

The Dynamics of Post-traumatic Stress Disorder among Sexual Violence Victims

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Abstract: This study aims to show the dynamics of post-traumatic stress disorder (PTSD) in child sexual abuse victims. This study applied qualitative methods with a case study approach through four participants (11–16 years old) diagnosed with PTSD. The data were collected using interviews, observation, and documentation techniques, followed by data analysis using categorical aggregation and direct interpretation. Our findings reveal that the dynamic of PTSD can be illustrated through five stages: 1) Traumatic Exposure, showing the severity of traumatic exposure experienced by the participants; 2) Excessive Negative Appraisal – participants assume that the sexual abuse experience has ruined their lives and they have no future; 3) Personality – the individuals' vulnerability contributes in creating the next phase; 4) Strong Emotion, such as feelings of guilt, shame, and sadness, 5). Social Isolation – participants feel isolated and tend to avoid their community because they become victims of bullying.

1 INTRODUCTION

The number of child sexual abuse cases in Indonesia has increased every year. Moreover, the National Commission for Child Protection [*Komisi Nasional Perlindungan Anak*] has launched "A Movement to Fight Child Sexual Abuse, declaring that Indonesia is in a state of emergency for child sexual abuse." An increased in child sexual abuse cases can be seen in the 2014 report of the KPAI Information and Complaint Center (January 2011– August 2014). The data shows that there is an increase in child sexual abuse cases each year. In 2014, there were 621 child sexual abuse reports out of 1,236 reports on child abuse cases. The data suggest that child sexual abuse is the most common case, and requires more attention from both the government and society (Davit, 2017).

The phenomenon of child sexual abuse needs immediate action due to the increasing number of cases each year, causing Indonesia to launch an emergency program for child victims of sexual abuse, which inhibits their growth.

Child sexual abuse can cause long-term psychological disorders, as revealed by the following studies: Devirshi (2015) states that all

forms of child sexual abuse can cause post-traumatic stress disorder (PTSD) as a reaction to their sadness and psychological symptoms; Sagatun (2015) proved that incest may cause prolonged PTSD in children; Widom (2000) found that child sexual abuse causes PTSD; and Zoladz (2013) points out that people experiencing interpersonal trauma (e.g., rape and/or child sexual abuse) are more likely to develop PTSD compared to people experiencing non-violent trauma (e.g., accidents or natural disasters).

These studies reveal that PTSD is a consequence of child sexual abuse. Therefore, it should be given more research attention. PTSD is a psychological disorder that may develop after a person is exposed to traumatic events (e.g., sexual abuse, war, a traffic accident, life-threatening events).

The initial research on PTSD focused on the veterans of the Vietnam War, and later developed to include various other settings, such as natural disasters, accidents, and abuse. During the last decade, studies on PTSD have shown improvement. Horowitz (1976) states that PTSD is caused by past experiences that unconsciously ignites trauma and anxiety. There are unconscious conflicts that could affect our way of processing thoughts, images, and emotions associated to the trauma. Lang (1979)

found that the etiology of PTSD can be explained using a behavioral approach, particularly through conditioning. Classical conditioning dictates that traumatic experience serves as an unconditional stimulus, which is paired with neutral stimuli such as something seen, heard or smelled associated with the traumatic event. Ehlers and Clark (2000) reveal that PTSD is a common reaction of traumatic events. These threats occur as the consequences of the following factors: excessive negative thoughts and memory disruption towards memories of past traumatic exposure.

There are many studies on PTSD in both developing and developed countries. However, existing theoretical assumptions of PTSD do not consider cultural factors in reformulating the theories. Thus, it cannot be generalized to a particular culture. This argument is explained in the following studies: Scott et al. (2014) state that the findings of PTSD studies cannot be used to generalize other populations; Jobson and O'Karney (2008) emphasize that cultural differences are key to the development of trauma impact on one's identity, hence the process of reforming PTSD theory requires cultural factors; Darleen Susanne Haj (2015) explains that cultural background is important during the process of identifying, diagnosing, and treating PTSD cases; and Taku et al. (2009) reveal the need for the sample's ethnic background specification to help researchers to find out how socio-cultural factors can aggravate or protect victims of sexual violence from negative occurrences.

Studies focusing on PTSD are fairly well-developed in Indonesia, although it does not compare to the number of studies carried out in Western countries. PTSD studies in Indonesia mostly focus on trauma that emerges after natural disasters, e.g., tsunamis and volcano eruptions. Several examples include, "Tsunami and Post-Trauma Stress in Children" by Hartini (2009), a study conducted by Agustini et al. (2011) which measured demographic factors, such as gender and parental support in adolescents experience of PTSD in Aceh after the tsunami; and "Social Support and PTSD in Adolescent Survivors of Mount Merapi" by Tentama (2014). The results of those studies demonstrate that there is a significant negative relationship between social support and PTSD. This indicates that lower social support reflects higher PTSD disturbances in adolescents.

PTSD studies conducted in Indonesia do not provide an understanding about the dynamics of PTSD within Indonesian culture, including the risk

factors that cause PTSD in victims of child sexual abuse. In this regard, the lack of research conducted in Indonesia has an impact on limited psychological-oriented preventive efforts. By analyzing the risk factors of PTSD on child sexual abuse victims, this study is expected to provide benefits in modeling the prevention of PTSD in the victims.

A developed PTSD concept in Western countries cannot be applied in Indonesia due to cultural differences. Jobson and O'Karney (2008) pointed out that cultural factors contribute to individual trauma, particularly on memory, information management, and self-concept traumas. The findings indicate that the current PTSD model and theoretical assumptions should consider cultural factors in the process of theory reformulation. Looking at this issue, we are interested in conducting PTSD research on child sexual abuse victims in Indonesia.

This study examines the process of change in sexual abuse victims until PTSD is developed. Dynamics is a form of change, which can be small or large and can happen sooner or later, and is real and related to a condition or state of the person (Chaplin, 2006). The arising question was, "What are the dynamics of PTSD development in children who are victims of sexual violence?" The answer cannot simply be explained using existing PTSD theories because the context is different. Current theories by experts from developed countries are largely related to victims of war and natural disasters. However, very few PTSD studies has been conducted within the context of child sexual abuse, especially in Indonesia.

2 METHOD

This research used a qualitative method using an instrumental case study. Instrumental case studies (Stake, 2005) aim to provide an in-depth understanding or re-explanation about the process of generalization. This approach examines an issue using a case-study as an instrument to provide a detailed description. The case-study approach allows victims of sexual abuse to describe their condition before and after the traumatic event. This method can highlight changes in more detail compared to quantitative methods (Sagatun, 2015).

The subject of this research were children and adolescents who have experienced sexual violence and are showing an indication of PTSD. The inclusion criteria are as follows:

- 1) Children between the age of 11 to 16 years old. This is the stage of formal operations.

- 2) Experience of sexual violation during the last year to avoid biased information (Derivois, et al., 2014; Usami, et al., 2014).
- 3) Experience of PTSD. The diagnosis of PTSD was performed on the basis of preliminary assessment through interviews, observations, and Child PTSD Scale Symptoms for DSM V (CPSS V scale).
- 4) Willingness to be involved in this research and share their experience as victims of sexual violence with PTSD.

This research used interviews as the main method with observation and documentation as supporting methods.

Creswell (2007) stated that there are four stages in data analysis along with its interpretation in case study research. The stages of data analysis conducted with categorical aggregation and direct interpretation, through the process of validity is data triangulation. According to Stake (1995), triangulation pattern should be used in case studies, for two essential reasons: 1) Case studies are oriented towards the disclosure of the "peculiarities" and "complexity" of a social event or phenomenon. Therefore, it takes various categories of information or data that cannot be collected by only one method; and 2) The credibility of case studies will reach a high level if the data collection process combines a number of methods that complement each other or cover each other's weaknesses.

3 RESULTS

Most children who have experienced sexual violence have traits of a psychological disorder called PTSD. Symptoms include intense fear, increased anxiety, and quietness after a traumatic event. Based on the cognitive point of view, PTSD is associated with the tendency to pay more attention to negative stimuli, to interpret ambiguous information as a threat, and fear of such events reoccurring in the future. Our findings reveal that the dynamics of PTSD occur in five stages: 1) Traumatic Exposure; 2) Excessive Negative Appraisal; 3) Personality; 4) Strong Emotion; and 5) Social Isolation.

3.1 Traumatic Event

Zoladz (2013) states that a person experiencing interpersonal trauma, such as sexual violence, would be more likely to develop PTSD compared to people exposed to non-traumatized events (e.g., accidents and natural disasters). Kessler (2017) agrees with

this statement and states that 70.4% of respondents have experienced lifelong trauma. Traumas caused by interpersonal violence with the highest risk are rape (13.1%), other sexual violence (15.1%), stalking on the street (9.8%), and the unexpected death of loved ones (11.6%). We examined symptoms shown by 13 victims of sexual violence. Participants were assessed using observation, research interviews and the Children's Post-Traumatic Stress Disorder Symptom Scale (CPSS V). Four out of 13 participants suffered from severe PTSD: severe CD PTSD (P1); severe EF PTSD (P2); OP (P3); ST (P4). These participants experienced sexual violation with threat. Here are the results of the interview:

"Mr. N sodomized me. At first I didn't want to do it, but he forced me. He groped my body when I was sleeping after reading Quran after Isha prayer. He said that if I scream, I will embarrass myself, so I kept quiet." (P1.2003.008/18-24)

"I didn't know either of them. The first person was an angkot driver. He said that he would drive me home. I said yes, but he ended up bringing me to a rice field and raped me." (P2.1704.009/16-22)

"Yes, and the second person was someone riding a bicycle. I didn't know him, but he wore transparent helmet. He urged me to go to a rice field and raped me there." (P2.1704.010/23-30)

"In the night, Mr. N. groped and grabbed my butt. I was shocked and tried to resist, but he was stronger than me. He also intimidated me." (P3.2103.006/19-29)

"I was raped on a table when no one was around. I didn't want to do it anymore, but he forced me (crying)." (P4.2404.013/21-23)

The interview results of the four participants revealed that they had received threats when they were victims of sexual violence. The first participant (P1) was sodomized more than three years ago when he was in elementary school. The second participant (P2) was raped twice: 1) When she was at seventh grade, the perpetrator was a public transportation driver; and 2) A year after the first assault, she was raped by a man who wore a helmet. Both assaults were carried out by strangers in a rice field. The third participant (P3) was sodomized by a Qur'an teacher. P3 was invited to stay over in a *mushola* [small mosque]. However, the teacher assaulted him in the middle of the night. P3 tried to fight back but Mr. N was more powerful than him. The fourth participant (P4) was assaulted and threatened. The perpetrator was her Quran teacher whom she has known since she was five years old. The traumatic exposure continues because of the threats she receives from the family.

3.2 Negative Appraisal

Ehlers and Clark (2000) stated that PTSD is a normal reaction from traumatic events. The development process of PTSD is influenced by external factors (e.g., dangerous environment), causing victims to experience excessive negative thoughts and anxiety. It was perceived by the participants as follows:

"All of my brothers and sisters hate and blame me. I'm the one who made my mother die. This is all my fault. I'm sad, ma'am (P1 hung his head down in embarrassment)" (P1.2003.022/68-76)

"Yes, I'm already ruined. I have no future. I did not go to school and has nothing to do, so there is no future for me. (P2.1704.071/223-226).

"Now I'm afraid to know men because most of them are bad people." (P2.1704.030/81-85)

"I feel miserable because of that incident. I have no future and many people hate me." (P3.2103.020/66-68)

"My future has been ruined. I also put shame on my family. It is very shameful. I am also uncomfortable of going to school, I have no purpose." (P4.2404.040/108-111)

"That incident destroyed my hopes. I don't have anyone to rely on. If I am a glass, I've been broken to pieces." (P4.2404.032/82-84)

The interview results of the four participants reveal that traumatic exposure results in an excessive negative judgment, especially for their future. Four participants thought that their future had been destroyed. They no longer had a purpose in life and felt unable to live their future life after the sexual violence they experienced.

3.3 Personality

Schiraldi (2000) concludes that personality could be considered as a trigger factor of PTSD. Personality traits, such as pessimism, being closed-off, self-blame, and denial are vulnerable traits of people who experience PTSD. The following interview excerpts support this argument:

"I once wanted to tell someone, but I was afraid of being scolded. I also didn't know the previous stories. People told me that I am quiet. I was just afraid that they would interrogate me. This is all my fault. This happened because I'm such a fool." (P1.2003.004/6-12).

"I am a disgrace, if it's already out then there is nothing to do." (P2.1704.044/146-147).

"That's right, I am already a bad woman, and people said I am a bad liar. That's how I am." (P3.2103.041/153-155).

"I want to talk to someone, but... I am afraid I can't be open to people, even my siblings don't understand. I am ashamed, moreover if I tell this story." (P4.2404.047/130-132).

The interview results indicate that all participants considered themselves having a closed and shy personality, preventing them to find the courage to express their thoughts and feelings after being abused. Self-disclosure is important for sexual abuse victims. This statement is in line with a study conducted by Purves (2004) who stated that self-disclosure has an important emotional role in managing traumatic experience. Self-disclosure is alleged to release feelings of guilt and anxiety in individuals experiencing traumatic exposure (Calhoun and Acocella, 1990).

In addition to personality vulnerabilities (e.g., pessimism and shyness), intelligence factors also affect the development of PTSD. This is supported by Macklin et al. (1998) who reveal that high-intelligence acts as a protective factor. It is associated with better coping skills. The following interview excerpts support this argument:

"That's right, my grades have failed two or three times, so I grew up by myself. I decided to go to a boarding school. (P3.2103.027/103-106).

"That's okay, Miss. People don't believe that I was forced. They assume that I'm a bad and stupid person. I have bad grades because I often skipped school with my friends. They persuaded me." (P3.2103.004/5-16)

3.4 Strong Emotion

In addition to external factors, Ehlers and Clark (2000) state that victims of traumatic exposure consider themselves to have no ability. It could be observed through strong emotion such as shyness, inferiority, and isolation. This argument is consistent with the results of data collection as follows:

"My siblings don't like me, but I don't really know. All of my siblings blame me. I was the one who made my mother die... She was sick because she thought about my problem. My siblings said I was the cause...everything is my mistake, I am sad. (P1 looking down in shame)" (P1.2003.022/68-76).

"I've put my family to shame. My father didn't know. If he knew, I would be expelled from home. (P2.1704.032/105-106).

"Yes... I stole a printer in my elementary school. My friend, A, persuaded me but it was still my mistake. Most people think I have no future. Sometimes I recall that incident when I'm alone." (P3.2103.035/133-139)

I usually hang out with my friends, drinking, or smoking. I also have difficulty sleeping." (P3.2103.037/143-145).

The four participants thought that the incident was their mistake, particularly that they have put shame on their families. In fact, P4 was intent on committing suicide out of embarrassment, like in the results of the following observations:

"He/she sent a message to his/her aunt, 'I miss father; I also want to meet mother K (his/her biological mother). I also want to meet them, to go together and loved by them'. Since a child, I was never loved by father. Mother, I don't want to live in this world anymore." (P4).

3.5 Social Isolation

Martine, Hebert, et al. (2016) reveal that over half of sexually abused children were reportedly bullied by their friends (60%), and 51% had verbal disorders and experienced physical abuse from their colleagues at school (35%). This allows the victim to experience up to three-times the clinical level of dissociation and PTSD symptoms. This argument is also expressed by McFarlane et al. (2001), who state that PTSD symptoms greatly disrupt attachment and intimate behavior, leading to widespread negative effects on interpersonal relationships and a decline in social functioning. These arguments are reflected in the following interview excerpts:

"It's different. The way they look at me was different. Hate, friends who used to be close to me no longer wants to meet me. It's different." (P1.2003.030/98-101).

"They stayed away... my siblings also stayed away from me." (P2.1704.041/128).

"Don't hang out with P3, he/she will rape you," they see me as a trash. No one wants to talk to me. It's the reason I don't want to go to school." (P3.2103.026/96-102).

"My teacher used to say harsh words to me. I am so sad. All of my friends stay away, they know about that incident." (P4.2404.012/18-20).

The examination results reveal that all participants were often bullied by their friends at home and school. They tried avoiding other people and went as far as to drop out of school and isolate themselves at home. Victims of sexual abuse also received minimal support from their families and teachers. They tended to be asked questions that cornered them, causing them to feel blamed for the incident.

The interview excerpts above describe how traumatic events experienced by the victims influence the way they value themselves, their lives, and future. The more severe and the longer that victims experience traumatic events, the more negative they value themselves, their lives and their future. The assessment is influenced by their

personality or personal tendencies. Children with low intelligence tend to be less effective in choosing coping strategies, preferring to escape from problems or becoming addicted to alcohol. Furthermore, pessimistic and closed personalities will create strong emotions such as extreme guilt, excessive embarrassment, and sadness.

These emotions affect children's social lives, because they tend to distance themselves from communities due to being verbally or physically bullied by some community members. The stages above are dynamics of PTSD, which can be seen from several symptoms, such as re-experiencing, arousal, avoidance, negative mood, and cognition.

4 CONCLUSION

Our findings reveal that PTSD dynamics in child sexual abuse victims consists of five processes, namely: 1) Traumatic exposure: the severity of sexual violence exposure experienced by participants; 2) Excessive negative judgments: participants assume that the sexual abuse has destroyed their lives, leaving them with no future; 3) Personality: individuals' susceptibility contributes to the formation of the next phase; 4) Strong emotions, such as feelings of guilt, shame, and sadness; and 5) Social isolation: participants experience alienation and tend to avoid the community due to bullying.

The results are consistent with a study conducted by William (2006) who found that PTSD dynamic is cognitively described through individual personalities and environments in the social context. PTSD cognitive dynamic can be illustrated through the participants' assessment of their sexual abuse experiences, which is influenced by personality, emotional state, and coping strategies. Furthermore, Ehlers and Clark (2000) revealed that PTSD is a common reaction to traumatic events. As a consequence, these factors appear: excessive negative judgment and memory disruption to traumatic exposure and past historical memories.

Furthermore, this study is expected to contribute in explaining the dynamics of PTSD among sexual abuse victims. Therefore, the theoretical concept of PTSD can be applied in children or adolescents who have experienced sexual abuse, particularly in Indonesia. It is also expected to provide discourse, allowing child sexual abuse victims to build positive coping strategies against PTSD. In addition, it can instill awareness about the importance of being open and alert to avoid traumatic experiences.

The results of this study can provide an overview or discourse for the families of the victims about the importance of family support, providing information on the behavioral changes experienced by sexual abuse victims. This is particularly valuable to preventive efforts against the risk factors of PTSD. It also provides knowledge about the importance of community and school support around the victims after such a traumatic experience in preventing prolonged trauma or PTSD.

In the future, this research is expected to be utilized as a basis to develop a wider and deeper assessment of the PTSD concept, particularly among child sexual abuse victims.

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