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The Seriousness Trauma Among Teens in Conflict and Tsunami Victims in Aceh Besar and Kota Banda Aceh

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The purpose of this study is to determine the level of seriousness of the trauma of the teenager victims of the conflict and the tsunami in Aceh Besar and Banda Aceh. This study is a survey which uses the design scale and clinical validity of the trauma symptom inventory (TSI) in adolescents School (SMA) aged 18 -23 years, elected purposively through two stages, namely, the first stage of key respondents that homeroom and teachers Guidance and Counselling School, and then the survey respondents that teens chosen and set by the key respondents to the criteria established by researchers that young victims of the tsunami and the conflict, often aloof, taciturn, difficulty concentrating, lazy learning, physical lethargy, like sleep in the classroom. The respondents of this survey will be circulated questionnaire trauma symptom inventory (TSI) that has been adapted into Indonesian, and her answers will be included and analysed in two ways to the level of trauma will be used manually Trauma Symptom Inventory (TSI) and to see the difference of and uses comparative analysis of mean one- way ANOVA using the statistical package for social sciences (SPSS). The findings suggest that adolescents' validity scale on ATR indicator, RL and INC levels of trauma in general are at an intermediate level. As for scale clinical aspects of dysphoric mood, indicator Anxious Arousal (AA), Depression (D), and Anger / irritability (AI) in general are at a low level. In the aspect of PTSD on the indicator Intrusive Experiences (IE), Defensive Avoidance (DA), and dissociation (DIS) are at an intermediate level. In the aspect of sexual dysfunction indicator Sexual Concerns (SC) and Dysfunctional Sexual Behavior (DSB) is at a low level. And aspects of self-dysfunction indicator Impaired Self-Reference (ISR), Tension Reduction Behavior (TRB) are at an intermediate level. While the difference in the level of seriousness of the ANOVA test results indicate that there is a significant difference on all items TSI on top when viewed from both areas of Aceh Besar and Banda Aceh.

Keywords: Adolescent Trauma, TSI: dysphoric mood, Post-Traumatic Stress Disorder (PTSD), dysphoric mood, sexual dysfunction, and self-dysfunction

1. INTRODUCTION

Trauma is an extraordinary event, which cause injury or pain. Cavanagh, (1982) in the Mental Health Channel, defines trauma as an injury or ill feeling 'heavy' as a result of an event 'extraordinary' that befall a person, directly or indirectly, either physical or psychological injury, or a combination of both. Its light weight of an event will be perceived differently by each person, so that the effect of that event on behavior also differs between a person and another. At the time of traumatic events experienced by a person, he will respond to and overcome it with its

recovery mechanism so that no negative impact on the future. But in people - certain people are not resolved completely and will leave a scar or pain, in a long time and will affect the attitude, people is exactly what is said to be experiencing stress post-traumatic (Post Traumatic Stress Disorder), in such a situation a person has a high risk for mental health disorders such as phobias, panic, depression, confusion, restlessness (anxiety), and obsessive-compulsive disorder. In Kompas Cyber Media (2002) stated Post-traumatic stress disorder is depression, anxiety, and numbness that follows various traumatic events that occur as a result of war, rape, natural disasters,

deaths from violence against loved ones, and so on. Post-traumatic disorders, can be experienced immediately after a traumatic event occurs, and can be also experienced delayed until several years later. Victims usually complain of tension, insomnia (difficulty sleeping), difficulty concentrating, and no illusions as to organize his life, and even some who feel lost the meaning of life.

A traumatic incident will re-emerge when there is a trigger that brought back memories of the incident, such as the similarity of the place, color, sound, setting the events and so on. When viewed from the characteristics and causes injury to a person, this research needs to be done, because it is likely that many people are traumatized, especially in teenagers who directly experienced, and felt like the experience of war, rape, natural disasters and various forms of physical torture and mental ever seen, heard and felt during the conflict and the tsunami. Extraordinary events that have very long felt by the people of Aceh, but not everyone will respond well, so many possibilities still exist adolescents traumatized to this day. However, the problem is "how the seriousness of trauma among adolescent victims of severe -Genesis events that have happened to them", to answer that it is very necessary research is done by using survey methods with techniques of data collection is done in two ways: interview the head field of student, teacher guardian or teacher guidance and counseling (BK) to get data for survey respondents. Distribution of questionnaires carried out to teens who otherwise victimized by teacher's guardian, teacher BK. Questionnaire used is the standard Trauma Symptom Inventory (TSI) popularized by John Briere (1995) at Harvard of University. Which has been translated into Indonesian, and also measured the validity and reliability are divided into two portion, namely: scale validity to measure the tendency of respondents to deny the symptoms that are generally supported by others, or the symptoms are generally not unusual and rarely supported by others to a significant extent and clinical scale to measure clinical disorders such as: (1) dysphoric mood (2) Post Traumatic Stress Disorder (PTSD), (3) Sexual Dysfunction, (4) Self Dysfunction.

2. PROBLEM STATEMENT

Aceh Besar and Banda Aceh is the district a very high occurrence of armed conflict and very severe earthquake and tsunami, so many members of the public, especially teenagers and adults experience stress and trauma because of the conflict and disasters that occurred and continue to be prolonged if no serious handling both psychosocial and psycho-spiritual. From school to school early studies that found many teenagers who experienced depressed, sad, distracted when learning, obstreperous and there are even children who like to avoid if there are guests coming. The general behavior is different from that of other children who do not experience conflict and tsunami. Based on preliminary findings, the investigators

assume that the teenagers in Aceh Besar and Banda Aceh are traumatized. But the question is how severe trauma they experienced is? Therefore, this study is very important in order to determine the severity of the trauma experienced post-conflict and tsunami.

3. METHODOLOGY

This study uses a quantitative approach with predictive survey method for measuring symptoms that are often raised after a traumatic incident in teenager's victims of the conflict and the tsunami is predicted that they still have the level of seriousness of the trauma of losing loved ones as a result of the incident. The object of this study is the symptom trauma still suffered by the juvenile victims, as well as differences in the severity of trauma that occurs between the tsunami and conflict victims among adolescent boys with women, who feel the loss of balance in his life, shown in attitudes and behaviour. The subjects were 121 juvenile victims of conflict and tsunami victims of 110 people chosen at High School (SMA) in Aceh Besar and Banda Aceh. Data was collected by interviewing the homeroom teacher or the guidance counsellor to get the subject of the survey. Then a standard questionnaire circulated Trauma Symptom Inventory (TSI) popularized by John Briere (1995) at Harvard of University. Which has been changed into Indonesian, and also measured the validity and reliability. Standardized TSI consists of two scales:

First, the validity of the scale to measure and assess the tendency of respondents to deny the symptoms that are generally supported by others, or the symptoms are generally unusual and rarely supported by others to a significant extent, in response to items TSI either consistently or randomly. Score high on one scale shows that respondents with the profile is unusual as most others, the scale is Atypical Response (ATR), Response Level (RL), and Inconsistent Response (INC);

Second, scale clinical to measure how respondents answered 10 different types of symptoms associated with trauma that can occur on the respondents, who were divided into four categories: (1) dysphoric mood with the indicator Anxious Arousal (AA), Depression (D), and Anger / irritability (AI) describes. Indicator dysphoric mood state that is often faced by people who experienced psychological trauma. (2) Post Traumatic Stress Disorder (PTSD) with the indicator Intrusive Experiences (IE), Defensive Avoidance (DA), and dissociation (DIS). This indicator reflects the components of intrusive and avoidance of PTSD and ASD. (3) Sexual Dysfunction Sexual Concerns with the indicator (SC) and Dysfunctional Sexual Behaviour (DSB). This indicator measures the behaviour of things people experience sexual difficulties and is often associated with victimization childhood or adulthood, especially, though not exclusively, sexual abuse. (4) Self Dysfunction with the indicator Impaired Self-Reference (ISR), Tension Reduction Behaviour (TRB) and

Dysfunctional Sexual Behaviour (DSB). High scores on this scale indicate that the level of seriousness of the subjects experienced severe trauma. Data analysis techniques will be done in two ways: to see the level of trauma to the subject of the research will be used manually TSI namely: Overall score obtained by the respondent described by the t-score of manual TSI namely: to ≤ 35 -50 categorized as low trauma, trauma categorized simple 51-65 and $65 - \geq 100$ categorized high trauma. While to see the difference in the level of trauma will be used Statistics t-test and one way ANOVA SPSS. To more clearly see the table 1 below:

Table 1: The standard value of raw score and t-score based manual TSI John Briere (1995)

Indicator	Tingkat Raw Score	Man			Female		
		Low	Moderate	height	Low	Moderate	height
ATR	Raw Score	0-1	2-4	5-30	0-1	2-6	7-30
	T. Score	45-49	51-64	66-100	45-49	51-64	66-100
RL	Raw Score	0-2	3-5	6-10	0-1	2-5	6-10
	T. Score	45-50	51-65	66-82	41-50	51-65	66-82
INC	Raw Score	0-3	4-7	8-30	0-3	4-7	8-30
	T. Score	<35-50	51-65	66-100	<35-50	51-65	66-100
AA	Raw Score	0-4	5-11	12-24	0-7	8-15	16-24
	T. Score	45-49	51-64	66-100	45-49	51-64	66-100
D	Raw Score	0-3	4-9	10-24	0-7	6-16	17-24
	T. Score	43-50	51-65	66-100	38-50	51-65	66-100
AI	Raw Score	0-7	8-17	18-27	0-8	9-17	18-27
	T. Score	37-51	51-65	66-100	37-51	51-65	66-100
DA	Raw Score	0-5	6-15	16-24	0-7	8-16	17-24
	T. Score	41-50	51-65	66-100	38-50	51-65	66-100
DIS	Raw Score	0-4	5-11	12-27	0-5	6-13	14-27
	T. Score	41-50	51-65	66-100	39-50	51-64	66-100
SC	Raw Score	0-4	5-12	13-27	0-4	5-12	13-27
	T. Score	42-50	51-65	66-100	42-50	51-64	66-100
DSB	Raw Score	0-2	3-8	9-27	0-2	3-8	9-27
	T. Score	44-50	51-65	66-100	44-50	51-65	66-100
ISR	Raw Score	0-2	3-8	9-27	0-2	3-8	9-27
	T. Score	44-50	51-65	66-100	44-50	51-65	66-100
TSB	Raw Score	0-2	3-7	8-24	0-2	3-7	8-24
	T. Score	43-50	51-65	66-100	42-50	51-65	66-100

4. FINDINGS

Results of the data analysis is based on two scales manuals related TSI 13 indicators can be stated that the degree of seriousness of adolescent trauma victims of the conflict and the tsunami averaged at moderate levels. Because the t-score <60 for all indicators except for the tsunami victims of sexual dysfunction indicator t-score <50 means to be at a low level.

Second, the results of testing alternative hypothesis (Ha) which states there are differences in the level of trauma based on the results of ANOVA on Trauma Symptom Inventory (TSI) related to 13 indicators is acceptable because there is very significant in the district, type of trauma and sex, so the hypothesis zero (Ho) is rejected.

Based on the above findings, explaining that high school teenagers who were in Aceh Besar and Banda Aceh who were victims of the conflict and the tsunami traumatized at the secondary level and there is a difference which significant when viewed either from the district, type of trauma or sex, both on the validity of and clinical scale. Trauma intermediate level on a scale validity showed that the young victims have not received both psychosocial and psikospiritual. Because the validity of the scale is useful to measure the tendency of respondents to respond to the common symptoms and are not supported by most people. So if acquired intermediate score on the ATR indicator, RL and INC, which means they still showed unusual symptoms or unusual as most people.

According to Chaplin (2001) atypical words can be interpreted as something that is not typical, irregular, and abnormal or differ markedly between the properties of the typical characteristic features; Atypical or term may also indicate a score in a distribution deviates significantly from the average. Or can be used to determine a person's characteristics are more prominent than others the same age or from the same class with him. While the response word is an arbitrary process of muscle or gland that is raised by a stimulus, or the typical answer of the question test or questionnaire. Likewise indicator RL, when the high score means respondents likely to respond to excess. So also with the INC if the score is high means that the respondent is inconsistent and does not focus. In general, respondents who normally do not have a score of ATR, RL and high INC. Similarly, the clinical scale, it is useful to describe clinically as dysphoric mood, post-traumatic stress disorder, sexual dysfunction and self-dysfunction.

First, dysphoric mood is a condition or an unpleasant mood like sadness, anxiety and irritability. John Abess, MD, states that "dysphoric mood An unpleasant mood, such as sadness, anxiety, or irritability". Furthermore, he stated that: Abbess, John F in Wikipedia states: "Dysphoria (from Greek δύσφορος (dysphoros),

from $\delta\upsilon\sigma$ -, difficult,, and $\phi\acute{\epsilon}\rho\epsilon\iota\nu$, to bear) (semantically opposite of euphoria) is medically Recognized As a mental and emotional condition in the which a person experiences intense feelings of depression, discontent and indifference to the world around them. Mood disorders can induce dysphoria, Often with a heightened risk of suicide, especially in persons with bipolar disorder who are in a depressive phase. As the term Refers only to a condition of mood, dysphoria may be experienced in response to ordinary life events, such as illness or grief great. Dysphoria can also be chemically induced by some commonly used psychoactive drugs, such as typical and atypical antipsychotics”

So when the score from the respondents' answers were high on indicators to measure the mood (dysphoric mood), it can be stated respondents experienced a clinical disorder. In Manual Professional standards Trauma Symptom Inventory (TSI) indicator is Anxious Arousal (AA), Depression (D), and Anger / irritability (AI).

Second, post-traumatic stress (PTSD) is the stress experienced by a person, either individually, or in groups after an incident very sick beyond the limits of endurance and ability to impact on the physical and mental. Kaplan (1998) in Yurika Fauzia Wardani & Weny Lestari defines PTSD is an anxiety syndrome, autonomic lability, emotional, and flashbacks of a painful experience that after the physical and emotional stress that goes beyond the limits of endurance of ordinary people. National Institute of Mental Health (NIMH) (Anonim.2005d) defines PTSD as a form of anxiety disorder that occurs after a person experiences events that threaten the life or physical safety. This traumatic event could be a violent attack, a natural disaster that afflicts humans, accidents or war. Wisdom (Anonymous 2005a) said PTSD is a condition that occurs after incredible experience gripping, gruesome and threatening someone, for example, natural disasters, severe accidents, sexual abuse (sexual assault), or war. Furthermore, he stated that there are three types of symptoms that often occur in PTSD are: (1) the repetition of the traumatic experience, demonstrated by always remembered the sad event that has experienced the flashbacks (feeling as if the sad event reoccur), nightmares (nightmares about the events that made him sad), emotional reactions and physical overload triggered by the events of sad. (2) Avoidance and emotional superficial, indicated to avoid activities, places, thinking, feeling, or conversations associated with the trauma. It also lost interest in all things, the feelings of alienation from others, and a shallow emotion. (3) an increased sensitivity, indicated by insomnia, irritability / cannot control anger, difficulty concentrating, excessive vigilance, exaggerated response of everything (Anonymous, 2005a; Anonymous, 2005b). Anisman H et al .., (2001) shows three images in the stress response, brief or sustained period. Stress is usually associated with an increased rate of both cortisol and corticotrophin releasing factor depicted in each panel thickness of

interconnecting arrows will indicate the magnitude of the biological response.

5. CONCLUSION

As a conclusion of this study is the high school adolescent victims of the conflict and the tsunami in Banda Aceh and Aceh Besar traumatized on the seriousness of the medium, and there are significant differences in the district, type of trauma, and also in gender. These statements are based on income analysis shows the validity indicator scale Atypical Response (ATR), which measures the level of very different characteristics with other teens, is still in a natural and obvious because it is at a medium level. As well as other behaviours, in which respondents are still often exaggerated response to should something simple, it can be seen from the analysis in response indicator level (RL) is also still at the intermediate level. Apart from that they are also not consistent in doing something, it can also be seen from the indicators Inconsistent (INC) also remained at a medium level.

Based on the manual trauma symptom inventory (TSI) popularized by John Briere (1995), states that if the respondent on a scale of validities still exhibit symptoms that are different from most people, then the respondent may otherwise traumatized, but what about the seriousness of the injury, it can be viewed using scale clinical Trauma Symptom Inventory (TSI), which consists of four aspects, and 10 indicators are: (1) dysphoric mood, there are three indicators Anxious Arousal (AA), Depression (D), and Anger / irritability (AI), when all three of these indicators showed high score means that the respondent experienced a feeling of severe disruption; (2) Post Traumatic Stress Disorder (PTSD), there are three indicators Intrusive Experiences (IE), Defensive Avoidance (DA), and dissociation (DIS), when all three of these indicators have a high score, the respondent may said PTSD; (3) Sexual dysfunction has two indicators: Sexual Concerns (SC) and Dysfunctional Sexual Behavior (DSB), when both these indicators have a high score, it can be said that the respondent experience traumatized by sexual violence. (4) Self dysfunction. Consists of two indicators, namely: Impaired Self-Reference (ISR), Tension Reduction Behavior (TRB), when the second score is high then the respondent may otherwise experience low self-esteem, feeling worthless, feeling shunned and so on. From the analysis of the above data clearly show that among high school adolescents affected by conflict and tsunami suffered serious trauma to the secondary level, because the fourth aspect, scored an average T-score > 50 - <60. This condition is most likely due to the respondents did not get serious handling both psychosocial and psych spiritual handling, so that the teenager still showed symptoms of serious trauma.

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