

**Qualitative Assessment of Violence Affected Populations
in Jakarta, Indonesia**

Conducted for ICMC
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by
The Applied Mental Health Research Group
Boston University
School of Public Health/Center for International Health and Development
And
International Catholic Migration Commissions (ICMC)
Indonesia and Timor Leste

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Executive Summary

Purpose

This report describes a qualitative assessment conducted by Boston University in Jakarta, Indonesia in July 2006. The study was conducted with International Catholic Migration Commission (ICMC)/Indonesia and ICMC/Timor Leste to identify needs of those affected by violence, to adapt instruments for use with current programming and to recommend new intervention strategies and adaptation of current interventions. In the context of this study, 'violence' refers to all acts of intentionally inflicted physical injury, whether by a person acting on their own initiative or under direction of another person, and excludes accidental injury. In this report, the term 'survivors of violence' includes not only those who were injured but also others who have been affected by these acts either by indirect exposure (such as witnessing an act) or by having to live with their consequences (such as family members).

The information from this assessment is intended to provide a basis for:

- Identifying current problems that can be addressed by programs for those affected by violence (survivors and family members);
- Informing interventions to address these problems that are acceptable and feasible, given local environment and culture;
- Suggesting indicators and instruments that can be used in the future to assess the level of need, monitor the progress of interventions, and assess their impact.

Methods

With logistical and technical support from ICMC, Boston University trained 12 local people as interviewers and conducted an assessment using qualitative methods to delineate the mental health service needs of persons affected by violence. In Jakarta, many survivors define themselves in relationship to specific events and years in which the violence occurred, or specific situations (such as forced evictions and migrant workers) and can be identified as specific cohorts of survivors (See Appendix A for descriptions of these cohorts). Interviews were conducted to learn about the needs and problems of individuals associated with six different survivor cohorts.

Persons interviewed included direct victims of violence, their families, and other community members said to be knowledgeable about the effects of violence.

Three interviewing methods were used:

1. Free Listing, to identify problems perceived by local people to be the results of violence, and to explore the tasks and activities that constitute normal functioning for men and women;
2. Key Informant Interviewing, to obtain detailed information on those psychosocial problems emerging from the free lists;
3. A Focus Group, to explore further the tasks and activities that men and women regularly undertake.

Results

When discussing the problems that survivors of violence and their families have, the most frequently mentioned problems were financial in nature. Following that, the problems and description of problems, particularly the psychosocial issues, varied by survivor cohort. The three psychosocial problems that were the most common across the survivor cohorts and that formed the basis for the subsequent key informant interviewing were problems of fear, being upset, and having too many thoughts.

When asked to describe individuals suffering from these problems, the symptoms of worry/anxiety and anger were the most commonly mentioned by the key informants across survivor cohorts, with not wanting to talk, crying, beating heart, isolation, and sadness following close behind. Feelings of disappointment, associated with government inaction and with the human rights organizations not succeeding in their fights for justice, were also an often discussed and mentioned problem. Symptoms that were mentioned by respondents from some, but not all, of the survivor cohorts include symptoms generally associated with depression-like problems (e.g. hopeless, spaced out, emotional), anxiety-like problems (e.g. trembling, thoughts not focused/calm) and across many different types of mental health problems (e.g. sleeping and appetite problems). Overall, there did not appear to be a single syndrome that emerged from the KI or Free List interviews that would define a specific grouping of signs and symptoms experienced by survivors of violence and their families.

The Key Informants were also asked to provide information on what survivors and their families did to help themselves when they experienced psychosocial and mental health problems. They identified strategies ranging from things the individual does by him/herself (showering, getting a massage, walking around, keeping busy, sleeping) to things he or she does with others (gathering/talking, asking others for advice, visiting friends and relatives). We did not have the KIs identify which of the coping strategies they considered 'positive' or 'negative.' Thus, the strategies need to be evaluated by program staff for what they would consider to be coping strategies that could be promoted, or leveraged, in an intervention strategy. The information on coping strategies can be used: 1) when adapting intervention strategies to fit with local coping processes; 2) to develop an assessment instrument to identify an individual's coping ability; and 3) to evaluate an intervention's impact on strengthening positive coping mechanisms.

During the free lists and in a focus group conducted at the end of the study, information was also gathered on gender specific tasks and activities that are important for daily living. These items can be used to develop a function instrument that would measure an individual's ability/inability to carry out the specified tasks and activities. A summary measure could then be generated indicating each individual's level of dysfunction, which could be re-evaluated after the provision of an intervention to determine the interventions' impact on this important component of daily living.

Recommendations

The recommendations are presented in two parts: those for the Jakarta-based program for which the qualitative study was conducted and those for ICMC's programs in Indonesia and Timor Leste more generally.

Jakarta

1. Design or adapt current program interventions to address the more general psychosocial issues identified in this study, such as economic problems, disappointment and problems with social integration.

The current IKOHI/ICMC counseling program in Jakarta incorporates both emotional support and problem solving skills in its programming. With the qualitative study suggesting that currently these populations are experiencing more general social and economic problems, as opposed to specific psychological distress, an emphasis on problems should be supported with the possible incorporation of skill building/job placement activities.

2. Develop locally-appropriate instruments for evaluating the impact of the intervention programs.

Currently, ICMC is using a set of Western-developed instruments to measure different psychological disorders (e.g. depression, anxiety, PTSD, somatic problems). Evidence from this study indicates that an instrument could be developed and added to this set that would more specifically measure the symptoms identified as important by the survivors and their families, using their local terminology. Information on the tasks and activities identified by the study respondents as important daily activities for men and women in Jakarta can be used to develop a more appropriate tool for assessing function in these populations.

3. Develop a strategy for providing information about available services to survivors of violence who are not currently members of IKOHI or receiving services from them.

Based on conversations with a few of the key informants, there do appear to be pockets of survivor populations that may have more significant, and severe, mental health problems than were suggested generally from this study. However, the key informants indicated that these populations were distrustful of outsiders and are currently not involved with any of the ICMC sponsored programs. If ICMC wants to access these populations to provide mental health services, a new strategy will need to be developed to gain their trust and encourage their participation. In addition, there may be other groups of survivors not yet associated with IKOHI, and strategies to reach them and inform them of services available could be developed.

4. Continue to improve current program monitoring and evaluation systems.

ICMC works with their partners to monitor and evaluate the services provided to survivors of violence and their families. Using the newly developed instruments based on this qualitative study, the system of monitoring and evaluation can be improved. In

addition, the BU team spent significant time with ICMC staff reviewing data management and basic techniques for analyzing the collected data and using the results to inform program monitoring and adaptation where appropriate. Period analysis of the data can keep program supervisors informed about the progress of the populations receiving treatment and whether there are variations by who provided the treatment or the kind of treatment being provided (e.g. group vs. individual). The current structure of the program does not allow for specifically evaluating whether the treatment itself is responsible for changes seen over time. This would require having a comparable control population that could be followed to understand the ‘natural’ changes that would have happened over the same course of time. However, the data currently being collected, along with additional information about the number and type of sessions attended, can provide preliminary information on intervention impact for the populations involved.

General Recommendations for ICMC

5. Similar qualitative studies should be conducted in the other populations and areas where ICMC provides services to survivors of violence.

At this time this report should be considered relevant to the area of Jakarta only. For other regions of Indonesia, and in Timor Leste, where the local culture and situation are different, the findings and recommendations contained in this report may not reflect the local situation. Studies like this, and an ongoing process of project design, monitoring and evaluation as outlined here, should be initiated in those areas considered to be significantly different from the Jakarta area.

6. Identify a new target population (e.g. Aceh) to rigorously evaluate the ICMC psychological treatment program developed to treat psychological problems associated with violence.

ICMC has a well-described and established treatment program of individual and group counseling for survivors of violence. This program has been well received by those trained in its provision and by those populations in which it has been implemented. The treatment appears to be helpful in reducing symptoms of psychological distress among those who have received the intervention, based on pre- and post-intervention assessments. However, to evaluate whether these improvements are actually due to the intervention itself, it is necessary to have a comparison group that is followed and provides assessment information prior to receiving the treatment.

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Introduction

This report describes a qualitative assessment conducted by Boston University in Jakarta, Indonesia in July 2006. The study was conducted with International Catholic Migration Commission (ICMC)/Indonesia and ICMC/Timor Leste to identify needs of those affected by violence, to adapt instruments for use with current programming and to recommend new intervention strategies and adaptation of current interventions.

In the context of this study, ‘violence’ refers to all acts of intentionally inflicted physical injury, whether by a person acting on their own initiative or under direction of another person, and excludes accidental injury. In this report, the term ‘survivors of violence’ includes not only those who were injured, but also others who have been affected by these acts, either by indirect exposure (such as witnessing an act) or by having to live with their consequences (such as family members).

The qualitative methods used in the assessment explore important issues from a local perspective rather than the perspective of outside experts. Data from this type of assessment consist of how local people view their problems in terms of the nature of these problems, their severity, their causes, how people deal with them, and what effective programs to address these problems might look like. Program implementers can use this information to select problems to address that match local priorities, and to adapt and design interventions that are likely to be effective in terms of local feasibility and cooperation. The information is also useful in designing indicators and assessment tools to evaluate both the need for and the impact of programs, and to monitor their implementation.

Background

The problems and needs of survivors of violence in Indonesia today are closely linked to current events and events over the last 50 years of Indonesia’s history. Many of these events involve violence between the government of the day and particular groups, such as separatist movements in Papua and Aceh provinces, groups opposed to the government in 1965 and 1984, general violence involving the government in 1998 and, most recently, violence against those who have been forcibly evicted from their land for economic purposes. In Jakarta, many survivors define themselves in relationship to these specific events and years, or specific situations (such as forced evictions and migrant workers) and can be identified as specific cohorts of survivors. See Appendix A for descriptions of the different cohort groups of survivors found in the Jakarta area that were involved in this qualitative study and are either currently involved with ICMC funded projects or ICMC has plans to involve them in the future. The descriptions are based on information provided by advocates for the survivors and survivors themselves.

Current ICMC Program for the Victims of Torture Fund (VTF)

As the Jakarta-based implementing partner of USAID’s Victims of Torture Fund, ICMC currently oversees programs that provide counseling services to survivors of violence and their family members through a local partner organization, IKOHI (an organization begun by survivors and family members). The counseling services provided by IKOHI

focus on two major elements: a) emotional support, and b) problem solving counseling. The rationale for the program is that survivors of violence may experience a variety of psychosocial and mental health problems, such as problems with adjustment, family difficulties, etc. The first element is to provide support for those in the midst of emotional suffering, and the second is to help develop skills to manage problems that people have some control over, to help them change things around them, or to address the problems themselves. These sometimes include economic and human rights problems, as well as more specific mental health problems. Counselors are trained to incorporate both aspects in their work.

Study Locations

The interviews conducted as part of this qualitative study were done throughout metropolitan Jakarta in locations that were most appropriate for each survivor group. The Bojong interviews were conducted in the village of Bojong, about 45km outside of Jakarta. The interviews with this group of survivors were conducted in the evenings after the respondents returned from work. The Tanjung Priok interviews were conducted in the survivors' community and at the offices of Kontras, a human rights advocacy group. The interviews with the May '98 survivors were conducted at the home of one of the women from the group and in individuals' homes. The interviews for the migrant workers were conducted at the shelter in which they live and work. The interviews for the labor cases were conducted at the office in which the women gather and organize. The interviews with the forced eviction survivors were conducted in the neighborhoods in which they currently live. And the interviews with the survivors associated with the kidnappings were conducted in their homes and communities. Appendix A includes descriptions of each of the survivor groups included in the study.

Purpose of the Assessment

The information from this assessment is intended to provide a basis for:

- Identifying current problems that can be addressed by programs for those affected by violence (survivors and family members);
- Informing interventions to address these problems that are acceptable and feasible, given local environment and culture;
- Suggesting indicators and instruments that can be used in the future to assess the level of need, monitor the progress of interventions, and assess their impact.

To meet these objectives, data were collected which focused on two areas of interest:

A. To understand how local people affected by violence perceive the current problems resulting from these experiences, in particular:

1. The variety of problems currently experienced by survivors of violence,
2. The perceived importance and severity of these problems,
3. The nature (in terms of characteristics or symptoms) of these problems,
4. The local terminology used to describe these problems,
5. The cause of these problems and what people do when they have them, and
6. The existing resources that could be used to address the problems.

This information will be used to inform the selection of problems to be addressed and of the interventions to be used. It will also inform the creation of instruments to assess the prevalence and severity of problems and indicators to assess project monitoring and evaluation.

B. To understand what constitutes the most important aspects of normal functioning for local people.

This refers to the tasks and activities that constitute the roles of men and women in the local population. Information on this topic will be used to design locally appropriate measures of function for men and women by creating questions that ask about tasks or activities said to be important locally. The resulting instrument will be used to assess the impact of the problems being addressed on normal functioning. In addition, these instruments can be used to measure program impact on functional outcomes.

Methodology

Overview

This assessment used qualitative interviewing methods only. These are methods of interviewing which, unlike the questionnaires used in quantitative methods, are relatively unstructured. These qualitative approaches are also different from quantitative methods in other ways. Interviewers are trained in the use of open-ended, non-leading methods of interviewing in which the respondent is probed for as much information on a topic as they know and are willing to say. Everything the respondent says is recorded verbatim, without summarization, paraphrasing or translation. Rather than trying to interview a representative sample, respondents are chosen to represent the diversity of the population and for their particular knowledge of the issue being assessed – in this case, problems of those affected by violence.

Staff of ICMC/Indonesia and ICMC/Timor Leste conducted the interviews with technical support by faculty from Boston University (BU). The study itself draws on methods developed by BU in other under-resourced and fragile environments. The study involved two weeks of training, data collection and analysis carried out by 12 local persons whom BU and ICMC staff trained and supervised. Interviews focused on the effects of violence, in particular the psychosocial and mental health effects, and on gathering information on normal functioning for local men and women. Interviewing was done by means of three qualitative methods used sequentially: Free listing, key informant interviews, and focus groups.

Free Listing

The study began with a free listing exercise in which respondents were asked to list all the problems currently being faced by people affected by violence. Respondents were survivors and their families, as well as locally respected persons (community leaders and well known local people). Interviewers probed each respondent for as many problems as the respondent could think of. For each problem, interviewers recorded its name and a short description, in the exact words of the respondent.

At the end of the interview, interviewers reviewed the list for potential mental health or psychosocial problems, defined as problems referring to thinking, feeling or relationships. For each of these problems, they asked the respondent for the names and contact information of local people who are knowledgeable about that problem and/or local people who people with these problems go to for help. The focus was on identifying persons who come from the local area (in contrast to professionals such as health care or social workers or ministers who work in areas but often come from elsewhere). This contact information, and the problem each ‘expert’ was said to be knowledgeable about, was recorded separately from the interview. Table 2 presents the list of problems by survivor group with the number of respondents from each group indicating each problem.

To analyze the free lists, the interviewers were brought together to condense them into a single composite list of the mental health problems. The interviewers grouped similar mental health problems together and identified the different survivor groups in which the problems were mentioned. This data is presented in Table 3, sorted in descending order by the number of different survivor groups by which each problem was mentioned.

BU and ICMC staff, along with the interviewers, reviewed this list to identify which problems were most frequently mentioned across the different survivor groups. Three psychosocial problems (fear, upset, and too many thoughts) were selected for further investigation because they appeared to be frequent (they were mentioned by the majority of the different survivor groups) and they were problems that were assumed to be modifiable using existing interventions. These problems formed the basis of the Key Informant Interviews (see below). During the analysis, BU staff and ICMC program managers (Bhava and Marilou) decided that, for the key informant interviews, the problems of the Victims of '65 were not going to be further explored. The reason for this was that the information gathered during the previous BU visit and from the free list respondents led us to decide that the problems of this group of survivors was not going to be the focus of future intervention programs and thus did not require more in-depth exploration.

Aside from the lists and descriptions of problem, three additional free lists were also generated from each respondent to gather information about the important day-to-day activities and tasks that men and women do to care for a) themselves; b) their families; and c) their communities. This information will be used to generate locally appropriate indicators of normal functioning, as described above under ‘Purpose of the Assessment’ presented above. Results of these free lists are presented by gender in Tables 6a and 6b.

Key Informant Interviews

The three psychosocial problems selected from the free lists (fear, upset, too many thoughts) formed the basis for the Key Informant Interviewing. This is an in-depth method of interviewing used to explore in greater detail the issues emerging from the free lists. Key informants were identified through: a) the names and contact information provided by the free list respondents and b) “snowball sampling” (i.e. referral by one key informant to another key informant). In addition, some of the free

list respondents who were identified as clearly knowledgeable were enlisted as key informants.

Key informants were asked to tell all they knew about each of the three problems, with particular reference to the nature of each problem, its causes, effects, what people did to address each problem, and what could be done. For the kidnapping and forced eviction groups only the problem areas of 'fear' and 'upset' were investigated, as the third topic, 'too many thoughts,' was not a problem mentioned by them during the free list exercise. Follow-up interviews were sought from most key informants, to attempt to obtain as much information as possible.

A total of 18 key informants (KIs) were interviewed with 11 interviewed between 2-4 times (see breakdown by gender and incident in Table 1b). Key informant interviews were not conducted with informants from two of the survivor groups: Victims of '65 and migrant workers. Results from the free list interviews and prior discussions with people associated with the Victims of '65 group led us (ICMC program staff and BU) to conclude that currently they do not have psychosocial problems specifically associated with the event, with many of the problems they spoke about being very important at one time but, with changes in government policies, were no longer issues. In contrast, the migrant workers free list informants indicated problems that were psychosocial in nature, but it was decided that this transient group (often people only stayed a couple days in Jakarta) was not going to be a focus population for current ICMC sponsored programming.

Seven (~40%) of the KIs were only interviewed once because upon review of their responses they were deemed to either be unknowledgeable about the problems and/or the population of interest or because, in one case, they indicated that the survivor population (Bojong) had no problems other than economic ones. The interviewers who spoke with this respondent indicated that one of the community leaders who has been strongly involved with advocating for economic development programs for the community had encouraged the respondent to provide information specifically associated with this agenda.

Analysis of the results of the KI interviews was conducted with all of the interviewers. They were asked to review their interviews, in the teams in which they were conducted, and to list all the different signs and symptoms mentioned by the respondent for each problem area. Thus, for each key informant, three lists were made – one each for fear, upset and thinking too much. As with the free lists, we then consolidated the lists for each problem as a team. The result of this exercise was long lists of symptoms with significant overlap across the problem areas. Specific syndromes, or grouping of signs and symptoms, did not appear to be generated through this process and thus a second analytic approach was taken.

Each pair of interviewers returned to the review of their individual key informants and were asked to generate a list of 20 signs symptoms that most represented the problems of the survivor group they were investigating. The criteria for choosing the 20 symptoms were identified as those mentioned by multiple informants and mentioned

across the three problem areas. The BU study team reviewed each list of 20 signs and symptoms with the individual interviewer teams, who were asked to justify why they chose each item.

The lists of 20 signs and symptoms were then combined across survivor groups in a similar manner as was done for the free listing analysis. Items that the interviewers identified as meaning the same thing (i.e. ‘don’t want to talk’ and ‘quiet’) were grouped together. For signs and symptoms that were grouped together as meaning the same thing, the interviewers were asked to come to a consensus as to one of the terms that could be used to capture the overall meaning of the group of terms. Table 4 presents the results of this analysis, with the general term in **Bold**, the other terms that were grouped together in parentheses, the number and name of the different survivor groups that identified these terms from the key informant interviews, and the survivor groups that identified these terms from the free listing exercise.

In addition to the analysis of the signs and symptoms, the interviewers also looked at the key informant interviews to identify local ways that people coped with the problems they had. Table 5 presents the coping mechanisms identified by the key informants. The first half of the table identifies the coping strategies that were represented across most of the survivor groups while the second half identifies strategies only mentioned by respondents from one of the groups.

Focus Groups

To further explore normal functioning among the local population, one focus group was convened. IKOHI, the local NGO that ICMC works with, invited men and women to attend. During the focus group, the participants were provided with a summary of the results of the task lists from the free list interviews (the most mentioned items from Tables 6a and 6b). They were then asked to confirm if these were the activities and tasks that men and women regularly do across all three domains (care of self, family, community) and if there were other important activities not listed. To complete the discussion, the group was asked to identify the most important tasks for each gender, understanding that all of the identified tasks were activities that both men and women do regularly. Table 7 presents a summary of the items that were identified as important by gender in the focus groups and from the free lists, with information on the domain with which the task/activity was associated.

Respondents

Respondents for the free list activity came from the 8 different survivor groups living throughout Jakarta and the surrounding area (see appendix A for descriptions of these groups). Six of the incident groups are represented in the key informant data. Tables 1a and 1b present the number of respondents by gender and incident group for the free list and key informant interviews, respectively. A total of 80 individuals (26 male/54 females) participated in the free list interviews, ranging in age from 19 to 87 years. A total of 18 individuals completed key informant interviews. Eleven key informants were interviewed on multiple occasions. Seven people (3 male/4 females) attended the focus group to provide additional clarity and information on the functional tasks results. The focus group was conducted at the IKOHI offices on the final day of the study.

Results

The descriptions of the study findings below are based on the data from both the free lists and the key informant interviews and (except where otherwise stated) are based on the data in these tables.

Nature of violence in Jakarta

In Jakarta, the survivors of violence define themselves in relationship to specific events and years, or specific situations (such as forced evictions and migrant workers) and can be identified as specific incident groups of survivors. For some of the incidents, the survivors are the individuals who experienced violence themselves (e.g. Victims of '65, Bojong, forced evictions, migrant workers), while for other incidents, the survivors are the family members of people who have disappeared (e.g. kidnappings) or were killed by military and/or paramilitary forces (e.g. Tanjung Priok, May '98). The numbers of survivors of violence and the number of family members affected have not been officially estimated, but estimates indicate that the numbers range from a relatively small number of women involved in the labor union fight to larger numbers of families affected by the May '98 and Tanjung Priok events.

The current ICMC-sponsored psychosocial programming in Jakarta is being conducted through the survivor organization IKOHI. A group of survivors and families from several of the incident groups came together to form IKOHI, the acronym translating as “association of families of the disappeared.” IKOHI was established based on the needs of survivors from their own perspective. The founding members saw the needs of survivors in terms of economics, education and psychology and have developed three priority areas: 1) Investigations, including with the national commission on human rights; 2) Campaigns, specifically issues of advocacy; and 3) Empowerment – especially psychological strengthening.

Results from this study show that economic needs in particular continue to be important and of primary focus for these populations.

Current problems of survivors of violence and their families

Our initial assumption for this study was that, while survivors from the different groups experienced different types of violence and trauma, the general and psychosocial problems they currently have would not differ substantially across groups. Based on this assumption, we had interviewers conduct free lists with groups of survivors and families of survivors from each group with the intention of combining all of the results into a single free list of problems of survivors of violence, with the indication of a problem's importance indicated by the number of respondents identifying the problem. Once the analysis of the free lists was underway, it became clear to the ICMC program staff and BU team that this assumption was not necessarily correct. While Table 2 shows that, across all incident groups (except Victims of '65), the most frequently mentioned problems were financial in nature. Following that, the problems and description of problems, particularly the psychosocial problems, varied by incident.

- For the Bojong sample, the next most frequent problem also had to do with financial difficulties, specifically around the lack of jobs and work. For this group, the problem of fear was also prevalent. Respondents who mentioned this problem described it in relation to fears that their children would be arrested again, that the problems that happened before could happen again. When there is military around, they felt fear.
- For the Kidnapping sample, the problems were more related to the lack of knowledge about what happened to their children and the psychosocial and psychological problems of the families still waiting to hear any news.
- For the Migrant Workers sample, the problems centered around the experience in the foreign countries with bad bosses and work environments, the disappointment of thinking they were going to get better work experiences, and the inability to help themselves once being returned to Indonesia.
- For the Labor sample, the problems revolved around their specific fight. They currently are not working, which is leading to family problems. They feel their rights and freedoms have been lost, no justice has been provided and they feel oppressed.
- For the Forced Eviction sample, they are experiencing problems associated with having lost their homes and communities and not knowing what will happen next.
- For the Tanjung Priok sample, they are still experiencing fear and trauma from the loss of family members. The loss of children has also impacted the family relationships for many of these people. They do not feel accepted by their community, and there is a lot of distrust of others around them. This is particularly true for the sample of families of survivors who accepted compensation from the government (referred to as the Isla group).
- For the May '98 sample, the problems are more associated with sadness, grief and memories of the family members who were lost. There is also anger and disappointment associated with government inaction about their case.
- For the Victims of '65, the problems listed were primarily discussed as problems that occurred in the past, to the survivors themselves and their families, particularly their children. With the legal changes, many respondents indicated that many of these issues were no longer problems.

Results from the Key Informant (KI) interviews supported these initial findings. Interviews were conducted with KIs from 6 of the incidents. Victims of '65 were not followed up because their problems had resolved, nor were migrant workers followed up due to the highly transient nature of the group. During the analysis of the KI interviews, the interviewers clustered the signs and symptoms together that described the same underlying concept and then chose the term (from among those clustered together) that most encompassed the cluster. Table 4 presents the results of this clustering, ordered by the number of incidents that identified the underlying concept. The specific incidents that identified the concept during the KI interviews are listed, as are the incidents that identified the concept during the Free List interviews.

The symptoms of worry/anxiety and anger were the most common across incidents, with not wanting to talk, crying, beating heart, isolation, and sadness following close behind. Feelings of disappointment, associated with government inaction and with the

human rights organizations (e.g. KontraS) not succeeding in their fights for justice, were also an often discussed and mentioned problem. There are many symptoms that were mentioned by KIs from 2-3 of the 6 incidents, and they capture symptoms generally associated with depression-like problems (e.g. hopeless, spaced out, emotional), anxiety-like problems (e.g. trembling, thoughts not focused or calm) and across many different types of mental health problems (e.g. sleeping and appetite problems). Overall, there did not appear to be a single syndrome that emerged from the KI or Free List interviews that would define a specific grouping of signs and symptoms experienced by survivors of violence and their families.

Variation in problems among survivors, their families and witnesses

After the key informants (KIs) had finished describing the problems of survivors of violence and their families, they were asked to describe differences in problems between survivors themselves, their families, and community members who might have witnessed the incidents but were not directly associated with them.

- Among the forced eviction sample, the KIs indicated that the problems were the same for the direct survivors and their families, as they were all evicted. However, the witnesses (i.e. community members not evicted) just stood by, were not sympathetic and undermined the survivors' position.
- Among the labor sample, the KIs said that the survivors know the most about what happened, they are the most affected because they had been through it all. Some of the family members were supportive of their stand while others were not. As with the forced eviction sample, non-affected community members have not been supportive.
- Among the families of those who were kidnapped, the symptoms are still strong, they want justice and information on their children's status. The KIs indicated that community members, some who may have witnessed the incidents, did not understand why the families were still fighting and did not provide support.
- For the Bojong sample, the KIs indicated that the most affected are the survivors and their families, with both still being concerned about the physical well-being of those who were shot. Those who witnessed are not very upset about the incident, however all of the community (survivors, families, community members) are still fearful that the incident could happen again.
- For the May '98 sample, it's the families that are most affected, they fear it will happen again, that they will lose another child. Some of those who witnessed feel that their children could have been involved, have fear it could happen to them, and feel sorry for the families. Others blame the survivors and keep their distance from the victims' families group.
- For the Tanjung Priok sample, the survivors are more afraid to join movements and fight for their rights, as they know the risks. The families are braver in fighting for compensation, though some also fear that it could happen again. Both the survivors and their families are disappointed that more has not been done in terms of recognition and compensation. The witnesses are also somewhat fearful as they know what the military is capable of doing.

The responses differed based on the incident, however there were some commonalities. For four of the incident groups (forced eviction, labor, May '98, kidnapping) the KIs indicated that witnesses and community members were not supportive or sympathetic to their situation. For the other two incident groups (Bojong, Tanjung Priok) the witnesses and community members are more empathetic and have some fears about the events happening again. This is understandable, given that these incidents were more widespread and understood to be more 'random' in terms of who was victimized. In general, the survivors and their families were reported to be the populations with the most problems.

Coping strategies for the psychosocial problems

The KIs were also asked to provide information on what survivors and their families did to help themselves when they experienced the problems described above. Table 5 presents a list of the different coping strategies identified, with the first half listing the strategies mentioned by KIs from most (at least 4) of the incident groups and the second half listing the strategies only mentioned by KIs from one incident group. The identified strategies ranged from things the individual does by him/herself (showering, getting a massage, walking around, keeping busy, sleeping) to things he or she does with others (gathering/talking, asking others for advice, visiting friends and relatives). We did not have the KIs identify which of the coping strategies they considered 'positive' or 'negative.' Thus, the strategies need to be evaluated by program staff for what they would consider to be coping strategies that could be promoted, or leveraged, in an intervention strategy. The information on coping strategies can be used: 1) when adapting intervention strategies to fit with local coping processes; 2) to develop an assessment instrument to identify an individual's coping ability; and 3) to evaluate an intervention's impact on strengthening coping mechanisms.

Tasks and activities for daily functioning

Table 7 presents a summary of the tasks and activities, separated by gender, that were identified as important in the focus groups and from the free lists, with information on the domain associated with each one. These items can be used to develop a function instrument that would measure an individual's ability/inability to carry out the specified tasks and activities. A summary measure could then be generated indicating each individual's level of dysfunction, which could be re-evaluated after the provision of an intervention to determine the intervention's impact on this important component of daily living.

Conclusions

Currently, ICMC is providing psychosocial services to survivors of violence and their families through IKOHI, whose services include support groups, individual counseling and outreach (e.g. home visits). Current evaluation is conducted through the use of standard instruments used to measure depression, anxiety, somatic problems, PTSD, and functioning.

Results from this study indicate that the assessment instruments currently being used may be capturing some of the relevant symptoms, but also may be missing signs and

symptoms that are particularly relevant to these populations, using their own terminology. This is particularly true for the function assessment tool.

Based on study results, there appears to be a lot of general psychological symptomatology. But these symptoms were not grouped together within the same individuals as a specific syndrome or set of syndromes (such as comorbid depression and anxiety). This could be an indication that there are a lot of diffuse symptoms being experienced by these populations rather than more severe and specific syndromes. Overall, these results suggest that the economic and more general social needs in Jakarta may be more important and pressing than psychological needs, for these populations.

One of the most striking problems that came up was disappointment with the process of recognition and financial redress. This disappointment was directed to the government as well as to the organizations that were encouraging the survivors to fight for their claims, including the human rights groups. Among some of the survivors there seems to be a level of mistrust with these organizations currently.

Based on a few of the KI interviews, it also appears that there are a few pockets of survivors who may have specific psychological problems, but these groups (i.e. the Isla group associated with the Tanjung Priok incident and the kidnapping group) are distrustful of outsiders and are not currently integrated into services provided for survivors and their families by IKOHI. Some of the KIs suggested some of the distrust and reluctance to get involved with NGOs is because some of the people are afraid of further violence if they get politically involved or get involved with litigation proceedings.

Recommendations

The recommendations will be presented in two parts. The first will cover recommendations for the Jakarta-based program for which the qualitative study was conducted. The second part will cover recommendations for ICMC's programs in Indonesia and Timor Leste more generally.

Jakarta

Design or adapt current program interventions to address the more general psychosocial issues, such as economic problems, disappointment and problems with social integration, identified in this study.

The current IKOHI/ICMC counseling program in Jakarta incorporates both emotional support and problem solving skills in its programming. With the qualitative study suggesting that currently these populations are experiencing more general social and economic problems, as opposed to specific psychological distress, an emphasis on problems should be supported with the possible incorporation of skill building/job placement activities.

Develop locally-appropriate instruments for evaluating the impact of the intervention programs.

Currently, ICMC is using a set of Western-developed instruments to measure different psychological disorders (e.g. depression, anxiety, PTSD, somatic problems). Evidence from this study indicates that an instrument could be developed and added to this set that would more specifically measure the symptoms identified as important by the survivors and their families, using their terminology. The information collected on the tasks and activities identified by the study respondents as important daily activities for men and women in Jakarta can be used to develop a more appropriate tool for assessing function in these populations.

Develop a strategy for providing information about available services to survivors of violence that are not currently members of IKOHI or receiving services from them.

Based on conversations with a few of the key informants, there do appear to be pockets of survivor populations that may have more significant, and severe, mental health problems than were suggested generally from this study. However, the key informants indicated that these populations were distrustful of outsiders and are currently not involved with any of the ICMC sponsored programs. If ICMC wants to access these populations to provide mental health services, a new strategy will need to be developed to gain their trust and encourage their participation. In addition, there may be other groups of survivors not yet associated with IKOHI, and strategies to reach them and inform them of services available could be developed.

Continue to improve current program monitoring and evaluation systems.

ICMC works with their partners to monitor and evaluate the services provided to survivors of violence and their families. Using the newly developed instruments based on this qualitative study, the system of monitoring and evaluation can be improved. In addition, the BU team spent significant time with ICMC staff reviewing data management and basic techniques for analyzing the collected data and using the results to inform program monitoring and adaptation where appropriate. Period analysis of the data can keep program supervisors informed about the progress of the populations receiving treatment and whether there are variations by who provided the treatment or the kind of treatment being provided (e.g. group vs. individual). The current structure of the program does not allow for specifically evaluating whether the treatment itself is responsible for changes seen over time. This would require having a comparable control population that could be followed to understand the ‘natural’ changes that would happened over the same course of time. However, the data currently being collected, along with additional information about the number and type of sessions attended, can provide preliminary information on intervention impact for the populations involved.

A design, monitoring and evaluation (DM&E) workshop was provided in late 2006 to the ICMC staff as part of the technical assistance being provided by the BU team. Knowledge gained during this workshop will help ICMC develop a more appropriate and targeted monitoring and evaluation process that they can adapt for all of their programs.

ICMC, in general

Similar qualitative studies should be conducted in the other populations and areas where ICMC provides services to survivors of violence.

At this time this report should be considered relevant to the area of Jakarta only. For other regions of Indonesia, and in Timor Leste, where the local culture and situation are different, the findings and recommendations contained in this report may not reflect the local situation. Studies like this, and an ongoing process of project design, monitoring and evaluation as outlined here, should be initiated in those areas considered to be significantly different from the Jakarta area.

The qualitative study described here is the first step in the process of designing, monitoring and evaluating programs and should, whenever possible, precede the introduction of programs to new populations. This study methodology can be used where programs are currently underway to inform the adaptation of the programs, the development of new programs, and the development of a more rigorous system of monitoring and evaluation.

Identify a new target population (e.g. Aceh) to rigorously evaluate the ICMC psychological treatment program developed to treat psychological problems associated with violence.

ICMC has a well-described and established treatment program of individual and group counseling for survivors of violence. This program has been well received by those trained in its provision and by those populations in which it has been implemented. The treatment appears to be helpful in reducing symptoms of psychological distress among those who have received the intervention, based on pre- and post-intervention assessments. However, to evaluate whether these improvements are actually due to the intervention itself, it is necessary to have a comparison group that is followed and provides assessment information prior to receiving the treatment.

The best time to set up an evaluation with comparison populations is when a new program, or a new population receiving the program, is about to begin. Based on discussions with ICMC staff, they indicated they are in the process of finding a new partner and working with a new population in the Aceh region of Indonesia. This would be an opportune time to proceed through the entire design, monitoring and evaluation process, beginning with a qualitative study, to evaluate the true impact of the ICMC psychological counseling intervention. A similar process could be begun in Timor Leste.

Results Tables

Table 1a: Free List Interview Respondents

INCIDENT	Number of Respondents		TOTAL
	<i>Male</i>	<i>Female</i>	
Bojong	5	13	18
Victims of '65	5	3	8
Tanjung Priok	1	6	7
May '98	9	6	15
Migrants	2	3	5
Labor	0	16	16
Forced Eviction	2	5	7
Kidnapping	2	2	4
TOTAL	26	54	80

Table 1b: Key Informant Interview Respondents

INCIDENT	Number of Respondents*		TOTAL
	<i>Male</i>	<i>Female</i>	
Bojong	1	1	2
Tanjung Priok	2	2	4
May '98	2	2	4
Labor	0	3	3
Forced Eviction	2	1	3
Kidnapping	1	1	2
TOTAL	8	10	18

*** 11 of the key informants were interviewed more than once.**

Table 2: Problems identified during Free List interviews by incident

Bojong (n=18)		Kidnapping (n=4)		Migrant Workers (n=5)	
Problem	#	Problem	#	Problem	#
Financial	10	financial	2	Bad bosses	4
No jobs/work	9	illness	2	Financial	4
Fear	7	alone	1	deception	3
children – e.g. disobey	5	caring for family	1	disappointed	2
government - elections	3	crying	1	Fear	2
Schooling for children	3	emotions	1	Food	2
family problems	2	hate police/military	1	Rape	2
having nothing	2	hoping	1	beating	1
headache	2	hurt heart	1	Can't do anything	1
housing	2	memories	1	confused	1
id cards	2	not happy	1	deportation	1
worried	2	pessimistic	1	documents	1
angry	1	socializing	1	Family not to accepting	1
annoyed	1	stress	1	forced to give money	1
appetite	1	Too many thoughts	1	harassment	1
community	1	Tired	1	Illegal	1
Disappointed	1	want clarification	1	Justice	1
Education	1	worried/anxious	1	not allowed to go home	1
Family/spouse	1			Prison	1
fed up	1			prostitution	1
fighting - youth	1			sold by people	1
fooled	1			Stress	1
frustration	1			Torture	1
gossip	1			Trauma	1
hate	1			verbal abuse	1
intimidation	1			violence	1
irrigation	1				
nervous	1				
respect - less	1				
rudeness	1				
sleeping	1				
stigma	1				
stink	1				
struggle not done	1				
trauma	1				
upset	1				
violence	1				
weak	1				

Table 2 (cont): Problems identified during Free List interviews by incident

Labor (n=16)		Forced Eviction (n=7)		Tanjung Priok (n=7)	
Problem	#	Problem	#	Problem	#
Financial - salary low	15	Financial	4	Financial	6
jobs/work	9	Jobs	3	Fear	4
bored - stress	3	confused	2	Trauma	4
Family problems	3	Housing/homeless	1	Families divided	3
freedom/rights lost	3	can't stand	1	Illness	3
Justice	3	Chased	1	Jobs/work	3
Oppression	3	Difficult	1	communication	2
self-esteem	3	Drugs	1	Disappointed	2
Bullies	2	education – low	1	Isolated	2
illness/illness-parents	2	Eviction	1	Pressure	2
needs not fulfilled	2	family	1	Stress	2
No socialization	2	hard drink	1	Trust	2
society - pro/con	2	hard to leave	1	Acceptance	1
Abandoned	1	Headache	1	Angry	1
activities - limited	1	Isolated	1	behavior - weird	1
does nothing	1	Sad	1	Children	1
downtrodden	1	Security	1	compensation	1
emptiness	1	Schooling - children	1	Crazy	1
fear - not to get rights	1			Crying	1
food	1			Depression	1
friends - loss of	1			Divided	1
future not known	1			Education	1
gossip	1			Emotions provoked	1
headache	1			tired of fighting	1
housing	1			fighting with family	1
ignored	1			government not trusted	1
intimidation	1			hurt heart	1
labor union	1			Insulted	1
lazy	1			Justice	1
legal	1			legal	1
life not regular	1			life - scattered	1
needs of company	1			Memories	1
no materials	1			Can't move freely	1
no spirit	1			no information	1
no support	1			not consistent	1
opinion - differences	1			Physical	1
pressure from others	1			Sleeping	1
psychological	1			social – jealousy	1
quiet	1			speaking disconnected	1
respect - none	1			spirit - lost to fight	1
Tired of waiting	1			Stigma	1
sleeping	1			Thoughts	1
stress	1			Uncertain	1
thoughts - disturbed	1			Worried	1
threatened	1				
time	1				
trauma (fear)	1				
upset	1				

Table 3: Mental health problems identified by different survivor groups during the free list interviews

Problems	Bhasa Indonesian	#	Incidents that identified problems	Incidents that did not identify problem
Too many thoughts	Terlalu banyak pikiran	8	Bojong, Eviction, May '98, TJ Priok, Migrants, Labor, '65, Kidnapping	
Cannot open eyes	Gak bias melek			
Confused	Bingung			
Stressed	Stress			
Headache (physically and mentally)	Pusing (fisik and mental)			
Fear	Takut	7	Bojong, '65, TJ Priok, May '98, Migrants, Labor, Eviction	Kidnapping
Trauma*	Trauma			
Horrify	Ngeri			
No certainty	Tak ada kepastian	7	Bojong, '65, TJ Priok, May '98, Labor, Eviction, Kidnapping	Migrants
Not strong (enough)	Ga kuat			
Stressed	Stress			
Feeling not certain	Merasa tidak pasti			
Giving up	Menyerah			
Hopeless	Putus asa			
Frustrated	Frustrasi			
Tired, exhausted/worn out	Capek, lelah			
(Feeling) less spirit	Kurang semangat			
Blaming own self	Menyalahkan diri sendiri			
Pessimistic	Pesimis			
No push to move forward	Ngga ada dorongan untuk maju			
Upset	Kesal	6	Bojong, TJ Priok, May '98, Migrants, Labor, Eviction, Kidnapping	Eviction, '65
Annoyed	Jengkel			
Hate	Benci			
Anger/Angry	Marah			
Furious	Sewot			
Resentful	Dongkol			
Emotion	Emosi			
Hard thoughts	Pikiran keras			
Likes to hit	Suka memukul			
Unstable emotion	Emosi tidak stabil			

* Trauma: Some of the free list respondents described the term trauma as being fear and being afraid while others described trauma as its own problem – encompassing many other symptoms but being the name of the problem itself (here referred to as a 'cover term').

Table 3 (cont): Mental health problems identified by different survivor groups during the free list interviews

Problems	Bhasa Indonesian	#	Incidents that identified problems	Incidents that did not identify problem
Unaccepted	Tidak diterima	6	Bojong, '65, TJ Priok, Migrants, Labor, Kidnapping	May '98, Eviction
Expelled in the community	Dikucilkan di masyarakat			
Not considered a 'person'	Tidak di 'wong' kan			
Not given attention	Tidak diperdulikan			
Not being understood	Tidak dimengerti			
Discrimination	Didiskriminasi			
Ignored	Dicuekin			
Unappreciated	Tidak dihargai			
Feeling alone	Merasa sendirian			
Abandoned	Ditelantarkan			
Considered as garbage	Dianggap sampah			
(Disappointed)	Kecewa	5	Bojong, TJ Priok, May '98, Migrants, '65	Kidnapping, Eviction, Labor
Stigma	Stigma	5	'65, TJ Priok, May '98, Labor, Kidnapping	Bojong, Migrants, Forced
Sinicism	Sinisime			
Being named	Dikatain			
Stamp from community	Cap dari masyarakat			
People in the neighborhood, say, ". . ."	Orang lingkungan bilang, ". . ."			
Stress	Stress	4	TJ Priok, Migrants, Labor, Kidnapping	Bojong, '65, May '98, Eviction
Troubled mind	Pikiran mental			
Mental pressure	Tekanan mental			
Cannot express feeling	Tidak dapat mengungkapkan perasaan			
Depression	Depresi			
Trauma (cover term)*	Trauma	4	Bojong, TJ Priok, May '98, Eviction	Labor, '65, Kidnapping, Migrants

* Trauma: Some of the free list respondents described the term trauma as being fear and being afraid while others described trauma as its own problem – encompassing many other symptoms but being the name of the problem itself (here referred to as a 'cover term').

Table 3 (cont): Mental health problems identified by different survivor groups during the free list interviews

Problems	Bhasa Indonesian	#	Incidents that identified problems	Incidents that did not identify problem
Lack of confidence	Kurang percaya diri	4	Labor, May '98, Migrants, TJ Priok	Kidnapping, Eviction, '65, Bojong
Not believe in life	Ngga percaya sama kehidupan			
Ashamed	Malu			
Difficult to sleep	Susah tidur	4	Bojong, TJ Priok, May '98, Kidnapping	'65, Migrants, Labor, Eviction
Intimidation	Intimidasi	4	'65, TJ Priok, Labor, Eviction	Bojong, May '98, Migrants, Kidnapping
Being ridiculed	Diejek			
Cynical	Sinis			
Terror	Teror			
Pressed by people	Ditekan oleh orang			
Threatened	Terancam			
Cannot speak because always being watched	Engga bisa bicara karena selalu diawasi			
Bored	Bosan	3	May '98, Labor, Kidnapping	Bojong, '65, TJ Priok, Migrants, Eviction
Feel stifled	Sumpek			
Be overtaken by events/time	Suntuk			
Surfeited	Jenuh			
Tired, exhausted	Cape, lelah			
(Often remember, (then) produce tears)	Suka teringat mengeluarkan air mata	3	TJ Priok, May '98, Kidnapping	Bojong, '65, Migrants, Labor, Eviction
Crying (when) look at kids	Menangis liat anaknya			
Imagining	Membayangkan			
The trauma is still	Traumanya masih			
Sadness	Kesedihan	3	May '98, Eviction, Kidnapping	Bojong, '65, TJ Priok, Migrants, Labor
Depressed	Murung			
Easily hurt (the feeling)	Mudah tergores perasaan			
Spacing out	Bengong	1	May '98	Bojong, '65, TJ Priok, Migrants, Labor, Eviction, Kidnapping
(No direct translation)	Tonga-tongo			
Daydreaming	Melamun			

Table 4: Symptom consolidation from Key Informant interviews by incident

Symptoms	Bhasa Indonesian	#	Incident	Free List*
Worry (anxious – with suspicion, anxiety)	Khawatir (was was, cemas)	5	Priok, May 98, Eviction, Bojong, Labor	
Very angry (yelling at family, fighting)	Marah-marah (ngomel sm keluarga, berantem)	5	Bojong, Labor, Kidnap, May 98, Eviction	Bojong, Priok, May '98, Migrants, Labor, Eviction, Kidnapping
Don't want to talk (quiet)	Ga mau ngomong (diam)	4	Priok, Labor, Bojong, Eviction	'65, Priok, Labor, Eviction
Crying	Menangis	4	Priok, May 98, Kidnap, Eviction	Bojong, '65, Migrants, Labor, Eviction
Heart beating	Jantung dug dug	4	Priok, Bojong, May 98, Eviction	
Lazy to have relations with others (stay inside the home, hiding, isolation, avoiding)	Malas b'hub. dgn org lain (di dlm rmh saja, ngumpet menyendin, menghindar)	4	Bojong, Eviction, Labor, May 98	
Sad	Sedih	4	Bojong, Labor, Eviction, Kidnap	May '98, Eviction, Kidnapping
Disappointed	Kecewa	3	Priok, Bojong, Labor	Bojong, Priok, May '98, Migrants, '65
Stress	Stress	3	Priok, Labor, Kidnap	Bojong, Eviction, May '98, Priok, Migrants, Labor, '65, kidnapping
Desperate/hopeless (cannot do anything)	Putus asa (ga bisa berbuat apa apa)	3	Priok, May 98, Eviction	Bojong, '65, Priok, May '98, Labor, Eviction, Kidnapping
Spaced out (day dreaming)	Bengong (melamun)	3	Priok, Labor, Mei 98	May '98
Easily offended (sensitive)	Gampang tersinggung (sensitif)	3	Priok, Labor, Kidnap	
Confused	Bingung	3	Bojong, May 98, Labor	Bojong, Eviction, May '98, Priok, Migrants, Labor, '65
Difficulty sleeping (can't sleep)	Sulit tidur (ngga bisa tidur)	3	Bojong, May 98, Kidnap	Bojong, Priok, May '98, Kidnapping
Less appetite (cannot eat, don't want to eat)	Nafsu makan b'kurang (ga bisa makan, ga mau makan makan gaenak)	3	Bojong, May 98, Kidnap	

* Information indicates that this sign/symptom was also mentioned by at least one free list respondent from the identified survivor group.

Table 4 (cont): Symptom consolidation from Key Informant interviews by incident

Symptoms	Bhasa Indonesian	#	Incident	Free List*
Bored – like 'done with it' (bored, tired)	Jenuh (bosan, capek)	3	May 98, Eviction, Labor	May '98, Labor, Kidnapping Bojong, '65, Priok, Eviction,
Trembling	Gemetar	2	Bojong, Eviction	
Lazy	Malas	2	Labor, May 98	
Easily get emotional	Mudah emosi (emosi)	2	Labor, Eviction	Bojong, Priok, May '98, Migrants, Labor, Eviction, Kidnapping
Thoughts are not focused (thoughts are not calm)	Pikiran tdk menentu (pikiran tdk tenang)	2	May 98, Eviction	Bojong, Eviction, May '98, Priok, Migrants, Labor, '65
Trauma	Trauma	2	Priok, Eviction	Bojong, '65, Priok, May '98, Migrants, Labor, Eviction (<i>not as cover term</i>)
Lazy to do domestic work (cannot do the routine work)	Malas melakukan pekerjaan rmh (tidak bias melakukan pekerjaan rutin)	2	Priok, May 98	
Restless (back and forth)	Gelisah (mondar-mandir)	2	Priok, May 98	
Always remembering (still remember)	Selalu terbayang baying (masih ingat)	2	Eviction, Kidnap	Priok, May '98, Kidnapping
Depressed	Murung	1	Bojong	May '98, Eviction, Kidnapping
Revenge	Dendam	1	Bojong	
Feeling as if there's something lodged inside (heart)	Perasaan mengganjal	1	Bojong	
Feeling lonely	Merasa sendirian	1	Bojong	Bojong, '65, Priok, Migrants, Labor, Kidnapping
Regretting	Menyesal	1	Bojong	
No spirit/no enthusiasm	Ngga ada semangat	1	Bojong	Bojong, '65, Priok, May '98, Labor, Eviction, Kidnapping
Hurt heart	Sakit hati	1	Mei 98	
Feel weak (body)	Badan lemas	1	Mei 98	
Thoughts of suicide	Berpikir bunuh diri	1	Mei 98	
Pale	Pucat	1	Priok	
Keep smoking	Merokok terus	1	Priok	

* Information indicates that this sign/symptom was also mentioned by at least one free list respondent from the identified survivor group.

Table 4 (cont): Symptom consolidation from Key Informant interviews by incident

Symptoms	Bhasa Indonesian	#	Incident	Free List*
Feeling not comfortable	Risih	1	Priok	
In a hurry	Terburu buru	1	Priok	
Troubled face	Wajah semrawut	1	Priok	
Feeling unappreciated	Tdk dihargai	1	Labor	Bojong, '65, Priok, Migrants, Labor, Kidnapping
Not respond directly (when talked to)	Ga langung respon	1	Eviction	
Feel like swinging back and forth	Terombang-ambing	1	Eviction	
Don't care	Acuh tak acuh	1	Eviction	

* Information indicates that this sign/symptom was also mentioned by at least one free list respondent from the identified survivor group.

Table 5: Coping strategies identified during the key informant interviews

Mentioned during KI interviews by most of the incident groups	
English	Bhasa Indonesian
Praying	Sholat/berdoa
Gathering, talking/chatting	Kumpul-kumpul, ngobrol
Take showers	Mandi
Want a massage	Pengen dipuit
Ask other people for advice	Minta masehat orang lain
Find someone to pour their hearts out	Cari orang untuk curhat
Go out walk around	Jalan-jalan
Cry	Menangis
Work, keeping busy	Bekerja, mencari kesibukan
Sleep	Tidur
Live life as it is	Jalanin aja
Watch TV	Nonton tv
Complain	Ngadu
Laughing	Ketawa-ketawa
Sitting around	Duduk-duduk
Discussions	Diskusi
Give advice to each other	Saling menasehati
Trust in God, resign to God's will	Tawakal
Visit friends and relatives	Berkunjung ke tempat teman & saudara
Reciting the Koran	Ngaji
Stay quiet	Diem aja
Talk to other victims (from different cases)	Ngobrol dgn sesame korban (kasus lain)
Go to counselors	Pergi kepada konselor
Talk about the problems they are facing	Ngobrol tentang masalah-masalah yang dihadapi

Table 5 (cont): Coping strategies identified during the key informant interviews

Mentioned during KI interviews by only one of the incident groups	
English	Bhasa Indonesian
Go to the health center to ask for sleeping pills	Ke puskesmas minta obat tidur
Smoking	Merokok
Shave their heads	Botakin kepala
Play	Bermain
Go fishing	Memancing
Daydreaming	Melamun
Lazy-ing around	Bermalas-malasan
Go to the rice field	Ke sawah
Embroidery	Menyulam
Singing	Nyanyi-nyanyi
Read books	Baca buku
Listen to music	Denger musik
Teach a course (done by others to help them)	Ngajar les (dilakukan untuk membantu oran lain)
Talk about it until they are satisfied	Diomongin sampai puas
Go (for a walk) to a place that's shaded, see the flowers	Jalan-jalan ke tempat teduh, liat buaga
Lock themselves inside (their house)	Mengurung diri
Closing the doors and windows	Tutup pintu, jendela
Eat	Makan
Remembering advice	Mengingat nasehat
Get visits from friends	Dikunjungi oleh teman
Borrow money	Pinjam duit
Leave the place/location (of the incident)	Meninggalkan tempat ini
Swear at, curse	Menyumpahahi
Fighting together	Berjuang bersama
Talk about business	Ngobrol bisnis
Visit the elders	Mengunjungi orang yang dituakan
Don't do anything	Ga ngapa-ngapain

Table 6a: Free List Results for Women’s Tasks and Activities (items mentioned by at least 3 respondents)

Women’s Tasks and Activities (n=54)					
Community	#	Family	#	Self	#
Working	31	cooking	32	shower	16
Prayer	18	care of children/grandchildren	20	exercise	15
talking with others/gossip	13	washing/washing clothes	13	care of appearance	14
socializing - for monetary purposes	9	work	13	Eating	8
handicrafts - bags and wallets	8	cleaning - house/floor	11	talking with others	7
Selling	7	care of husband	7	care of self - body and face	6
groups for prayer	6	for children - school	7	care of self - keep healthy	5
Cooking	4	income generation activities	6	combing	5
Exercise	4	trading	6	go to salon	5
gathering together	4	find a job	4	pray - recite Koran	5
participate in victims group	4	selling food	4	watching TV	5
Socializing	4	get wood	3	cooking	4
Washing	4	handicraft	3	going out/shopping-with friends	4
Cleaning	3	making coffee/tea	3	brush teeth	3
cleaning with community- village	3	praying - recite Koran	3	cleaning face	3
Demonstrations	3			drinking - general/herbal drink	3
Eating	3			wearing clothes	3
educating – PKK	3			wearing headscarf	3
helping others - neighbors/victims	3				
Housewife	3				
participate in community org	3				
play music - for money	3				
watching TV	3				

Table 6b: Free List Results for Men’s Tasks and Activities (items mentioned by at least 2 respondents)

Men’s Tasks and Activities (n=26)					
Community	#	Family	#	Self	#
Working	23	work	7	exercise	8
Trading	10	trading	6	care of self - keep healthy	6
play sports	7	cooking	4	shower	6
Participate in community/victim groups	6	care of children	3	going out - friends	4
cleaning with community	5	care of children's schooling	3	pray - recite Koran	3
Prayer	4	income generation	3	working	3
Socializing - for monetary purposes	3	teaching - Koran/courses at home	3	brush teeth	2
Education	2	breeding	2	care of house - care of home	2
Gathering	2	business	2	eating	2
Handicrafts	2	get food	2	rest - relax	2
helping others	2	praying - recite Koran	2	sing	2
socialize - parties	2	talking with others	2	talking with friends/neighbors	2
				telling stories	2

Table 7: Consolidation of Female and Male Task and Activity List

Female Tasks/Activities	Bhasa Indonesian	Domain	Free List/ Focus Group
Working/Trading	Kerja/jualan	Family/Community	Both
Cooking	Masak	Family	Both
Care of children/grandchildren	Ngurus anak atau cucu	Family	Both
Care of husband	Urus suami	Family	Both
Washing/washing clothes	Nyuci	Family	Both
Cleaning - house/floor	Beres beres rumah	Family	Both
Acts of (religious) devotion/praying	Mengerjakan ibadah/sholat	Self/Family/Community	Both
Taking care of self/keeping healthy	Jaga kesehatan	Self	Both
Community activities	Bermasyarakat	Community	Focus Group
Visiting sick people/making condolence visits	Besuk orang sakit/Ngelayat orang meninggal	Community	Focus Group
Eating together with the family	Makan bersama keluarga	Family	Focus Group
Caring for self (body/face)	Merawat badan	Self	Free List
Male Tasks/Activities	Bhasa Indonesian	Domain	Free List/ Focus Group
Income generation/working	Mencari nafkah/kerja	Family/Community	Both
Community work (unpaid)	Kerja bakti	Community	Both
Care of children (taking to school/playing)	Ngurus anak (<i>Ngantar sekolah/ Main dengan</i>)	Family	Both
Taking care of self/keeping healthy	Jaga kesehatan	Self	Both
Taking care of house	Merawat rumah	Family	Focus Group
Watching TV (news)/reading newspaper	Nonton TV (berita)/Baca Koran	Self	Focus Group
Community activities	Bermasyarakat	Community	Focus Group
Acts of (religious) devotion	Mengerjakan ibadah/sholat	Self/Family/Community	Focus Group
Community activities	Bermasyarakat	Community	Focus Group
Visiting sick people/making condolence visits	Besuk orang sakit/ Ngelayat orang meninggal	Community	Focus Group
Play sport/exercise	Olahraga	Self/Community	Free List

Appendix A

Brief descriptions of the cohorts involved in this qualitative study.

Kidnapping/Forced Disappearance (1997-1998)

This group is defined by a set of forced disappearances primarily among activists from a movement who actively criticized and acted against Soeharto government policies. Many of those who were kidnapped accuse the government and military of that time of torture, intimidation, and of forcing them to give information and admit to statements that military officials themselves had written. The lack of information on victims who are still missing continues to be a heavy emotional burden for their families.

Tanjung Priok (1984)

This incident involved a Koran reciting group that was planning to demand the release of several of their friends detained on the accusation of planning an attack against the government. Members of this group accuse the military of attacking them, as well as beating up and firing at others in the vicinity. Some were arrested and accuse their detainers of violence to extract information and confessions. Many of the victims are still missing. Even now, some of the survivors report continuing to experience health problems as a result of their experiences and imprisonment.

May 1998

This incident refers to multiple events in sites throughout Indonesia during May 1998. In Jakarta, riots occurred in the Klender area where the Yogya Department Store (now Mall Citra Klender) was burned. People claim that uniformed personnel asked/forced them to go the departmental store before it was burned. Many people were trapped in the burning building and most died. After the tragedy, the survivors and victims' families formed two organizations, the May '98 Association (Paguyuban Mei '98) and the May Victims Family Forum (Forum Keluarga Korban Mei -FKKM). With assistance from several NGOs, a major focus of these organizations has been to try to force the government to take responsibility for the tragedy.

Migrant Workers

This group refers to Indonesian laborers who have worked in other countries illegally. In situations where they are caught and arrested, local police often lock them up in prison for a few days, and then the country where they have illegally worked deports them back to Indonesia. These workers report both physical and psychological violence at their workplaces, during foreign arrest and detention, as well as poor treatment by Indonesian port officials upon their return.

Forced Eviction (Jembatan Besi Community)

Jembatan Besi is the name of a bridge in West Jakarta and refers to the surrounding area. In 2003, land in this area was involved in a legal dispute between property investors and the community that had been living on the land since 1997. The community created an organization to try to defend themselves. The organization, PARAP (Paguyuban Rakyat Anti Penggusuran) lost their case and on August 26th 2003, were evicted from the land. Survivors from this incident report that the evictions were

done by the investors with the help of police, security officers, and a paramilitary group that claimed to be associated with the investors. Many people were injured and some were arrested and taken to prison. The eviction remains a source of distress for some of the people involved.

TPST Bojong

The people of Bojong, a village area on the outskirts of Jakarta, struggled for three years to block the construct of a major garbage dump and re-processing factory in their village. On November 24th, 2004, members of the community demonstrated and blocked the way of the incoming garbage trucks. Reports from that time indicate that factory security fought back by hitting and shooting the demonstrators (which included adult men and women, teenagers, and children). The violence continued for a few days, with reports of security personnel going to people's homes, dragging people away and taking prisoner some of the family members who were considered to be leaders of the demonstration. The factory security have also been accused of hiring the mobile police brigade (brimob) to intimidate, arrest and torture people, and of engaging 'bullies' to intimidate people by going to their homes, beating them up, and burning the houses of people who opposed construction of the factory. Since then, the company has decided to not build the garbage factory in that area.

Victims of '65

This group includes survivors of events during the unrest and dissolution of the Indonesian Communist Party (PKI) by the government in 1965. Many of the survivors accuse the government of that time of arbitrary arrest and detention without trial, of torture and intimidation. Those said to be targeted were suspected members of the PKI and their families. Since the events of '65, survivors have claimed ongoing intimidation and stigma, including being labeled as communists on their ID cards and a government rule which forbade them from holding jobs as governmental officials. The current government has repealed these discriminatory laws.

Labor Cases

These are associated with disputes over terminations of female employees at a Jakarta factory. During protests about the termination process and compensation issues, workers say they experienced intimidation by local gangs and police, including having guns pointed at them.