvenile due to lack of support and treatment from families, friends, environment, counselors, psychologist, psychiatrist. This finding is strong enough to recommend the Aceh government to open trauma counseling services in the framework of youth rehabilitation trauma. This finding is strong enough to recommend the Aceh government to open trauma counseling services in the framework of youth rehabilitation trauma.

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