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ORIGINAL ARTICLE

# Effects of individual resilience intervention on indigenous people who experienced Typhoon Morkot in Taiwan

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#### **KEYWORDS**

Typhoon Morakot; Indigenous peoples; Individual resilience; Individual resilience intervention program Abstract In 2009, Typhoon Morakot struck Taiwan and caused serious harm to the indigenous peoples living in the southern mountainous regions. The objective of this study is to examine the effects of and the factors involved in individual resilience intervention of typhoon victims. Quantitative research was performed from October 2009 through September 2010. Purposive sampling yielded 77 indigenous persons who were willing to serve as participants in this study. These participants all maintained legal or actual residence in the areas of Kaohsiung that were affected by the typhoon. An individual resilience intervention program was implemented. The findings show the following: (1) after completing the individual resilience intervention program, the participants had higher individual resilience scores than before participating in the intervention program; and (2) individual resilience scores were significantly affected by residency after the typhoon. These findings suggest that an individual resilience intervention program is a useful approach that can be used to enhance the individual resilience of a victim and that professionals should pay more attention to victims who have to leave their hometowns after disasters.

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## Introduction

In recent years, a large number of natural disasters have occurred around the world. The damage caused by these disasters should not be underestimated. Based on a report by the United Nations/International Strategy for Disaster Reduction (UN/ISDR), the global incidence of natural disasters is on the rise [1]. From August 7–9, 2009, Typhoon

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Morakot brought 2,500 mm of rainfall to the southern region of Taiwan. This rainfall led to large-scale mudslides in mountainous areas and caused casualties, disappearances, the relocation of villages, and the loss of resources. The casualties and damage to homes in the southern indigenous areas were the most severe ever encountered in Taiwan. Updated statistics report that a total of 497 people died and 52 are listed as missing. These mountainous areas are considered the worst hit areas of this typhoon [2].

Disasters are huge, uncontrollable, and brief environmental changes that affect many people [3]. Aside from the loss of lives and property, victims also suffer psychosocially. After Typhoon Morakot, aboriginal victims were afflicted with fatigue and sorrow [4], and the anxiety of these indigenous people increased [5]. The overall impact of this disaster on these people was devastating. After Typhoon Morakot, the Taiwanese government introduced several emergency policies and service plans designed to help the victims. A resilience intervention program was one of the service plans that was introduced to provide psychosocial intervention in order to enhance the resilience of the victims. This resilience intervention program was a time-consuming plan, and for many victims this was the first time they needed assistance.

The concept of resilience provides a positive viewpoint that can help victims recover from disasters. Resilience could be defined as a person's adaptive capacity and the supportive resources that can help a person recover from negative experiences [6,7]. Resilience could also be seen as a characteristic or behavior possessed or acquired by an individual that protects him from the effects of stress or the disaster [8]. This study uses Grotberg's definition of resilience: "a universal capacity which allows a person, group, or community to prevent, minimize, or overcome the damaging effects of adversity". Because this study focuses on individual aspects, it is referred to as individual resilience for the purposes of this study [9].

Research on resilience intervention has only emerged in the past decade. This kind of research is commonly applied and examined in the context of crises or high-risk situations. For example, a study on young survivors of terrorist attacks demonstrated that resilience intervention can facilitate an increase in resilience and promote physical, mental, and social well-being [10]. At the present, there are several studies that have analyzed the adaptation of and intervention for victims of disasters from the viewpoint of resilience [11–13]. The results of these studies confirm the importance of resilience and encourage more exploration into resilience and related factors. From these studies, it is clear that resilience intervention is a subject worthy of investigation.

Resilience intervention programs are continuously being developed [14–16]. Furthermore, research on resilience intervention for indigenous people is particularly lacking [17].

It is apparent that individual resilience intervention programs are helpful for assisting victims to cope with the impact of a disaster. Because of the urgency to reconstruct and the pressing assistance required to help victims, this study developed a resilience intervention program within 3 months after the Typhoon Morakot. This intervention program consulted foreign resilience intervention programs and the experiences obtained from services following the 921 Earthquake in Taiwan. Individual resilience intervention

also took into account the capabilities of the victims, anticipating that the program would enhance the victims' individual resilience and lessen the impacts caused by the disaster. Due to the lack of domestic and foreign studies that have evaluated the outcomes of resilience intervention programs, this study intended to evaluate the efficiency of resilience intervention via a quantitative one-group pretest-posttest design, in the hopes that it would clearly show the beneficial effects of resilience after disasters.

#### **Methods**

#### Sampling and subjects

This study was initiated within 3 months of Typhoon Morakot when victims were at different stages and different locations of temporary housing. The locations of the participants' residences were unstable throughout the execution process. In addition, public and private organizations only had incomplete information; thus, researchers had difficulties performing random sampling from a complete list of the names in a population. Therefore, the researchers individually invited and recruited subjects directly from the regions where they were located using a purposeful sampling protocol based on the purpose and design of the research and the criteria listed below. All of the participants were 18 years of age or older and were purposefully sampled from the villagers of Namasia Township, Taoyuan Township, and Maolin Township in Kaohsiung County. An explanation of the study was provided to all participants. All participants agreed to participate and signed consent forms. They were informed that they would receive resilience intervention services and participate in a research study.

After recruitment, 347 participants agreed to participate in this study. However, based on amount of the available funding and the capacity of the intervention program, only participants with individual resilience scores in the bottom 25% percentile (of 88 participants) were selected as subjects for the implementation of individual resilience. Researchers visited each of these 88 participants, and while 11 of them refused to participate in the program, a total of 77 people agreed to participate in the resilience intervention program, which lasted for 6 months.

#### Implications of individual resilience intervention

The objective of this individual resilience intervention study was to explore, strengthen, and maintain the individual resiliences of participants and to match participants to the individual resources that they required. Intervention was provided once every 2–3 weeks. The intervention program was conducted from March to October 2010. The intervention programs included the following: (1) individual resilience assessments, which were concerned with their relocation needs after the disaster, emotional adaptation, and interpersonal networks; and (2) individual strengthening and maintenance by individual and group-approach services; and (3) resource linking and referral. Based on the individual resilience pretest, participants were examined using the strengths perspective, which means looking for

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