

## **SURVIVAL ABILITY AND MENTAL HEALTH OF WOMEN CONFLICT SURVIVORS IN ACEH (1989–2005): A REFLECTION ON TWENTY YEARS OF PEACE**

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### **Abstract**

Two decades after the end of the armed conflict in Aceh (1989–2005), issues related to the mental health of women survivors remain highly significant. Military operations conducted during the periods of the Military Operational Zone (DOM), the Humanitarian Pause, Martial Law, and Civil Emergency generated profound trauma that shaped the chronicity of Acehese women life experiences. This study aims to analyze the forms of survival ability developed by women affected by the conflict and their implications for mental health, drawing on Vigh's (2008) concept of chronicity. This research employs historical literature studies and fieldwork based on feminist oral history through in-depth interviews and focus group discussions (FGDs) with 42 informants from Pidie, North Aceh, and East Aceh. The findings reveal that women experienced cumulative and multi-layered psychological trauma, manifested as Post-Traumatic Stress Reaction (PTSR), Post-Traumatic Stress Disorder (PTSD), and chronic depression at the same time, women developed survival abilities across four main domains: psychological, social, political, and cultural. The psychological domain is reflected in the optimization of spiritual and emotional coping through religious practices. The social domain is supported by children, families, relatives, communities, and assisting organizations such as Flower Aceh. The political domain is evident in women's participation in peace movements, while the cultural domain is embodied in local wisdom, including *meusare-sare*, lullabies such as *Dodaidi* and *Aneuk Yatim*, literary works, and traditional dances. These finding confirm that survival abilities rooted in local wisdom and community support play a significant role in strengthening resilience and psychological well-being among women survivors of the Aceh conflict.

**Keywords:** Women Conflict Survivor; Survival Ability; Mental Health; Post-Conflict Aceh

## INTRODUCTION

Protracted armed conflicts, such as those experienced in Aceh, represent a characteristic pattern of post–Cold War conflicts marked by repressive militarization and pervasive violence. These conditions have generated intergenerational psychosocial consequences, particularly reflected in the mental health of survivors. Women, in particular, have been deeply embedded in such conflict settings and are compelled to bear a dual burden, namely securing livelihoods while sustaining family life. A growing body of literature indicates that women conflict survivors in contexts such as Bosnia, Rwanda, Sri Lanka, Palestine, and Afghanistan experience compounded vulnerabilities in post-conflict settings (Hammoudeh et al. 2017). These vulnerabilities are largely rooted in economic hardship, especially when women are forced to continue their lives as widows following the loss of their husbands during the conflict (Kronsell and Svedberg 2011; Murthy and Lakshminarayana 2006 ; UN Women 2025).

However, existing studies have tended to focus predominantly on short-term post-conflict trauma and economic vulnerability, with relatively limited attention to long-term survival strategies and the evolving dynamics of women’s mental health in sustained periods of peace. In Aceh, the available research remains fragmented and has not comprehensively addressed the intersection between survival capacity and mental health over the two decades following the 2005 peace agreement. This study therefore seeks to address this gap by examining how women conflict survivors in Aceh navigate survival strategies while reconstructing their mental well-being twenty years after the conflict, thereby offering a longitudinal and integrative perspective that remains underexplored in the existing literature.

Twenty years (2005–2025) after the end of the armed conflict, Aceh continues to grapple with persistent mental health challenges among survivors. Military operations implemented through the designation of the Military Operations Area (*Daerah Operasi Militer, DOM*) from 1989 to 1998, the period of Martial Law in 2003, and the Civil Emergency from 2004 to 2005 inflicted profound trauma on affected communities. These impacts were experienced not only by men but also by women, who often endured even greater psychological pressure due to the burdens of sustaining daily life and negotiating livelihood needs (Murthy 2007 ; United Nations Research Institute for Social Development 2005);Nuryanti 2020). Women emerged as both witnesses to and bearers of the historical legacy of Aceh’s armed conflict. Those who lived in the core “black zones” of *DOM*, Martial Law, and the Civil Emergency, such as Pidie, North Aceh, East Aceh, Central Aceh, and South Aceh, retain a collective memory of violence that remains indelible. These experiences have significantly shaped their post-conflict mental health conditions.

Efforts toward trauma healing have been undertaken as a pathway in building resilience. This approach is particularly relevant when viewed through the lens of historical trauma, understood as a cross-generational collective experience that connects past traumatic

events with present living conditions and community health. The interplay between past experiences, the narratives constructed around them, and their impacts on health can serve as both a source of suffering and resilience (González-Uribe et al. 2022). Since 1992, when the conflict escalated under the implementation of *DOM*, Flower Aceh emerged as the first women's organization to advocate for survivors through various strategies aimed at trauma recovery (Anum 2020). Employing a holistic approach grounded in psychological, political, and economic interventions, the organization worked discreetly as a security strategy to navigate threats from both the Indonesian military and *GAM*. Psychologically, Flower Aceh provided accompaniment and counseling to survivors while incorporating messages of peace and harmony. Politically, the organization offered training and capacity-building in human rights advocacy for both individuals and their communities. Economically, emphasis was placed on strengthening food security through the management of local resources (Indraswari and Kholifah 2024). Together, these three components formed a comprehensive trauma healing framework that contributed significantly to the resilience of women affected by the conflict.

The holistic approach, as the core of trauma healing toward resilience, constitutes a complex form of survival ability that supports women survivors of conflict in cultivating psychological well-being. Accordingly, this article aims to analyze the forms of survival ability and their influence on the mental health of women affected by the conflict between 1989 and 2005. Drawing upon Vigh's theory of chronicity (Vigh 2008), this study illustrates the diverse manifestations of survival ability employed by women during and after the conflict. This perspective aligns with various studies highlighting how marginalized groups construct alternative identities and transform acts of resistance into forms of resilience. Social identity becomes a crucial aspect of their experiences and the way they manage their cultural lives (Bottrell 2007). Chronicity challenges the temporal and spatial categorization of conflict, as events experienced during the period of violence leave enduring marks that shape survivors' subsequent lives. Likewise, the interconnected cycles of conflict across regions exert reciprocal influences on one another; each is interrelated and cannot be understood in isolation.

More specifically, the experiences of Acehnese women during the prolonged conflict from 1989 to 2005 reflects a global phenomenon in which armed conflict generates chronic trauma while simultaneously giving rise to survival strategies rooted in local strengths and resilience. Accordingly, this study is not only relevant to historiography and post-conflict recovery in Aceh but also contributes to the global discourse on women's mental health in post-conflict societies.

## **METHOD**

This study adopts a qualitative research design that integrates two complementary methodological approaches, namely historical literature research and field research based on

feminist oral history. The combination of these approaches provides analytical strength in developing a comprehensive understanding of historical phenomena by bridging archival sources with the lived experiences of women survivors. This approach enables the positioning of women not merely as objects of historical inquiry, but as active subjects and central agents in the production of historical knowledge (Reinharz 2005).

Furthermore, the use of feminist oral history creates space for women's voice and experience, which have often been marginalized in conventional historiography. It allows for a more nuanced interpretation of conflict by foregrounding gendered perspectives and lived realities. In addition, this study adheres to established research ethics. Ethical considerations include obtaining informed consent from all participants, ensuring the confidentiality and anonymity of informants, and maintaining sensitivity toward the traumatic experiences shared by participants throughout the research process.

The historical literature research follows four interrelated stages adapted from (Nina 2020): (1) heuristics, involving the systematic identification and collection of relevant primary and secondary sources; (2) source criticism, encompassing external and internal evaluation to ensure the authenticity and credibility of the data; (3) interpretation, focusing on the contextual analysis and synthesis of historical information; and (4) historiography, which entails the organization of findings into a coherent and critical narrative aligned with the research objectives.

This study was conducted in accordance with established ethical principles in social and historical research, particularly given its engagement with women survivors of armed conflict. Prior to the interviews, each participant was provided with a clear and comprehensive explanation of the research objectives, the scope of the inquiry, and their right to refuse or withdraw from participation at any stage without any adverse consequences. Informed consent was obtained from all participants, either verbally or in written form, depending on their preferences and situational conditions.

Data collection was carried out progressively using a *snowball sampling* technique, beginning with key informants and expanding through participant referrals. This approach was specifically employed to access women survivors with direct experiences of the conflict, including those who are often difficult to reach through conventional sampling methods. While the study does not aim for statistical representativeness, this strategy ensures the depth, richness, and diversity of experiential data relevant to the research focus.

To safeguard participants' well-being, all personal identifiers were anonymized, and sensitive information was handled with strict confidentiality. The interview process adopted a trauma-informed approach, emphasizing empathy, caution, and respect for participant life experience, thereby minimizing the risk of re-traumatization throughout the research process.

In parallel, field research grounded in feminist oral history is employed to generate women-centered historical narratives. This approach emphasizes the voices, experiences, and perspectives of women, positioning them as subjects rather than marginal or supplementary

figures in historical accounts (Reinharz 2005). Data collection is carried out through in-depth interviews that prioritize reflexivity, ethical sensitivity, and dialogical engagement between the researcher and participants.

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The use of feminist oral history is particularly relevant in contemporary historical research due to its capacity to foster proximity and respect toward women life experience, challenge dominant androcentric narratives, and contribute to the pursuit of social justice. Moreover, this approach enables a deeper understanding of historical processes across social classes and allows for the exploration of multiple meanings embedded in women's narratives. By integrating historical literature study with feminist oral history, this research seeks to produce a more inclusive, critical, and nuanced interpretation of the past.

## **RESULTS and DISCUSSION**

### **Women Conflict Survivors, Survival Ability, and Mental Health**

This study involved 42 informant aged between 43 and 85 years, who were selected using a lateral snowball sampling technique. The majority of participants were women who had experienced violence during the armed conflict in Aceh between 1989 and 2005. Informants were drawn from the core conflict areas of Pidie, North Aceh, and East Aceh, which were designated as "black zones" during the implementation of the Military Operations Area (*Daerah Operasi Militer/DOM*) from 1989 to 1998 (Kontras 2006 ; Nuryanti 2020). Following the end of the *DOM* period, from 1999 to 2005, these regions continued to experience the impacts of conflict. In March 1999, several violent incidents occurred across Aceh, including the Arakundo tragedy in East Aceh, the Simpang KKA

tragedy in Lhokseumawe (North Aceh), and the Jambo Keupok tragedy in South Aceh (Amnesty International , 2013; Hasbullah 2021) ; Abdul et al. 2022, Karim, 2014)

From a theoretical perspective, the selection of informants from these “black zones” provides a critical foundation for analyzing the experiences of women survivor through the lenses of gendered vulnerability and psychosocial resilience in post-conflict settings. Prolonged exposure to violence in high-intensity conflict areas has produced forms of collective trauma that extend beyond individual experiences, shaping broader social dynamics and long-term survival strategies. Within this framework, women are not merely positioned as victims but as active agents who continuously develop adaptive strategies to sustain their livelihoods amid structural constraints. Therefore, the spatial characteristics and life experience of the informants in this study are particularly significant for examining the intersection between survival capacity and mental health within a more integrative and longitudinal analytical framework. For further information, it can be seen in the following image.



**Figure 1.** Search for bodies in the Arakundo River (Idi Cut, East Aceh) which marks the Arakundo tragedy (Source: Amnesty International 2013).



**Figure 2.** The KAA Intersection Monument in Lhokseumawe, which marks the 1999 KAA tragedy (Source: Personal Documentation, 2025)



**Figure 3.** Jambo Keupok Tragedy Monument in South Aceh  
(Source: Amnesty International 2013)

The researcher conducted in-depth interviews and Focus Group Discussions (FGDs) with informants to explore their collective memories of the conflict and violence that occurred in Aceh between 1989 and 1998. The interviews and FGDs focused on aspects of local wisdom that supported survival abilities and psychological well-being, as well as their influence on mental health. In the analytical process, informants' quotations and narratives were systematically interpreted through the lens of trauma and resilience frameworks, enabling participants' subjective experiences to be understood as part of broader psychosocial dynamics. This study involved 42 informants, the majority of whom were female survivors of the Aceh conflict from the regions of Pidie, North Aceh, and East Aceh. Further details can be seen in the following table.

**Table 1.** Informant Identity

No	Name	Current Age	Informant Identity		Place of Origin	Gender	Marital Status
			Age During DOM (1989–1998)	Usia pasca DOM (1999–2005)			
1	JW	80	45		Pidie	P	Widowed
2	NA	57	22		Pidie	P	Widowed
3	Ma	57	22		Pidie	P	Widowed
4	NZ	57	22		Pidie	P	Widowed
5	TS	85	50		Pidie	P	Widowed
6	Mar	82	47		Pidie	P	Widowed
7	Hb	62	28		Pidie	P	Widowed
8	Ib	77	45		Pidie	L	Widower
9	JU	57	22		Pidie	L	Married
10	Ru	56	20		Pidie	P	Widowed

11	Sab	67	43	East Aceh	P	Married
12	Sal	65	40	East Aceh	P	Widowed
13	Su	43	20	East Aceh	P	Widowed
14	HA	57	34	East Aceh	P	Widowed
15	Nrl	55	32	Pidie	P	Widowed
16	Jur	51	28	East Aceh	P	Widowed
17	Ais	62	39	East Aceh	P	Widowed
18	Fat	72	48	East Aceh	P	Widowed
19	Mw	54	31	East Aceh	P	Widowed
20	SD	45	20	East Aceh	P	Widowed
21	Sam	56	33	East Aceh	P	Widowed
22	Asi	52	29	East Aceh	P	Widowed
23	SI	45	20	East Aceh	P	Widowed
24	Sau	43	20	East Aceh	P	Widowed
25	RM	43	20	East Aceh	P	Widowed
26	CR	69	45	East Aceh	P	Widowed
27	Nri	56	33	East Aceh	P	Widowed
28	Sur	56	33	East Aceh	P	Married
29	Sul	65	40	East Aceh	L	Married
30	Hs	56	33	East Aceh	L	Married
31	Sur	52	27	East Aceh	P	Married
32	TB	75	50	East Aceh	L	Married
33	RH	45	20	East Aceh	L	Married
34	Int	43	21	East Aceh	P	Married
35	NI	45	21	East Aceh	P	Married
36	Ev	59	35	East Aceh	P	Married
37	Hli	61	37	East Aceh	P	Married
38	Ktj	58	35	East Aceh	P	Married
39	Nr	45	21	East Aceh	P	Married
40	IS	66	41	North Aceh	L	Married
41	Sur	65	40	North Aceh	L	Married
42	YK	85		North Aceh	L	Married

(Source: Personal Documentation, 2025)

Table 1 presents the profile of informant in this study, including their current age, age during the conflict period (1989–1998), age in the post-conflict period (1999–2005), place of origin, gender, and marital status. Overall, the informants were drawn from areas directly affected by the armed conflict in Aceh, namely Pidie, East Aceh, and North Aceh. The majority of informants are women with widowed status, reflecting the profound impact of the conflict on family structures. The relatively wide age range of informants, spanning from 43 to 85 years, enables this study to capture cross-generational experiences, both during the conflict and in the post-conflict period. This diversity of characteristics provides an important basis for understanding the dynamics of lived experiences, survival strategies, and the social conditions faced by conflict survivors.

Drawing on previous research, the armed conflict in Aceh from 1989 to 2005 resulted in significant mental health disorders among women. The three primary centers of military operations: Pidie, North Aceh, and East Aceh, recorded high levels of mental health disturbances, with prevalence rates of 87% in Pidie, 86% in North Aceh, and 66% in Bireuen. These disorders include Post-Traumatic Stress Reaction (PTSR), Post-Traumatic Stress Disorder (PTSD), and chronic depression (Florence et al. 2005) ; Kusumawati 2016) ; Devakumar et al. 2021). These findings underscore the heightened vulnerability of women to the psychological impacts of armed conflict (Kastrup 2026).

Populations exposed to armed conflict exhibit significantly higher levels of depression compared to those affected by other forms of conflict (Mootz et al. 2019) . Experiences of violence, the demands of livelihood, and the responsibility of child-rearing as widows contribute to severe mental health deterioration among women (González-Uribe et al. 2022). Statistical data from 1990 indicate that approximately 23,366 women in Aceh became widows as a result of the DOM period. In Pidie, there is even a village known as Kampung Janda (Widows' Village) (Abdullah et al. 2022; Yunus 2021) ; Samudra et al. 1999). In such conflict situations, women's survival ability becomes crucial, as it directly influences their mental health (Duman et al. 2024). Individuals with stable mental health are generally more resilient in coping with stress and better equipped to manage life in the post-conflict period.

Survival ability in conflict situations is strongly influenced by both individuals and the communities that serve as support systems in fostering resilience (Sylvester 2013). At times, survival ability arises not as a matter of choice but as a necessity for sustaining life (Scheper-Hughes 2008). Individuals living in conflict contexts are compelled by circumstances to survive in unconventional ways. In this regard, survival ability during conflict is shaped not only by the efforts of individuals and communities but also by the broader social environment (Vigh 2008); (Summerfield 2000). Resilience, therefore, must be understood not solely from an individual perspective but also through institutional, structural, and broader social lenses.

A range of studies on women's survival ability in conflict-affected areas points to the most fundamental element: post-trauma resilience (Veronese et al. 2021). Resilience carries varying meanings depending on context, yet it generally refers to the capacity to adapt to trauma, stress, risk, and other adverse life experiences (Chan 2006). It is associated with "positive adaptation" (Luthar and Cicchetti 2000) and the ability to "bounce back" (Ensz et al. 2024) facing significant hardship or threat.

The process of resilience within trauma healing is not viewed solely through a biopsychological lens; it also emphasizes the micro- and macro-ecological dimensions that shape women's adjustment to ongoing traumatic realities (Hammoudeh et al. 2017; Mohaupt 2009). These dimensions manifest in historical, social, political, and cultural contexts, providing a deeper understanding of the competencies required to navigate adversity in conflict situations, as well as the survival skills that emerge from the struggle of everyday life (Barber et al. 2014 ; Giacaman 2018; Richter-Devroe 2013).

In examining the survival ability of women affected by the Aceh conflict from 1989 to 2005, both micro- and macro-ecological dimensions also serve as fundamental analytical frameworks. In addition, the use of individual life calendars helps trace the trajectory of Aceh’s conflict history from 1989 to 2005 (Veronese et al. 2021) . The historical progression during this period illustrates the varying intensities of conflict, which in turn influenced the degree of trauma and the self-protective mechanisms adopted by women survivors. Furthermore, the Aceh conflict period from 1989 to 2005 can be seen in the following table.

**Table 2.** Conflict Trajectory in Aceh, 1989–2005

No	Year	Situation	Conflict Level
1	1989–1998	Military Operations Zone (DOM)	High
2	1999–2002	Humanitarian Pause	High
3	2003	Martial Law	High
4	2004–2005	Civil Emergency	High

(Source: Personal Documentation, 2025)

The conflict in Aceh, which escalated over the course of 17 years, was triggered by the Indonesian government’s military strategy in responding to the Free Aceh Movement (*GAM*). Repressive and militaristic measures ultimately fueled further violence, which directly and indirectly affected women who became victims of the conflict. Acts of violence during this period were concentrated in areas subjected to military operations. During the *DOM* (Military Operations Zone) period, there were three primary military concentration points, known as Tactical and Strategic Unit Posts (*Pos Sattis*), located in Pidie, North Aceh, and East Aceh (Kontras 2006;Nuryanti 2020). These three regions continued to experience high levels of conflict intensity during the Humanitarian Pause (1999–2002), the Martial Law period (2003), and the Civil Emergency period (2004–2005).

The implementation of military operations that gave rise to various forms of violence generated distinct layers of trauma. For women, in particular, this trauma was compounded by the dual burdens of domestic responsibilities and livelihood struggles. Such circumstances demanded strong survival abilities from women affected by the conflict. Existing studies indicate that the survival abilities of women survivors in Aceh derive from psychological, social, political, and cultural dimensions. The psychological dimension that supports survival ability includes women’s capacity to optimize coping strategies, both spiritual and emotional, to reduce trauma, thereby fostering mental well-being (Mawarpury, 2018; Nuryanti 2020) .

For women survivors of the conflict in Aceh, spiritual strength is culturally shaped by local wisdom rooted in customary practices and Islamic teachings. Consequently, spiritual resilience manifests through religious activities such as performing prayers, supplication, recitation of salawat, and reading the Qur’an. This is illustrated, for example, by JW and MN, two survivors from Pidie. JW stated:

*“I surrender myself to Allah by increasing my worship and remembrance. May I be granted patience in facing this trial.”*

Similarly, MN recounted:

*“But this is Allah’s decree. I choose to surrender everything to Allah. Let everything unfold as it is. What matters is that I can still provide for my children. For their sake, I work on the farm, and it helps me forget all of this.”*

A similar sentiment was expressed by Su and Ais, two survivors from East Aceh. Su, for instance, chose to fully submit herself, stating:

*“I only surrender to Allah. In my prayers and supplications, I ask that my husband be granted paradise.”*

Likewise, Ais struggled to remain strong in front of her children, saying:

*“When I finally had to tell the children that their father had passed away, despite the bitterness of the situation, including the memory of how he died, I told them that everything had reached its destined time. Everyone who lives will eventually die.”*

The testimonies of the survivors reflected a recognition that the simplest way to make peace with the experience of conflict is to surrender all events to God. They perceive the conflict as a form of destiny. This aligns with Klasen’s (2010) explanation that spiritual support serves as a protective factor that enables individuals to remain resilient and is considered a source of healing.

Survival ability among women also emerges from social support provided by children, family members, relatives, community networks, and even state institutions. For women survivors of conflict, their children constitute the strongest motivation to endure and to courageously continue life during and after the conflict. In their children, women also place their hopes for a better future. This is reflected in statements by HA, Jur, and Su, survivors from East Aceh. For instance, HA stated:

*“My children became the source of my strength to live after the incident. I sent my eldest child to a pesantren to study religion. In that way, it helped ease the pain in my heart.”*

Similarly, Jur explained:

*“I told my child, ‘I once experienced a terrible event. I carried you and rocked you under a rubber tree. You fell and rolled over. So when I remember that moment, I want only myself to suffer from it, not my child.’”*

Su also shared:

*“My only child is the source of my strength in going through life. He is the one to whom I confide everything.”*

Meanwhile, family members and relatives became the primary source of assistance during extremely difficult moments. This is evident in JW’s experience, as she recounted:

*“The hardest moment, when I felt like I was losing my mind, was when I had to retrieve my husband’s body from the Trienggadeng post, but I had no money. In the end, I sought help from my parents.”*

Community groups and non-governmental organizations (NGOs), such as Flower Aceh and *KontraS*, also played a crucial role in enhancing the survival capabilities of women affected by the conflict. Through these organizations, knowledge transfer occurred that supported livelihood continuity and even offered possibilities for life transformation. The state also contributed by facilitating reconciliation, rehabilitation, and efforts toward transitional justice for conflict victims through the establishment of the Aceh Truth and Reconciliation Commission (KKR). Flower Aceh also emphasized efforts to strengthen the political aspects of survival ability. The organization actively conducted human rights training and advocacy for women victims. These political efforts aligned with the broader message of peace culture, which served as a long-term foundation for survival ability. Historically, Flower Aceh was the first institution to initiate peace discourse during the conflict in Aceh. Through the *Duek Pakat Inong Aceh*, the seeds of peace continued to grow and eventually materialized with the signing of the Helsinki MoU on 15 August 2005. Through the momentum of peace, women's survival ability was strengthened and enhanced, enabling them to become empowered survivors in a sustainable post-conflict life.

### **Local Wisdom Supporting Survival Ability and Psychological Well-Being**

Local wisdom shaped by Acehnese customary traditions (*keadatan*) and Islamic values (*keislaman*) constitutes a significant source of survival ability and psychological well-being among women survivors of the armed conflict in Aceh from 1989 to 2005. This local wisdom is rooted in Islamic principles and Acehnese customary norms that are embedded in everyday social life and manifested across multiple dimensions.

In this study, local wisdom is categorized into four main dimensions: economic, political, psychological, and cultural as presented in Table 3. The table outlines the various forms of local wisdom, their respective purposes, and their roles in supporting women's survival ability and well-being. These forms include economic practices related to food security, political practices oriented toward peacebuilding, psychological coping mechanisms grounded in religious and social practices, and cultural expressions that represent collective memory and resilience.

From an economic perspective, the local wisdom that supports survival ability and psychological well-being among women survivors is closely related to community food security during the conflict. This aspect is strengthened by a cultural practice known as *meusare-sare*, a tradition that embodies cooperation and communal solidarity, particularly in agricultural activities passed down across generations. Historically, rice cultivation has been a fundamental local practice and a means of sustaining long-term food resilience in Pidie. This continued during the conflict period in Aceh, where rice remained a critical food source for the local community.

Pidie, for instance, has a long-standing history as one of Aceh's primary rice-producing regions. The people of Pidie have long been recognized as rice farmers, and the area has

served as one of Aceh's main rice granaries. The region's agricultural potential is supported by favorable geographical and climatic conditions, as well as rice-cultivation traditions that have been passed down through generations. Culturally, agricultural activities among Acehese communities are reflected in the traditional song *meusare-saree*, which conveys the meaning of cooperation. From the perspective of local wisdom, this song embodies values of mutual assistance and solidarity, religiosity, unity and cohesion, a strong work ethic, and simplicity (Zahara et al. 2023) . As a specific form of transitional justice for women survivors of the conflict in Pidie, the Aceh Truth and Reconciliation Commission (KKR) established the *Prasasti Bukit Janda*, featuring murals that depict women's struggles in securing food through agricultural labor.



**Figure 4.** Janda Hill Inscription in Pidie (Source: Personal Documentation, 2025).



**Figure 5.** Mural depicting farming activities carried out by female conflict survivors in Pidie (Source: Personal Documentation, 2025).

From a political perspective, the local wisdom that supports survival ability and psychological well-being among women affected by the Aceh conflict is rooted in the tradition of *musyawarah* (deliberative consensus). This political practice aligns with the broader cultural message of peace, which represents a long-term objective of survival ability. Flower Aceh is historically recognized as the first organization to initiate peace efforts during the conflict in Aceh. Through *Duek Pakat Inong Aceh*, which highlighted the collective strength of women in conflict areas, the early seeds of peace were continuously nurtured and ultimately realized in the signing of the Helsinki MoU on 15 August 2005. For further information, it can be seen in the following image.



**Figure 6.** Opening of the First Aceh Women's Congress (*Duek Pakat Inong Aceh*), February 19-22, 2000, in Banda Aceh (Source: ASEAN Institute for Peace and Reconciliation).

From a psychological perspective, the local wisdom supporting women's survival ability and psychological well-being derives from the optimization of spiritual and emotional coping strategies. These coping mechanisms are integrated through religious practices, such as prayer, recitation of *shalawat*, reading the Qur'an, and *ruqyah*, as well as social relationships with family and relatives. The optimization of these coping strategies functions to reduce stress and foster psychological well-being.

From a cultural perspective, the local wisdom that supports survival ability and psychological well-being among women affected by the Aceh conflict is manifested through various culturally grounded activities, including songs, literary works, and traditional dances. Among the cultural elements passed down across generations, particularly to women and serving as an ethical foundation for child-rearing during the conflict period, is the lullaby *dodaidi* (Nuryanti 2020). In addition to *Dodaidi*, the song "*Aneuk Yatim*" is strongly associated with the survival ability and psychological well-being of women survivors of the Aceh conflict (Zulhairi & Jafar, 2021). A monumental literary work composed to commemorate the violence experienced by Acehese women is *Syair Janda DOM*.

Traditional dances that embody support for women survivors of the Aceh conflict include Ratoh Jaroe, Laweut, and Meusare Sare. Although often compared to the Saman dance, Ratoh Jaroe possesses distinct meanings and characteristics. Created by Acehese artist Yusri Saleh, known as Dek Gam, in the early 2000s, this dance emerged as a form of resistance and moral support for Acehese women who had become victims of the conflict.

Meanwhile, *Tari Laweut* also reflects the struggles of Acehese women. This dance has evolved since the period of Dutch colonialism and continues to be preserved today, having even been designated as an Intangible Cultural Heritage of Humanity. Its dynamic movements and accompanying chants embody the resilience of Acehese women in the face of historical challenges. Furthermore, *Tari Meusare Sare*, a traditional Acehese dance meaning "cooperation" or "working together," illustrates the communal spirit of fishermen and farmers. The dance is a combination of two traditional performances, *Pade* (depicting rice pounding) and *Tarek Pukat* (depicting the casting and pulling of fishing nets), which are

merged into a single performance to symbolize the collective solidarity of Acehese society. Additionally, the forms of local wisdom that support the survival abilities and psychological well-being of women survivors of the Aceh conflict are presented in Table 3 below.

**Table 3.** Local Wisdom Supporting Survival Ability and Psychological Well-Being among Women Survivors of the Aceh Conflict, 1989–2005

No	Aspect	Purpose	Forms
1	Economic	Food Security	Meusare Sare (collective cooperation) in agricultural activities
2	Political	Peacebuilding	Duek Pakat Inong Aceh
3	Psychological	Trauma Healing and Resilience	Shalat (prayer), shalawat, Qur'an recitation, ruqiyah (Sufi healing), and strengthened social relations with family and kin
4	Cultural	Transmission of the collective memory of women's survival experiences	<ul style="list-style-type: none"> <li>• Songs (Dodaidi and Aneuk Yatim)</li> <li>• Literary works (Syair Janda DOM)</li> <li>• Traditional dances (Tari Ratoh Jaroe, and Tari Laweut, and Tari Meusare-Sare)</li> </ul>

(Source: Personal Documentation, 2025)

Table 3 demonstrates that local wisdom within Acehese society plays a significant role in supporting the survival ability and psychological well-being of women conflict survivors. This local wisdom is classified into four main aspects; economic, political, psychological, and cultural—each with distinct purposes and forms of practice, yet interconnected in strengthening both individual and collective resilience. From an economic perspective, local wisdom contributes to food security through the practice of *meusare sare*, a form of collective cooperation in agricultural activities. This practice not only serves to fulfill basic food needs but also reinforces social solidarity amid the constraints of conflict conditions.

From a political perspective, local wisdom is manifested in peacebuilding efforts through *Duek Pakat Inong Aceh*, reflecting women's active participation in deliberation and decision-making processes. This practice highlights the strategic role of women in fostering community-based peace. Furthermore, from a psychological perspective, local wisdom functions as a mechanism for trauma healing and resilience-building through religious practices and social relationships. Activities such as prayer (*shalat*), recitation of *shalawat*, reading the Qur'an, and *ruqyah*, combined with support from family and kin, serve as sources of emotional and spiritual strength for women survivors in coping with the impacts of conflict.

Meanwhile, from a cultural perspective, local wisdom plays a role in transmitting the collective memory of women's survival experiences during the conflict. This is reflected in various cultural expressions, including songs (*dodaidi* and *Aneuk Yatim*), literary works (*Syair Janda DOM*), and traditional dances such as *Ratoh Jaroe*, *Laweut*, and *Meusare Sare*. These cultural expressions function not only as a means of preserving historical memory but also as instruments for strengthening identity, solidarity, and social resilience within the community.

**Mental Health of Women Conflict Survivors**

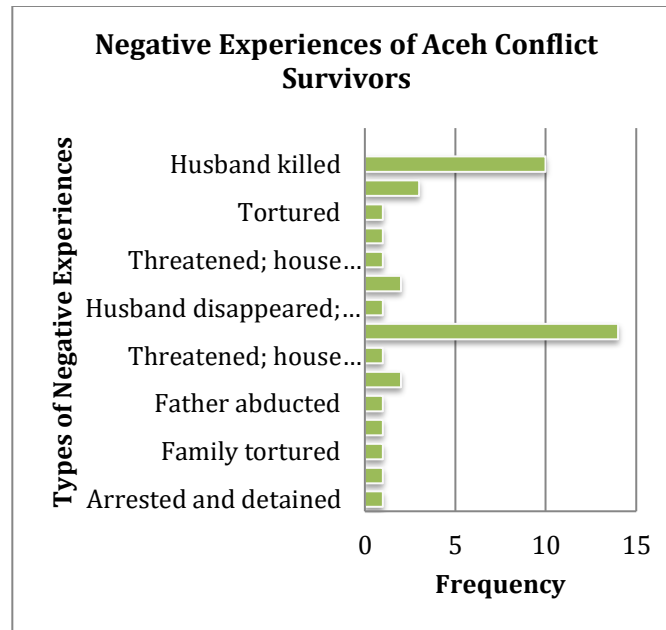
This study involved 42 individuals affected by the Aceh conflict between 1989 and 2005, consisting of 9 men (21.4%) and 33 women (78.6%) aged between 41 and 85 years. Further details are presented in Table 4 below.

**Table 4.** Demographic Characteristics of the Research Sample

Description	n = 42	Percentage (%)
<b>Gender</b>		
Male	9	21.4%
Female	33	78.6%
<b>Current Age</b>		
21–64 (Middle Adulthood)	29	69%
>65 (elderly)	13	31%
<b>Marital Status</b>		
Married	17	40.5%
Widowed	24	57.1%
Widower	1	2.4%
<b>Occupation</b>		
Farmer	6	14.3%
PT Damar Siput Worker	12	28.6%
Retired	2	4.8%
Entrepreneur	2	4.8%
Civil Servant	2	4.8%
Others (unspecified)	6	14.3%
Unemployed	12	28.6%
<b>Place of Origin</b>		
East Aceh	28	66.7%
North Aceh	3	7.1%
Pidie	11	26.2%

(Source: Personal Documentation, 2025)

The demographic information, which includes the identities of the informants, is complemented by sociodemographic data documenting various forms of negative experiences endured by victims of the armed conflict in Aceh between 1989 and 2005. The following data represent the characteristics of traumatic experiences encountered by the survivors, as reflected in the empirical evidence collected throughout the research process.



**Figure 7.** Negative Experiences Encountered by Victims of the Aceh Conflict, 1989–2005  
(Source: Personal Documentation, 2025)

During the armed conflict period in Aceh, survivors experienced various forms of violence and human rights violations that left lasting psychological impacts. The findings indicate that survivors of the 1989–2005-armed conflict in Aceh encountered multiple types of adverse experiences that directly affected their psychosocial well-being. Based on the data, fifteen survivors reported threats of house burning, making this the most dominant category of violence.

A total of ten victims reported that their husbands went missing and that their families were also threatened, demonstrating the psychological burden caused by the loss of immediate family members and threats to family safety. Furthermore, five victims experienced the killing of their husbands, which had profound emotional, social, and economic consequences for household stability. Additionally, four victims suffered direct physical torture, while three victims reported threats of burning their homes or workplaces, indicating systematic attempts to destroy domestic and economic stability. In other categories, two victims experienced the kidnapping of their fathers, and two others witnessed the torture of family members, particularly immediate relatives. Finally, one victim reported being arrested and detained.

One of the most frequently experienced forms of violence was the threat of house burning, which not only generated fear of losing shelter but also created a persistent sense of insecurity within one's own environment. Many research participants also faced situations in which their husbands disappeared under mysterious circumstances, accompanied by threats directed toward their families. These conditions produced emotional uncertainty and a heavy psychological burden, particularly for women and children left behind. Several individuals

experienced direct physical torture, while others witnessed the torture of their family members. Such experiences intensified trauma due to the emotional bonds involved. Cases of fathers being kidnapped, husbands being killed, and detentions carried out without due legal process further illustrate the systematic violence experienced by civilians in Aceh during the conflict.

Threats of burning homes and workplaces, along with repeated intimidation, reveal a pattern of repression targeting not only individuals but also the destruction of community, social, and economic structures. These conditions significantly affected the mental health of the victims. Furthermore, the categories of survivors’ mental health conditions can be seen in Table 5 below.

**Table 5.** Categories of Survivors’ Mental Health Conditions

Variabel/ Dimensi	Categori	
	Low	High
<i>Mental Health Inventory-18</i>	20 (45,7 %)	22 (54,3%)
<i>Psychological Wellbeing</i>	12 (28,4%)	30 (70,6%)
<i>Psychological Distress</i>	15 (35,7%)	27 (64,3%)

(Source: Personal Documentation, 2025)

The overall categorization of mental health conditions, as presented in Table 5, indicates that more than half of the conflict survivors in Aceh 22 individuals (54.3%), fall into the high mental health category. Meanwhile, 20 individuals (45.7%) are classified in the low mental health category. The difference in proportions between these two groups was not statistically significant. Further analysis was conducted specifically on the two aspects of mental health. The results show that the majority of the study sample exhibited a high level of psychological well-being, with 30 individuals (70.6%) falling into this category. However, 27 individuals (64.3%) were found to experience high levels of psychological distress. More detailed results can be seen in Table 6 below.

**Table 6.** Classification of Mental Health Sub-Dimensions

Sub-dimension	Categori (%)	
	Low	High
Anxiety	27 (64,3)	15 (35,7)
Depression	20 (47,6)	22 (52,4)
Loss of Emotional & Behavioral Control	4 (9,5)	38 (90,5)
General Positive Attitude	9 (21,4)	33 (78,6)

(Source: Personal Documentation, 2025)

Field findings indicated that the study sample of Aceh conflict survivors experienced relatively complex mental health disturbances, with psychological distress being the most dominant manifestation. The most prominent symptom was a loss of control over emotions and behavior, indicative of affective instability. Additionally, the depression levels observed among the study participants were high, reflecting the profound impact of prolonged traumatic experiences. Although anxiety disorders were also identified, their intensity was categorized as low, and thus, they did not constitute a primary symptom within the psychological profile of the participants. On the other hand, the participants' psychological well-being exhibited a relatively high positive tendency. This was reflected in generally optimistic attitudes and good self-acceptance, which can serve as protective factors in the psychological recovery process. Overall, the interplay between psychological disturbances and aspects of well-being demonstrates the complexity of the mental health condition of the study sample, highlighting the need for comprehensive and contextually informed interventions.

A chi-square analysis was conducted as an additional test in this study to examine the prevalence of mental health based on other related demographic data. The results of the data analysis indicated that there were significant differences in mental health among the Aceh conflict study sample based on marital status and employment status, whereas other sociodemographic variables, such as gender, age, and place of origin, did not show significant differences in mental health levels. A more detailed description can be seen in Table 7 below.

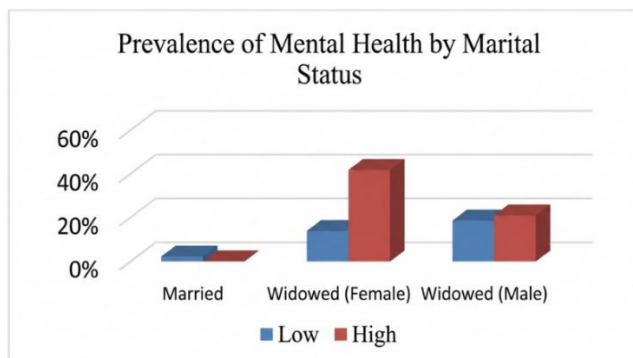
**Table 7.** Chi-Square Analysis Results of Differences in Survivors' Mental Health

Description	Mental Health Categories		P (sign <0,005)
	Low	High	
<b>Marital Status</b>			<0,001
Married	1 (2,3)	0	
Widow	6 (13,9)	18 (41,8)	
Widower	8 (18,6)	9 (20,9)	
<b>Occupation</b>			0,002
Farmer	2 (4,8)	4 (9,5)	
Employee at PT Damar Siput	1 (2,3)	11 (25,5)	
Retired	1 (2,3)	1 (2,3)	
Entrepreneur	1 (2,3)	1 (2,3)	
Civil Servant	1 (2,3)	1 (2,3)	
Others	0	6 (14,3)	
Unemployed	0	2 (4,8)	

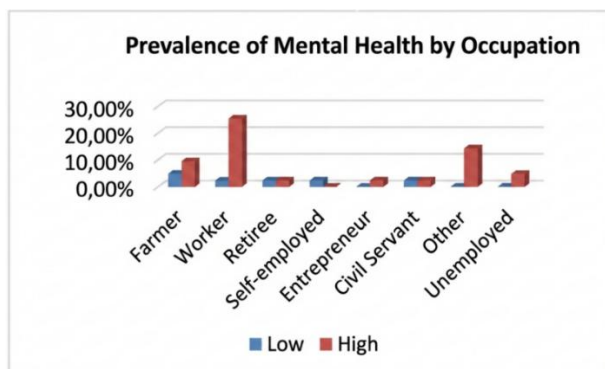
(Source: Personal Documentation, 2025)

The chi-square analysis indicates a statistically significant association between marital status and mental health conditions among survivors ( $p < 0.001$ ). Widows exhibit the highest prevalence of severe mental health problems compared to married individuals and widowers. Occupational status is also significantly associated with mental health outcomes ( $p = 0.002$ ),

with higher levels of mental health problems observed among employees at *PT Damar Siput* and individuals in informal or unstable employment categories. These findings suggest that social vulnerability related to marital and employment status plays a critical role in shaping post-conflict mental health outcomes. The same observation is illustrated in the following histogram data, which shows differences in mental health levels based on marital status and employment status. Further details can be seen in Figures 8 and 9 below.



**Figure 8.** Prevalence of Mental Health by Marital Status (Source: Personal Documentation, 2025)



**Figure 9.** Prevalence of Mental Health by Occupation (Source: Personal Documentation, 2025)

Based on the research findings, the armed conflict between 1989 and 2005 left multidimensional psychological impacts on the informants. The mental health assessment was conducted in 2025, allowing for an analysis of both residual and adaptive long-term effects. The results indicate that 22 individuals (54.3%) of the total informants fall into the high mental health category, while 20 individuals (45.7%) are classified in the low mental health category. Although the difference in proportions between these two groups was not statistically significant, it still provides essential indications regarding the distribution of psychological well-being among the survivors.

Further analysis of specific aspects of mental health revealed that the majority of informants, 30 individuals (70.6%), exhibited high levels of psychological well-being. However, 27 individuals (64.3%) also demonstrated high levels of psychological distress.

These findings indicate that psychological well-being and psychological distress can coexist within the same individual, reflecting the complexity of post-conflict psychological conditions. Previous research in a comparable context, survivors of the 20-year aftermath of the Aceh tsunami, provides a similar perspective. For example, the study by Santy et al. (2024) supports these findings. In their research involving 329 tsunami survivors in Aceh, 73.5% of respondents were categorized as having low mental health, with significant differences observed between directly and indirectly affected survivors.

Survivors who directly witnessed the tsunami exhibited a low mental health prevalence of 78.17%, whereas indirectly affected survivors, those who lost family members or property without seeing the tsunami, showed a prevalence of 66.6%. These findings underscore that the intensity of exposure to traumatic events significantly contributes to long-term mental health outcomes. Directly affected survivors, therefore, tend to experience more severe psychological impacts. Further research by Amna et al. (2025) on Aceh tsunami survivors corroborates these results, indicating that 78.17% of survivors had low mental health levels. Moreover, these findings suggest that the psychological effects of large-scale traumatic events, such as conflicts and natural disasters, can persist over the long term.

Additionally, research by Sari & Rachmawati (2022) on disaster survivors in West Java supports this evidence. Their study found that individuals who experienced past trauma continued to exhibit high levels of psychological distress despite social adaptation. This highlights the importance of sustained psychosocial interventions for survivors. These findings are also consistent with contemporary studies that emphasize the complexity of post-conflict mental health, such as the research by (Salelew et al. 2024) on women survivors of conflict in Ethiopia. The study revealed that, despite high levels of distress, many individual maintained aspects of psychological well-being through social support, spirituality, and community-based coping mechanisms.

The findings of (Salelew et al. 2024) are highly relevant to the theoretical framework developed by Veit and Ware (1983), which posits that mental health is a multidimensional construct comprising two main domains: psychological well-being and psychological distress. These two dimensions are not mutually exclusive; instead, they can coexist within a single individual, particularly in the context of trauma and long-term adaptation. This finding also aligns with the dual-factor model of mental health proposed by Corey Keyes, which asserts that individuals can experience distress symptoms while simultaneously maintaining positive psychological functioning (Ruini et al. 2026). In the context of conflict survivors, this is particularly relevant, as individuals may demonstrate resilience and adaptive functioning while still retaining emotional residues from experiences of violence, loss, and social dislocation.

Regarding women survivors of the armed conflict in Aceh, the majority exhibited high levels of psychological well-being, with 30 individuals (70.6%) falling into this category. Simultaneously, however, 27 individuals (64.3%) also experienced high levels of

psychological distress. These findings indicated that individuals can maintain positive psychological functioning, such as a sense of meaning in life, interpersonal relationships, and emotional regulation, while still carrying significant emotional burdens from past traumatic experiences. This condition reflects the complexity of post-conflict psychological states, which cannot be explained in a dichotomous manner. The simultaneous presence of well-being and distress suggests that psychological recovery is not a linear process, but rather an adaptive and multilayered one. Those individuals may feel socially connected and retain hope for the future while continuing to experience psychological symptoms such as anxiety, tension, or profound sadness.

A reflective study conducted by Good (2025) highlights that mental health recovery efforts in post-conflict Aceh over two decades demonstrate a similar pattern: many survivors appear socially recovered yet continue to carry profound psychological wounds, particularly in the absence of sustained interventions. Furthermore, research by Xu et al. (2024) indicates that high psychological distress does not necessarily impede the emergence of post-traumatic growth, especially when individuals possess reflective and resilience-based coping mechanisms.

The subsequent findings also indicated that survivors of the Aceh conflict experienced complex mental health disturbances, with psychological distress being the most dominant manifestation. Psychological disturbances were evident in the loss of control over emotions and behavior, indicating affective instability or emotional dysregulation. The inability to regulate emotions serves as a critical indicator of the long-term impact of trauma, particularly in the context of an armed conflict that lasted nearly two decades. These findings align with Contreras (2024), who asserts that chronic trauma can lead to autonomic nervous system dysfunction and impaired emotion regulation, thereby affecting an individual's capacity to respond adaptively to psychosocial stressors.

In the case of Aceh conflict survivors, the affective instability identified through impulsive behavior, heightened emotional reactivity, and difficulties in maintaining self-control constitutes a hallmark of trauma-related dysregulation. Moreover, the high levels of depression observed among the study sample indicate that prolonged traumatic experiences have left profound impacts on self-perception, life expectancy, and intrinsic motivation.

Depression in the post-conflict context often manifests latently and is rooted in experiences of loss, uncertainty about the future, and social disconnection. Boris (2023) emphasizes that unresolved trauma can trigger feelings of helplessness, profound sadness, and persistent impairments in social functioning. Additionally, anxiety disorders were also observed among survivors, although their intensity was categorized as low. This indicates that anxiety is not a primary symptom within the psychological profile of Aceh conflict survivors. The low levels of anxiety can be interpreted as an adaptive response to prolonged exposure to an unsafe environment, leading individuals to exhibit a flattened effect or diminished emotional responsiveness to threats. Similarly, (Dagnino et al. 2025) explain that

childhood experiences characterized by violence and loss significantly contribute to adult depression and affective dysfunction. They emphasize that collective trauma and social loss experienced during the conflict can serve as the root of persistent depressive symptoms. On the other hand, psychological well-being among survivors showed a relatively high positive tendency. Xu et al. (2024) demonstrate that individuals with high resilience levels tend to maintain psychological well-being despite experiencing significant distress.

## **CONCLUSION**

This study demonstrates that the survival ability of women survivors of the Aceh conflict (1989–2005) is not merely an individual response to armed violence, but rather the result of a complex interaction between traumatic experiences, socio-cultural structures, and Acehese Islamic and customary values. Within the context of protracted conflict, women did not occupy the position of passive victims; instead, they developed adaptive capacities through their roles in household economies, community social networks, and coping practices grounded in spiritual and cultural values. The findings further indicate that the mental health of women conflict survivors does not exist within a dichotomous spectrum between disorder and well-being, but rather operates along a dynamic and fluid continuum. Symptoms of psychological distress, such as anxiety, fear, and a diminished sense of security, may coexist with psychological well-being cultivated through religious meaning-making, social solidarity, and the reinforcement of collective identity in post-conflict contexts. Accordingly, the mental health of women survivors of the Aceh conflict should be understood as an ongoing process shaped by the historical context of armed conflict and subsequent phases of peace. Reflecting on two decades of peace in Aceh, this study underscores that the sustainability of women survivors' mental health is highly dependent on recognizing survival ability as a form of psychosocial capital, rather than merely as a temporary coping mechanism. Recovery approaches that focus solely on the reduction of individual trauma have proven insufficient when they neglect cultural, spiritual, and community dimensions. Therefore, mental health intervention strategies relevant to the Aceh context need to integrate trauma-informed approaches with the strengthening of local wisdom, community-based social support, and the facilitation of religious meaning as a long-term psychological resource. Conceptually, this study contributes to the advancement of conflict and mental health scholarship by positioning women survivors as agents with agency, rather than merely as objects of suffering. These findings affirm that peace should not be measured solely by the absence of armed violence, but also by the capacity of society particularly women, to reconstruct meaningful, empowered, and sustainable mental health. Nevertheless, this study has several limitations. First, it focuses on specific regions in Aceh, and therefore the findings may not fully represent the experiences of women conflict survivors across all areas of Aceh. Second, the qualitative approach employed allows for potential subjectivity in data interpretation, although efforts were made to ensure validity

through triangulation. Third, the study primarily emphasizes the perspectives of women survivors, and thus does not comprehensively incorporate the viewpoints of other actors involved in the conflict and post-conflict dynamics. Based on these limitations, future research is recommended to expand the geographical scope and include a more diverse range of informants, including post-conflict younger generations, in order to better understand the long-term transformation of trauma and resilience. In addition, mixed-methods approaches may be employed to integrate qualitative insights with quantitative data, thereby providing a more comprehensive analysis. Future studies should also further explore the role of public policy, local institutions, and community-based interventions in strengthening the long-term mental health of women conflict survivors.

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