

EFFECTIVENESS OF COMMUNITY-BASED PSYCHOSOCIAL SUPPORT FOR CHILD DISASTER VICTIMS IN PIDIE JAYA IN 2026

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Abstract

Disaster flood flash floods that hit Pidie Jaya Regency at the end of November 2025 resulted in thousands family evacuate and cause impact serious psychological problems , especially in children . Research This aim For analyze effectiveness of support programs psychosocial based community for children victims of the disaster in Pidie Jaya in 2026. Research design using quasi-experimental pre- post test with control group with involving 100 children 6–15 year olds who were flood victims Bandang . Intervention support psychosocial based community implemented during eight Sunday includes Psychological First Aid (PFA), therapy play , art therapy, group peers , and education caregivers . Children's mental health measured using the Strengths and Difficulties Questionnaire (SDQ). Results showed a significant decrease in the total difficulty score from 24.5±4.1 to 15.0±3.2 (p=0.000). Play therapy showed the highest percentage of improvement (82.1%), followed by art therapy (79.6%) and PFA (78.4%). The involvement of community leaders and caregivers strengthened the sustainability of the intervention. Community-based psychosocial support has been proven effective in restoring the mental health of disaster-affected children in Pidie Jaya.

Keywords: child disaster victims, Pidie Jaya floods, psychosocial support, community, mental health

INTRODUCTION

Natural disasters pose one of the greatest threats to public health, not only physically but also psychologically. As a country with the highest disaster risk in the world (BNPB, 2023), Indonesia faces significant challenges in addressing the mental health impacts of post-disasters, particularly among the most vulnerable groups: children. Children who experience disasters are at high risk of developing post-traumatic stress disorder (PTSD), anxiety, depression, and behavioral regression, which, if not properly managed, can disrupt their long-term development (Simonds et al., 2022). In late November 2025, devastating flash floods triggered by Tropical Cyclone Senyar struck much of Aceh Province, including Pidie Jaya Regency. This disaster left thousands of families homeless, displaced, and even displaced family members. More than 1,000 people were reported killed in Aceh, with hundreds of homes in Pidie Jaya buried in waist-deep mud and swept away by logs that swept away homes (BNPB, 2025). This situation created tremendous psychological stress, especially for children who witnessed the traumatic event firsthand.

Psychosocial responses were immediately implemented by various parties in Pidie Jaya after the flood. The Ministry of Social Affairs, through the Aceh Darussa'adah Center, held psychosocial support services (LDP) on December 6–7, 2025, at evacuation posts, using play therapy, role-play, storytelling, and art therapy approaches for children (Kemensos, 2025). The Indonesian National Zakat Agency (Baznas) conducted psychosocial assistance at SD Negeri 6 Simpang Tiga Meureudu and MIN 1 Meureudu Pidie Jaya (Baznas, 2026). The Indonesian National Armed Forces (TNI) and the Syiah Kuala University Patubel Team also conducted trauma healing in Gampong Meunasah Balek, Meureudu (Kesdam IM, 2025). The Aceh Cahaya Bintang Kecil Foundation held a 10-day psychosocial support program "Moving in the Circle of Control" in Pidie Jaya, Bireuen, and North Aceh (Serambinews, 2025). Although various psychosocial interventions have been implemented, no systematic study has measured the effectiveness of structured community-based psychosocial support programs in Pidie Jaya Regency. Community-based approaches are believed to be more sustainable and contextual than top-down interventions because they leverage local resources, cultural values, and existing social networks (IASC, 2007; Ladapase et al., 2025). This study aims to analyze the effectiveness of a community-based psychosocial support program for child flood victims in Pidie Jaya Regency in 2026.

LITERATURE REVIEW

Psychosocial support in a disaster context refers to all forms of local and external support aimed at protecting or enhancing the psychological and social well-being of survivors, as well as preventing or treating mental disorders (IASC, 2007). This concept encompasses two interrelated dimensions: the psychological dimension, which focuses on individual mental health (managing stress, anxiety, and emotions), and the social dimension, which encompasses strengthening connections between individuals, families, and communities (The Importance of Psychosocial Support, 2023).

Children are the most vulnerable group in any disaster. They are more physically and mentally affected than adults, and if left untreated, the traumatic effects can persist into adulthood. Child Protection Law Number 35 of 2014 and the Sendai Framework for Disaster Risk Reduction (2015–2030) explicitly mandate special protection for children in disaster situations. Research by Simonds et al. (2022) on children receiving mental health assistance after natural disasters and conflict showed that structured interventions significantly improved children's trauma functioning and well-being.

Community-based psychosocial support (CBPSS) is an intervention model that mobilizes local community resources—religious leaders, health workers, teachers, and volunteers—as facilitators of psychosocial programs. This model is considered more effective and sustainable because it is more culturally contextual, more accessible, and less expensive than individual clinical interventions (Dozio et al., 2024). A study by Aini et al. (2024) on the implementation of play therapy and PHBS after the Mount Semeru disaster showed that community-based interventions successfully increased children's emotional expression, reduced anxiety, and built social empathy.

Various psychosocial methods have been proven effective for child disaster victims. Psychological First Aid (PFA) is a first-line intervention that provides emotional and practical support immediately after a disaster (IASC, 2007). Play therapy is effective for children aged 6–9 because play is a natural medium for children to express their emotions (Anggraini & Martini, 2020). Art therapy helps children express feelings that are difficult to verbalize through drawing, collage, and other creative media (Amilia et al., 2022). The involvement of religious and traditional leaders in the Acehese context plays a crucial role because Islamic values and local wisdom (Acehese customs) are a strong source of resilience for the community.

In Aceh, the experience of handling the 2004 tsunami disaster has built community capacity for relatively good psychosocial responses. Santy et al.'s (2024) study of the mental health of Acehese tsunami survivors 20 years after the event showed that communities receiving structured psychosocial support demonstrated greater resilience. Aceh's strong Islamic cultural context, with its practices of *tawakal* (trust), *dhikr* (remembrance of God), and mutual cooperation (*meuseuraya*), is a crucial asset in community-based psychosocial programs.

METHOD

Study This use quasi-experimental pre- post test design with control group . intervention receive support programs psychosocial based community during eight week (January– February 2026), while group control only accept service standard . Research implemented in six village affected flooding in Pidie Jaya Regency , including : Meunasah Balek Village (District) Meureudu), Gampong Pohroh (Bandar Dua District), and four village others in the District 3-way junction . Population study is children ages 6–15 years which is survivors flood November 2025 in Pidie Jaya Regency and still stay on site evacuation or new return to House moment study ongoing . The sample was taken using a purposive sampling technique of 100 children (50 in the intervention group, 50 in the control group). Inclusion criteria: ages 6–15 years, directly experienced the November 2025 flood disaster, live in the research area, and have obtained permission from their parents/guardians. Exclusion criteria: have previous developmental disorders, or are currently undergoing medical/psychiatric treatment.

The mental health measurement instrument used was the Strengths and Difficulties Questionnaire (SDQ) for parents, which has been validated in Indonesian. The SDQ measures five domains: emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behavior (Goodman, 1997). The total difficulty score ranges from 0 to 40, with categories: normal (0–15), borderline (16–19), and abnormal (20–40). The community-based psychosocial support program consists of six intervention components: (1) Psychological First Aid (PFA) by trained cadres—conducted in the first and second weeks; (2) Play therapy—structured play sessions twice a week for children aged 6–9 years; (3) Art therapy—creative expression sessions once a week for all age groups; (4) Peer groups—discussion and experience-sharing sessions for children aged 13–15 years; (5) Involvement of religious/traditional leaders—lectures and activities based on Islamic values and Acehese culture; and (6) Parent/caregiver education—post-disaster parenting

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training to increase family support. The program's facilitators included a combination of trained health workers, students from Muhammadiyah Mahakarya University, Tagana volunteers, and community leaders. Prior to implementation, facilitators received two days of training on post-disaster psychosocial fundamentals and child-friendly facilitation techniques. Data were analyzed using the Wilcoxon Signed Rank Test for paired data and the Mann-Whitney U Test for group comparisons, with a significance level of $\alpha = 0.05$.

Table 1. Respondent Characteristics (Intervention Group, n=100)

| No | Characteristics | n | % | Information |
|----|--------------------------------------|-----|-------|-------------|
| | Gender | | | |
| 1 | Man | 43 | 43.0 | |
| 2 | Woman | 57 | 57.0 | |
| | Group Age | | | |
| 3 | 6–9 years (children) beginning) | 38 | 38.0 | |
| 4 | 10–12 years (children) middle) | 42 | 42.0 | |
| 5 | 13–15 years (teenagers) beginning) | 20 | 20.0 | |
| | Refugee Status | | | |
| 6 | Still a refugee moment intervention | 64 | 64.0 | |
| 7 | Already return to House | 36 | 36.0 | |
| | Total | 100 | 100.0 | |

RESULTS AND DISCUSSION

Condition Psychological Impact of Child Flood Survivors in Pidie Jaya

Measurement initial (pre-test) shows that 78% of respondents in the group intervention own The total SDQ difficulty score was in the abnormal category (score ≥ 20), 13% in the borderline category , and only 9% in the normal category . The average total difficulty score was 24.5 ± 4.1 , indicating a mental health condition requiring immediate intervention. This finding is consistent with the Ministry of Social Affairs field report (2025) which stated that in therapy sessions with children in Pidie Jaya, the dominant conditions found were high anxiety, behavioral regression, and symptoms of acute post-flood stress.

Emotional symptoms were the domain with the highest scores (7.2 ± 1.8), followed by hyperactivity (6.1 ± 2.0) and behavioral problems (5.8 ± 1.6). A low prosocial score (4.3 ± 1.5) indicated that the disaster had disrupted the child's ability to interact positively with peers and the community. This finding aligns with research by Abjan (2018) and Dozio et al. (2024), which found that child disaster victims experienced a significant decline in social functioning and prosocial behavior in the first three months post-disaster.

Effectiveness of Community-Based Psychosocial Interventions

After eight weeks of the community-based psychosocial support program, there was a significant decrease in all domains of SDQ difficulties. The total difficulty score decreased from 24.5 ± 4.1 to 15.0 ± 3.2 ($p=0.000$), indicating that the average respondent moved from the abnormal to the normal category. The prosocial score increased significantly from 4.3 ± 1.5 to 7.2 ± 1.3 ($p=0.001$). Complete data are presented in Table 2.

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Table 2. Comparison of SDQ Scores Before and After Intervention (n=100, *p<0.05)

| No | SDQ Components | Pre Score (Mean ± SD) | Post Score (Mean ± SD) | Δ Score | p-value |
|----|--------------------------|----------------------------|-----------------------------|---------|---------------|
| 1 | Symptom Emotional | 7.2±1.8 | 4.1±1.5 | -3.1 | 0.001* |
| 2 | Problem Behavior | 5.8±1.6 | 3.4±1.3 | -2.4 | 0.003* |
| 3 | Hyperactivity | 6.1±2.0 | 4.3±1.7 | -1.8 | 0.012* |
| 4 | Peer Relationship Issues | 5.4±1.7 | 3.2±1.4 | -2.2 | 0.002* |
| 5 | Behavior Prosocial | 4.3±1.5 | 7.2±1.3 | +2.9 | 0.001* |
| | Difficulty Score | 24.5±4.1 | 15.0±3.2 | -9.5 | 0,000* |

The most significant decline occurs in the symptom domain emotional (-3.1 points , p=0.001) and problems connection peers (-2.2 points , p=0.002). This indicates that intervention based a community that combines expression emotions (through art therapy and play therapy) with strengthening network social (through group peers and involvement community) is very effective in address two aspects the main impact on child victims of disasters .

Effectiveness per Intervention Method

Table 3. Effectiveness of Each Psychosocial Support Method

| No | Intervention Method | % Repair | Effectiveness | Information |
|----|---|----------|---------------|------------------------------------|
| 1 | Psychological First Aid (PFA) | 78.4% | Tall | Most effective in the acute phase |
| 2 | Play Therapy Play | 82.1% | Very high | Ages 6–9 years are most responsive |
| 3 | Art Therapy Expressive | 79.6% | Tall | Effective For expression emotion |
| 4 | Peer Support & Groups Peers | 71.3% | Medium–High | Ages 13–15 are most responsive |
| 5 | Involvement Religious/Traditional Figures | 68.5% | Currently | Strengthen spiritual aspects |
| 6 | Parent/ Caregiver Education | 74.2% | Tall | Important For sustainability |

Play therapy shows percentage repair highest (82.1%), especially effective in children ages 6–9 years . Findings This consistent with Aini et al.'s (2024) research found that that therapy play post-eruption Mountain Semeru in a way effective help child express emotions , reduce anxiety , and increase behavior empathy . Play is universal language of children that allows they processing experience traumatic in safe and pleasant environment . Art therapy shows effectiveness high (79.6%), especially For children in difficulty verbalize experience traumatic they . Through drawings , collages , and creative media , children capable express stored emotions — fear , sadness , and confusion — in a format that can be processed together facilitator . Amilia et al. (2022) in post-disaster art therapy study Mountain Semeru find that expression artistic functioning as bridge between experience traumatic with the recovery process emotional .

Involvement religious and traditional figures (68.5% effectiveness) have mark strategic alone in Pidie Jaya context . Values Islam teaches trust , patience , and gratitude — as well mark Acehese culture such as meuseuraya (mutual cooperation)— giving framework helpful meaning children and families interpret experience disaster in a way This spiritual aspect is an important protective factor that distinguishes the community - based approach in Aceh from more individual-centric Western intervention models. Parent and caregiver education (74.2% effectiveness) has been shown to be a critical component for intervention sustainability. Inayatillah et al.'s (2026) study of post-flood child psychosocial support in Pohroh Village, Bandar Dua, Pidie Jaya, confirmed that active parental involvement in psychosocial programs significantly strengthened the intervention's impact because family support continued beyond formal sessions.

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Comparison with the control group showed that the intervention group experienced significantly greater improvement (Δ total score -9.5) than the control group (Δ total score -3.2), with a statistically significant difference ($p=0.000$). This proves that the improvement that occurred was not solely due to the natural course of recovery, but rather was a real effect of the intervention program implemented. Challenges encountered in program implementation include: (1) limited number of trained facilitators at the community level; (2) physical conditions of refugee camps that are not ideal for conducting therapy sessions; (3) high mobility of respondents due to the post-disaster relocation process; and (4) resistance from some parents who prioritize physical recovery (home repairs, earning a living) over psychological support for their children. These findings are consistent with the Study on the Role of Public Services (2025) which identified limited professional human resources and uneven distribution of services as major obstacles in implementing post-disaster psychosocial support.

CONCLUSION

A community-based psychosocial support program proved effective in restoring the mental health of children affected by the flood disaster in Pidie Jaya Regency in 2026. The total SDQ difficulty score decreased significantly from abnormal to normal after eight weeks of intervention. Play therapy and art therapy demonstrated the highest effectiveness, while the involvement of religious/traditional leaders and caregiver education strengthened the program's sustainability. The community-based approach, which integrates Islamic values and Acehese culture, is a specific advantage that increases the program's acceptance and impact. Going forward, it is necessary to: (1) integrate psychosocial support as a mandatory component in disaster management plans at the district level; (2) increase the capacity of community facilitators through tiered training; (3) allocate a special budget for child psychosocial programs in the regional budget; and (4) further research to measure the sustainability of the impact of interventions at six months and one year post-disaster.

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