LIVING IN SURVIVAL: SOCIAL AND INSTITUTIONAL SHAPING OF LIFE TRAJECTORIES OF ADULT CSA SURVIVORS IN INDONESIA

Nurul Eka HIDAYATI, Fentiny NUGROHO, Sali Rahadi ASIH

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Nurul Eka HIDAYATI[1], Fentiny NUGROHO[2], Sali Rahadi ASIH[3]

Abstract

Research on childhood sexual abuse (CSA) in Indonesia has predominantly focused on immediate psychological impacts, leaving a significant gap in understanding how survivors navigate long-term trajectories in the absence of early protection. This study explores how social and institutional responses shape the lives of adult survivors who received little or no formal intervention during childhood. Using a qualitative life-history design, we analyzed in-depth narratives from eight adult survivors, triangulated with perspectives from eleven significant persons, to examine the interaction between family responses, cultural norms, and institutional practices across the life course. Findings reveal that CSA initiates a trajectory of systemic betrayal and familial silencing, where the cultural construct of *aib* (shame) enforces social silence and hinders early disclosure. These experiences coalesce into a persistent condition described as "living in survival," where trauma is reactivated during key adult transitions, such as intimacy and parenting, rather than being resolved. The study conceptualizes survivors' adaptive strategies as "navigational competence," reflecting a context-dependent resilience within fragmented protection systems. We argue that recovery is not a linear therapeutic outcome but a socially negotiated process requiring long-term, ecologically sensitive social work interventions. The findings call for a policy shift in Indonesia from crisis-based models toward sustained institutional accountability and relational accompaniment that addresses the structural conditions of silence across the life course.

Keywords: childhood sexual abuse; adult survivors; life-course perspective; social and institutional responses; recovery; Indonesia.

[1] Department of Social Welfare, Faculty of Social and Political Science, Universitas Indonesia, INDONESIA. E-mail: nurul_eh@yahoo.com; ORCID: 0009-0004-4784-7089

[2] Department of Social Welfare, Faculty of Social and Political Science, Universitas Indonesia, INDONESIA. E-mail: fentiny2015@gmail.com; ORCID: 0009-0004-4784-7089

[3] Department of Psychology Faculty of Psychology, Universitas, Indonesia, Indonesia. E-mail: sali.rahadi@ui.ac.id; ORCID: 0000-0002-9377-3605

Introduction

Childhood sexual abuse (CSA) is a global public health crisis with lifelong consequences for physical, mental, and reproductive health (Vera-Gray, 2023; World Health Organization [WHO], 2020). Despite affecting over a billion children annually, most cases remain unreported due to systemic barriers to protection and disclosure (UNICEF, 2021). Research consistently shows that survivor outcomes are shaped less by the abusive act itself than by the social and institutional responses that follow, particularly in silencing environments that produce institutional betrayal (Smith & Freyd, 2014; Dufour, 2024).

However, much of the existing literature remains focused on short-term clinical outcomes, offering limited insight into how survivors navigate adulthood after prolonged absence of protection. As a result, recovery is often framed as a linear therapeutic process rather than a socially negotiated life-course trajectory (Alaggia *et al.*, 2019). This limitation is especially salient in Indonesia, where cultural norms of shame and family honor (*aib*) frequently prioritize social reputation over child safety, particularly when perpetrators hold religious or social authority (Wismayanti *et al.*, 2019; Reski, 2023). Within such contexts, silence is not merely personal but socially regulated.

Disclosure is a relationally negotiated process that depends on perceived safety and social validation (Liamputtong, 2025). When early attempts to seek help are dismissed, survivors often delay disclosure until adulthood, particularly during transitions such as intimate relationships or parenting that exceed existing coping capacities. In recent years, social movements and online platforms have provided alternative routes for disclosure, enabling collective validation outside formal institutions (Alaggia & Wang, 2020). From a socio-ecological and trauma-informed perspective, these adult transitions often reactivate unresolved childhood trauma rooted in earlier failures of protection (Alaggia & Millington, 2008; Herman, 1992, 2015). Survivors therefore develop adaptive strategies to sustain daily functioning, a condition conceptualized in this study as "living in survival."

In Indonesia, empirical research rarely examines how institutional responses and life-course transitions interact to shape long-term recovery trajectories, leaving limited guidance for recovery-oriented social work interventions (Rumble *et al.*, 2020). Addressing this gap, the present study employs a qualitative life-history design based on narratives from eight adult survivors and eleven significant persons to examine how social and institutional contexts influence recovery across adulthood. By focusing on life trajectories rather than isolated episodes of abuse, this study seeks to identify points for systemic reform and sustained relational accompaniment within socially constrained environments.

Literature Review

This study integrates socio-ecological and life-course perspectives to examine how social and institutional responses shape the long-term trajectories of adult survivors of childhood sexual abuse (CSA). Rather than conceptualizing recovery as an individual psychological outcome, this framework situates survivors' experiences within dynamic interactions between personal vulnerability and systems of protection or neglect over time.

Bronfenbrenner's ecological systems theory (1979; 1998) explains how risk and protection operate across interconnected environments, from the family microsystem to the cultural and institutional macrosystem. In the context of child maltreatment, vulnerability is understood as a systemic condition rather than an individual deficit (Martinello, 2019). Trauma-informed scholarship similarly emphasizes that long-term outcomes reflect cumulative social ecologies shaped by developmental timing and institutional responsiveness (DeCandia & Guarino, 2015; Levenson, 2020). Within such dependency contexts, Betrayal Trauma Theory explains how silence may be maintained to preserve essential relationships (Freyd, 1996), while institutional betrayal occurs when organizations prioritize reputation over child safety (Smith & Freyd, 2014; Dufour, 2024).

Cultural norms further regulate this ecological context. In collectivist societies, values of social harmony and family honor (*aib*) often discourage disclosure, particularly when perpetrators hold religious or social authority (Wismayanti *et al.*, 2019; van den Berg & Banks, 2024). In Indonesia, *aib* functions as a macrosystemic norm that frames silence as a moral obligation rather than a failure of protection (Reski, 2023). When abuse is minimized within religious or community settings, survivors may internalize adaptive strategies to maintain social belonging, even at the cost of personal safety (Bent-Goodley, 2006). These conditions contribute to an "ecology of neglect," where coping effectiveness is shaped by situational factors such as abuse continuity and the victim–perpetrator relationship (Cantón-Cortés & Cantón, 2010; Romeo *et al.*, 2018).

The life-course perspective highlights how early ecological adversity accumulates and resurfaces during adult transitions involving intimacy, caregiving, or identity consolidation (Elder, 1998; Putnam, 2003; Alaggia *et al.*, 2019). For some survivors, particularly men, these transitions may be accompanied by dissociation and sexual concerns related to disrupted identity cohesion (Villeneuve *et al.*, 2024). Within this framework, "living in survival" is conceptualized as a chronic ecological adaptation in which coping functions as an ongoing regulatory process rather than a temporary response (Follette & Vechiu, 2017; Harvey, 1996). These strategies enable social functioning but may constrain long-term emotional integration.

Recovery is therefore conceptualized as a relational and institutional process shaped by social validation and systemic responsiveness, rather than merely the

reduction of psychological symptoms. It involves reclaiming agency and integrating traumatic experiences into coherent life narratives within existing structural constraints (Draucker *et al.*, 2011; Masten, 2014). From a social work perspective, this framework underscores the need for sustained relational accompaniment and institutional reform, extending beyond crisis-oriented interventions toward long-term recovery-oriented support.

Methodology

This study employed a qualitative explanatory life-history design to examine cumulative adversity and coping across developmental stages, enabling analysis of how ecological vulnerabilities and institutional responses interact over time (Plummer, 2001; Maxwell, 2013; Creswell & Poth, 2018).

Participants

Participants were recruited through purposive and snowball sampling and included eight adult survivors of childhood sexual abuse (aged 30 and above), selected to ensure exposure to adult transitions where earlier trauma is commonly reactivated (Arnett, 2000; McAdams, 2015). To contextualize survivor narratives within broader social ecologies, eleven significant persons identified by participants were also interviewed, bridging the total number of interviews to nineteen. This survivor-led triangulation provided environmental perspectives without displacing survivors' narrative authority (Hidayati *et al.*, 2022; Timraz, 2019). Sample size was guided by information power, prioritizing analytical depth over numerical representativeness (Malterud *et al.*, 2016).

Table 1. Characterises of participants

Participants	Gender	Age	Family Status	Age at first CSA
P1	Female	33	Single	15
P2	Female	49	Divorce	5
P3	Male	40	Single	6
P4	Female	46	Divorce	5
P5	Female	47	Married	5
P6	Female	44	Married	5
P7	Male	37	Married	14
P8	Female	39	Married	9

Instruments

Data were generated through multiple rounds of semi-structured life-history interviews using trauma-informed and culturally responsive approaches that emphasized participant autonomy, indirect communication, and linguistic sensitivity within the Indonesian context (Dickson-Swift *et al.*, 2007; Liamputtong, 2025; Hidayati *et al.*, 2022).

Data analysis

Data analysis followed an iterative abductive process combining open, axial, and selective coding to identify core experiences, temporal linkages across life stages, and patterns of institutional inaction and cultural silencing, guided by ecological sensitizing concepts (Neuman, 2014; Maxwell, 2013; Walsh *et al.*, 2010).

Ethics

Ethical approval was obtained from Universitas Indonesia. Informed consent was treated as an ongoing process, and strict pseudonymization and contextual masking were applied to minimize risks of deductive disclosure (Kaiser, 2009). Reflexivity was maintained through analytic journaling and peer consultation to manage interpretive positioning and potential vicarious trauma (Finlay, 2002; Dickson-Swift *et al.*, 2007).

Results

For participants, childhood sexual abuse marked not only an early violation but the starting point of life trajectories characterized by recurring betrayal, enforced silence, bodily reactivation, and continuous efforts to adapt and make meaning. These processes unfolded across different life stages, shaping a persistent condition that survivors themselves described as "living in survival."

Early Violations within Trusted Relationships and Institutional Settings

CSA consistently began within spaces culturally constructed as safe—families, schools, and religious institutions. Vulnerability was produced through relational embeddedness rather than isolation, and intensified by the continuity of abuse and perpetrators' authority.

Perpetrators were embedded in children's daily lives. P3 described how religious authority replaced paternal attachment:

"My father passed away when I was in the first grade. So, I saw the ustaz as a father figure… because he seemed to truly care for me… every day from age 6 to 10, he molested me. Every single day.". (P3)

Here, institutional and emotional legitimacy merged, turning a sacred space into a site of repeated violation and constraining resistance through unmet attachment needs rather than physical coercion alone.

Abuse also occurred in highly visible communal spaces where adult presence did not translate into protection. P3 recalled: "*The abuse happened almost every day in the mosque. There were many students and many religious teachers there. They just stayed silent.*" (P3). This reflects failures of collective vigilance, where institutional reverence and social hierarchy suppressed intervention, allowing abuse to persist within everyday social environments.

Children's immediate responses were primarily somatic rather than cognitive, as survivors lacked language to interpret the violation. P4 described: "*He pressed his body against mine and I froze… I couldn't speak. I just stood there.*" (P4)

Similarly, P5 recognized secrecy rather than moral wrongdoing as the main signal of harm: "*I didn't realize it was wrong… but I noticed that if anyone passed by, he would suddenly pull his hand back.*" (P5). These embodied reactions formed an implicit trauma archive that later resurfaced across developmental stages.

Sustained Silence and Familial Erasure of Harm

Following the abuse, many survivors encountered silencing rather than protection. Disclosure was frequently reframed as moral misconduct, particularly when family reputation was perceived to be at risk. P2 recalled her mother's response: "*Actually, I did report it to my mother… she said, "Don't do this, don't go around telling people those kinds of dirty stories, it's embarrassing'… back then people would call it 'talking dirty' (ngomong jorok).* (P2). Here, cultural morality displaced responsibility from perpetrators to children, teaching survivors that disclosure itself was socially unacceptable and that suffering should be managed privately to preserve family harmony.

Several participants had already experienced emotional insecurity prior to the abuse, shaping expectations of care and protection. P1 reflected: "*Even as a child, I felt worthless. I remember praying for God to take me away. I thought I was a burden to my parents.*" (P1)

Such relational vulnerabilities intensified internalization of abuse and weakened expectations that adults would intervene, embedding silence within broader patterns of emotional neglect.

In extreme cases, even visible physical injury failed to prompt protection. P6 described returning home after the assault: "*The bandage was clearly visible, yet they didn't ask… my father saw the blood, but he didn't ask anything at all.*" (P6). This absence of response reflects an ecology of neglect in which children's

suffering becomes socially invisible, shaping not only immediate safety but also later meaning-making.

Many participants recognized their experiences as abuse only decades later. As P1 stated: "*I didn't even think it was abuse until I was in my 30s… I just thought it was my fault.* (P1). Delayed recognition thus reflected not only psychological processes but a chronosystemic outcome of growing up in environments where abuse was never named or validated, allowing silence to persist across developmental stages.

Reactivation of Trauma during Adult Life Transitions

Trauma resurfaced most intensely during adult roles involving intimacy, dependency, and caregiving, when relational demands exceeded survivors' coping capacities. Reactivation was described primarily through physiological dysregulation rather than explicit autobiographical memory, indicating that trauma was expressed somatically. P8 explained her fear of being alone:

"I am such a coward. I'm terrified of being home alone. If my husband is away on duty, I don't sleep until morning. During COVID, I was isolated in my room alone; I couldn't sleep… I was restless. Suddenly I was overthinking, my mind was racing everywhere". (P8)

For P6, cumulative distress led to functional collapse under caregiving strain: "I just couldn't take it anymore. My body felt dead; I couldn't sleep. I even thought it might be better to leave my children at an orphanage and just disappear… I even thought about ending my life." (P6). These episodes were often triggered by experiences of being ignored or emotionally dismissed, activating earlier memories of abandonment and non-protection. P8 described how ordinary situations provoked intense anger:

"I can get so angry that I shake if I am ignored… my order at a restaurant is skipped… at the gas station the attendant doesn't see my car… my husband forgets a story I've already told him… the feeling of being ignored, this truly triggers my anger". (P8)

Such reactions reflect heightened sensitivity to neglect rooted in early relational betrayal, where lack of recognition signaled threat rather than inconvenience.

To regain a sense of control, survivors developed behavioral regulation strategies that structured daily life. P2 described hypervigilant cleanliness as psychological self-protection:

"I'm a cleanliness freak. I always carry three or four hand sanitizers. Now, I can't stop it, and I realize it's not about health, but psychological. When people talked about the "new normal" during the pandemic, that had already been my normal for a long time". (P2)

Others experienced bodily rejection in sexualized social environments. P1 described her reaction during professional training: "*During those four days of training, where there was a lot of sexual joking, I felt nauseous and had a headache… my body seemed to reject it… I felt like vomiting every time I heard those dirty jokes.*" (P1)

These embodied reactions indicate that trauma was continually re-experienced when adult contexts reproduced elements of power imbalance, sexualization, or emotional neglect, functioning as adaptive alarm responses shaped by earlier relational danger.

Reclaiming Agency within Persistent Vulnerability

Recovery did not emerge after trauma had disappeared, but alongside ongoing survival. Participants described agency not as the absence of distress, but as ethical positioning in everyday choices. Spirituality functioned as moral self-regulation rather than institutional religiosity. P7 explained: "*I'm afraid of God… I was once a victim, and I don't want to become someone who harms others.*" (P7). Here, agency was expressed through personal responsibility rooted in lived experience rather than external moral authority.

Public discourse and legal recognition also supported meaning-making by offering symbolic acknowledgment of previously silenced experiences. P8 reflected: "*Hearing people talk openly about sexual violence on the news… I felt less alone. Like finally, people are starting to understand.*" (P8). Such recognition reduced isolation and legitimized suffering that had long been carried privately.

Economic and bodily autonomy represented more tangible expressions of reclaimed agency. P6 described leaving a job that involved sexual exploitation despite financial loss:

> *I used to earn more in my old job… I had to sell myself. But now, working at the café, I make less, but at least I don't have to give up my body. That matters, matters more to me. (P6)*

By prioritizing bodily sovereignty over economic security, P6 reasserted ownership of a body previously violated and commodified. These choices reflect recovery-informed living, where survivors negotiate dignity and safety within constrained circumstances. Agency remained fragile and context-dependent, shaped by relational, economic, and institutional conditions rather than signaling the end of vulnerability.

Summary of Life Trajectories: From Violation to Adaptive Survival (Revised)

Across cases, childhood sexual abuse initiated trajectories marked by relational betrayal, sustained silencing, and embodied reactivation. Trauma was maintained through implicit bodily memory and repeated failures of familial and institutional

protection, rather than limited to the initial violation. In the absence of early intervention, survivors learned to regulate distress internally while maintaining social functioning.

Adaptive strategies enabled daily stability but required continuous and exhausting self-regulation, particularly during adult transitions involving intimacy, caregiving, and economic responsibility, which often reactivated unresolved relational vulnerabilities. Coping thus functioned less as trauma resolution than as ongoing management of vulnerability within unsafe or invalidating environments.

Recovery did not follow a linear therapeutic pathway but emerged as a continuous negotiation between vulnerability and agency within constrained systems. The condition of **"living in survival"** reflects chronic adaptation to prolonged social neglect rather than individual pathology, underscoring the need for long-term, ecologically responsive social work interventions beyond short-term symptom-focused services.

Discussion

The findings indicate that for adult survivors in Indonesia, childhood sexual abuse (CSA) is not a discrete historical episode but a socially mediated and temporally mobile condition. Harm is reproduced through successive failures of protection and acknowledgment, positioning recovery as a long-term negotiation within fragmented systems. This aligns with life-course theory, which emphasizes cumulative and interconnected pathways of adversity rather than single causal events (Elder, 1998; Dhyatmika *et al.*, 2024 The enduring effects observed in this study reflect active survival adaptations to chronic and inescapable threats, consistent with qualitative findings that conceptualize coping as an evolving process rather than a static response (Bloom, 2014; Courtois, 2008; Herman, 1992, 2015; Oaksford & Frude, 2003; Phanichrat & Townshend, 2010).

A critical dimension of this trajectory is the onset of abuse within morally legitimized institutions such as families, schools, and religious settings. Although these environments are socially constructed as protective sanctuaries (Bronfenbrenner, 1979), the absence of functional safeguarding mechanisms constitutes a form of structural betrayal. Perpetrators exploit both institutional unreadiness and relational trust, effectively undermining children's capacity to seek help. This extends Betrayal Trauma Theory (Freyd, 1996) to institutional attachments, where failures by moral authorities produce moral injury through violations of expected care (Smith & Freyd, 2014; Litz *et al.*, 2009; Shay, 2014).

These institutional failures are reinforced by an "ecology of silence" shaped by cultural norms of family honor (*aib*), which prioritize social harmony over individual protection. While often framed as culturally protective, such norms function as secondary victimization by obstructing social validation and meaning-

making (Timraz, 2019; Wismayanti *et al.*, 2019). In Indonesia, *aib* operates as a macrosystemic mechanism that renders harm socially invisible, making silence a regulated social outcome rather than an individual coping choice (Reski, 2023). Similar dynamics have been observed among Asian and South Asian survivors, where cultural expectations of obedience and family cohesion delay disclosure and reframe suffering as personal responsibility (Chen, 2016).

The consequences of this silencing re-emerge during adult transitions involving intimacy and caregiving, when unresolved vulnerabilities confront new relational demands (Putnam, 2003; van der Kolk, 2014). Survivors display what this study conceptualizes as navigational competence, the capacity to sustain social and economic functioning despite unresolved trauma (Walsh *et al.*, 2010; Phanichrat & Townshend, 2010). However, this competence is fragile and resource-intensive, requiring continuous regulation of somatic and relational triggers. Limited institutional capacity to address adult developmental trauma perpetuates cycles of reactivation without sustained psychosocial support (Schoedl *et al.*, 2010; Villeneuve *et al.*, 2024).

Overall, the findings challenge linear clinical models of recovery and instead position healing as a socially negotiated, life-course process dependent on relational safety and institutional accountability (Alaggia *et al.*, 2019; Draucker *et al.*, 2011; Oaksford & Frude, 2003; Chen, 2016). From a social work perspective, this underscores the need to shift from crisis-based interventions toward long-term relational accompaniment and systemic reform. Without such structural commitment, survivors continue to compensate for institutional failures through exhausting private survival strategies.

Implications

Theoretically, this study extends ecological and life-course perspectives by framing recovery as a socially negotiated life-course process rather than a time-limited clinical outcome. The concept of "living in survival" challenges the pathology–resilience binary, positioning navigational competence as context-dependent adaptation to systemic neglect. These findings support recovery-oriented approaches that recognize prolonged vulnerability shaped by institutional and cultural conditions rather than individual dysfunction.

For social work and policy, the findings highlight the limitations of crisis-centered and child-focused interventions. Legal frameworks, including Indonesia's Sexual Violence Crimes Law (Undang-Undang Tindak Pidana Kekerasan Seksual, Law No. 12/2022), provide important juridical recognition of sexual violence but remain insufficient without service systems that address trauma reactivation during adult life transitions such as marriage, parenting, and caregiving.

Recommendations for Social Work and Policy

Social services should adopt life-course-sensitive strategies that normalize delayed help-seeking among adult survivors. Psychosocial support must be accessible during adult transitions, not restricted to childhood crisis response. Institutional accountability mechanisms in schools and religious organizations should include independent and confidential reporting pathways to reduce reliance on internal authority structures. Community psychoeducation addressing aib and victim-blaming is essential to foster social acknowledgment. In professional training, social work education should emphasize recovery-informed and relational accompaniment models for survivors of developmental trauma within structurally constrained environments.

Limitations and Ethical Considerations

Although not statistically generalizable, the sample offered substantial narrative depth consistent with information power (Malterud *et al.*, 2016), strengthened through triangulation with eleven significant persons. Ethical safeguards included ongoing informed consent and trauma-sensitive pacing. To reduce identification risks in interconnected communities, strict pseudonymization and contextual masking were applied (Kaiser, 2009). Researcher reflexivity through analytic journaling supported ethical engagement and mitigated risks of vicarious trauma.

Conclusion

This study demonstrates that CSA in Indonesia functions as a life-course condition shaped by repeated failures of institutional protection and social acknowledgment. Survivors do not merely "recover" from a past event but negotiate a persistent state of "living in survival," where agency and vulnerability coexist within structurally constrained environments.

By foregrounding survivors' long-term trajectories in the absence of early intervention, this study contributes to global CSA literature by shifting the analytic focus from symptom outcomes to socially mediated recovery processes. These findings call for a fundamental reorientation of social work and policy responses from short-term, child-centered crisis interventions toward sustained, ecologically grounded, and relationally responsive systems of care that accompany survivors across adulthood.

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