



Qualitative Research

Decision-making processes in help-seeking following sexual violence: A qualitative study

Shinta Yuliana Hasibuan,¹ Novy Helena Catharina Daulima,² Mustikasari²

¹Faculty of Nursing, Universitas Pelita Harapan, Tangerang, Indonesia

²Department of Mental Health Nursing, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia

Abstract

Objectives: Sexual violence remains widely underreported, often described as the “tip of the iceberg,” due to survivors’ fear, stigma, and uncertainty about seeking help. Although reporting rates in Indonesia have increased, the processes through which survivors decide to seek support remain insufficiently understood. This study aimed to explore the decision-making experiences of survivors of sexual violence in seeking help.

Methods: A qualitative descriptive design was employed using purposive sampling. Participants were survivors of sexual violence who had sought help and had been screened for post-traumatic stress disorder (PTSD). Data were collected through in-depth interviews and analyzed using thematic analysis.

Results: Seven interrelated themes emerged, including the chronological context of sexual violence experiences, survivors’ initial ignorance of sexual violence, multidimensional life changes following trauma, self-denial after sexual violence, decision-making processes driven by the refusal to fall into depression, the role of support from trusted individuals, and survivors’ experiences after seeking help.

Conclusion: This study highlights the complexity of survivors’ help-seeking decision-making and underscores the importance of trauma-informed and culturally sensitive mental health nursing care. Strengthening community education on sexual violence, supporting families in responding appropriately to disclosure, and developing targeted nursing interventions may facilitate survivors’ recovery and engagement with professional services. Future research should further examine factors influencing help-seeking and evaluate the effectiveness of nursing interventions for survivors experiencing PTSD.

Keywords: Decision-making; mental health nursing; seeking help; sexual violence survivors

Sexual violence is a traumatic experience for those who endure it. Although women constitute the majority of survivors, sexual violence can also affect children and men. Sexual violence refers to any sexual activity carried out without consent through coercion, threats, or physical force, ranging from verbal harassment to forced sexual intercourse. Such acts may be perpetrated by known or unknown individuals and can occur in various settings, including homes and workplaces.^[1-3] In essence, sexual violence involves the violation of bodily autonomy and the exertion of power and control over the victim, regardless of context or relationship.

Global estimates from the World Health Organization indicate that approximately one in three women (35%) worldwide have experienced physical and/or sexual violence during their lifetime, perpetrated by a partner or non-partner. Furthermore, about 30% of women who have been in intimate relationships report experiencing physical or sexual abuse by their partner.^[4] In the United States, one in five women and one in 71 men have been raped, with nearly one in ten women reporting rape by an intimate partner, including forced or attempted sexual intercourse.^[5] Data from^[6] further indicate that one in ten men in the United States experience sexual

Address for correspondence: Shinta Yuliana Hasibuan, Faculty of Nursing, Universitas Pelita Harapan, Tangerang, Indonesia

Phone: +62 81905063238 **E-mail:** shinta.hasibuan@uph.edu **ORCID:** 0000-0001-7492-0190

Submitted Date: January 07, 2025 **Revised Date:** February 03, 2026 **Accepted Date:** March 09, 2026 **Available Online Date:** March 31, 2026

Journal of Psychiatric Nursing - Available online at www.phdergi.org



or physical violence, with more than half of these incidents occurring before the age of 25. Despite these figures, fewer than 5% of attempted rape and rape cases are reported to law enforcement. Underreporting may occur for several reasons, including survivors' uncertainty about whether their experiences constitute sexual violence.^[7]

In Indonesia, reported cases of sexual violence reached 348,448 in 2017, increased to 406,178 in 2018, and rose further to 431,471 in 2019. The highest prevalence of violence against women was reported in West Java (2,738), Central Java (2,525), and DKI Jakarta (2,222). Incest accounted for the largest proportion of cases in the personal domain with 822 cases, followed by rape, with 792 cases; sexual intercourse under coercion, 503 cases; sexual abuse, 206 cases; sexual exploitation, 192 cases; sexual harassment, 137 cases; marital rape with 100 cases; cybercrime-related sexual violence 35 cases; forced abortion 18 instances; sexual slavery and attempted rape one case.^[8] The increase in reported cases reflects a growing willingness among survivors to disclose their experiences, despite the persistence of stigma and negative societal perceptions.

Help-seeking and reporting sexual violence are complex processes that often unfold over extended periods. Previous studies examining the #MeToo movement have shown that survivors may eventually disclose their experiences when they perceive social support and validation.^[9-11] Other factors influencing reporting decisions include survivor and perpetrator characteristics. For example,^[12] found that survivors under the age of 16 are less likely to report sexual violence, potentially due to limited legal awareness and difficulties in interpreting their experiences as criminal acts. Conversely, older survivors who possess greater knowledge of sexual violence may be more likely to seek help or report incidents. Given the multifaceted nature of these influences, examining the decision-making processes of sexual violence survivors in seeking help is both timely and essential. It is interesting for the researcher to explore the decision-making experiences of sexual violence victims in seeking help after sexual violence.

Materials and Methods

Study Design

This study employed a qualitative descriptive design to provide a comprehensive summary of a phenomenon as experienced by the participants. Descriptive qualitative research is characterized by an eclectic use of design and methods grounded in a constructivist inquiry framework.^[13] This approach allows researchers to explore participants' experiences directly through in-depth interviews, followed by systematic analysis and thematic description of the phenomena under investigation.^[14]

What is presently known on this subject?

- This qualitative study examines survivors' decision-making processes in help-seeking following sexual violence.

What does this article add to the existing knowledge?

- Seven interrelated themes reveal how chronological context, psychological responses, and relational factors shape help-seeking decisions.
- Survivors experienced substantial psychological, behavioral, and relational changes after sexual violence.

What are the implications for practice?

- Recognition of injustice and the desire for recovery emerged as key drivers of decision-making to seek support.
- Findings highlight the critical role of trauma-informed mental health nursing care and early education on sexual violence.

Participants

Participants in this study were survivors of sexual violence who had sought help by reporting the incident to authorities, family members, or trusted individuals. All participants had experienced more than one incident of sexual violence and had been screened for post-traumatic stress disorder (PTSD). PTSD screening was conducted using the PTSD Checklist for DSM-5 (PCL-5), which had previously been translated and validated in Indonesian populations.^[15] Participants included individuals with mild or no acute PTSD symptoms to ensure clinical stability during the interview process.

Sample Size and Rationale

In qualitative descriptive research, sample adequacy is determined by the information richness of participants' accounts and the point at which additional interviews no longer contribute meaningfully new insights. Consistent with the concepts of information power and thematic saturation, recruitment and interviewing proceeded until the developing analysis indicated that the themes were sufficiently elaborated and repeated across accounts, and further data collection was unlikely to substantially extend interpretation. As such, the final sample (n=5) is presented as adequate for in-depth, experience-focused qualitative inquiry; however, the findings are intended for analytic transferability rather than statistical generalization.^[16,17] The limited number of participants was not the result of inadequate recruitment efforts, but rather reflected ethical and contextual challenges inherent in sexual violence research. Prior to social media recruitment, the researchers attempted to collaborate with multiple sexual violence service organizations and hospitals to identify potential participants. However, access was not granted due to institutional confidentiality policies and concerns regarding survivor protection. Given these constraints, alternative recruitment strategies were required to ensure participant safety and voluntary engagement.

Data Collection

Participants were recruited via social media using an electronic flyer to increase reach and accessibility for a population that

may be difficult to approach through formal institutions due to stigma, privacy concerns, and fear of disclosure. Social media recruitment was used as a low-threshold entry point that allowed potential participants to initiate contact voluntarily, thereby supporting autonomy and perceived control. To minimize risk, all follow-up communication occurred privately, participation was opt-in, interviews were scheduled at the participant's preferred time and platform (Zoom or WhatsApp video call), and confidentiality protections were reiterated prior to and during the interview process. Given the sensitivity of sexual violence research, we adopted trauma-informed principles, including allowing participants to pause or stop the interview, avoiding unnecessary probing, and providing information on support services when needed.^[18] It is acknowledged that recruitment through social media may influence who feels sufficiently safe to participate and may over-represent survivors who are digitally connected, have greater readiness to disclose, or have prior help-seeking experiences. These methodological implications are addressed in the limitations section to enhance transparency.^[19]

During recruitment, approximately 10–15 individuals initially expressed interest in participating. However, during follow-up contact, several potential participants withdrew their consent prior to the interview. This withdrawal reflects the emotional complexity of revisiting traumatic experiences, concerns about retraumatization, and ongoing issues related to safety, trust, and privacy. Ultimately, five participants consented and completed the in-depth interviews. This pattern underscores the vulnerability of sexual violence survivors and highlights how recruitment strategies may shape who feels sufficiently safe to participate in research. These considerations are further discussed in the limitations section to enhance methodological transparency.

Interview Questions and Content

A semi-structured interview guide was developed to explore survivors' experiences of sexual violence and their decision-making processes in seeking help. A total of five participants were interviewed. The interview questions focused on participants' understanding of the sexual violence experienced, emotional, behavioral, and psychological changes following the incident, factors influencing decisions to disclose and seek help, sources of support, and perceived responses after seeking help. Open-ended questions were used to allow participants to describe their experiences freely, and probing questions were applied when necessary to clarify meanings and deepen exploration of relevant issues.

Data Analysis

Data were analyzed using thematic analysis. This method involves identifying patterns of meaning through systematic

coding and theme development across the dataset. The analysis followed the six-step framework proposed by:^[20] familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

Following each interview, audio-visual recordings were transcribed verbatim. The researcher repeatedly reviewed the transcripts while listening to the recordings to ensure accuracy and immersion in the data. Meaningful units of text were highlighted and assigned initial codes representing key ideas. Codes with similar meanings were then grouped into broader categories, from which themes were developed. The final themes were refined through iterative comparison across transcripts and subsequently presented in the results section.

Trustworthiness

To ensure rigor and trustworthiness, this study adhered to established criteria for qualitative research,^[21] including credibility, dependability, confirmability, transferability, and authenticity. Credibility was enhanced through repeated transcript checking and comparison with audio recordings and field notes. Dependability was supported by involving additional researchers who audited the research process, including problem formulation, data collection, analysis, and validation procedures. Confirmability was ensured by maintaining transparent documentation of transcripts, field notes, and thematic analysis tables, which were reviewed and discussed collaboratively among the research team. Transferability was supported through detailed and systematic reporting of the research context and findings, enabling readers to assess applicability to similar settings. Authenticity was addressed by presenting participants' experiences in rich, descriptive narratives that accurately reflect their lived experiences.

Ethical Considerations

All research procedures were conducted in accordance with ethical principles for research involving human participants. Prior to data collection, participants were provided with detailed information about the study's purpose and procedures and gave informed consent. Participant autonomy, confidentiality, and non-maleficence were strictly maintained throughout the study. Ethical approval was obtained from the Ethics Committee of Universitas Indonesia (ethical clearance number: 163/UN2.F12D1.2.1/PPM2021), confirming that the study met established ethical standards and was deemed appropriate for implementation.

Results

Five survivors participated in this study (age range 20–47 years), including both women and men. Participants report-

Table 1. Participants characteristics

Code	Participants Information	Perpetrator relation with the victim	Type of sexual violence	Time of occurrence	PTSD score
P1	23 years old, female, single	Friend	Rape	Elementary school (grade 2 or 3)	53
P2	27 years old, female, single	Friend	Attempted rape	At the beginning/ the end of 2019	59
P3	47 years old, female, widow	Uncle	Sexual abuse	Nine years old	17
P4	20 years old, male, single	Newly acquainted individuals	Rape with alcohol	October 2020	41
P5	28 years old, male single	Newly acquainted individuals	Sexual exploitation	Five years ago,	39

ed experiences of rape, attempted rape, sexual abuse, and rape involving alcohol. Two participants experienced sexual violence during childhood or school-age years, whereas three first experienced sexual violence in adulthood. Most perpetrators were individuals known to the participants, such as friends or family members. Participant characteristics are summarized in Table 1. To protect confidentiality and minimize the risk of identification, only essential demographic information was collected and reported.

Themes

This study develops seven essential themes, including the chronological context of sexual violence experiences, the victim's ignorance of sexual violence, life changes following sexual violence, self-denial after trauma, refusing to fall into depression as a driver of decision-making, finding support from trusted individuals, and positive responses received after seeking help. Each theme will be explained below.

Theme 1: When It Began – The Chronology of Sexual Violence Experiences

Participants described sexual violence experiences occurring at different stages of life, ranging from childhood to adulthood. Several participants reported that the first incident occurred during their elementary school years, whereas others experienced sexual violence during adolescence or young adulthood. The age at first exposure was analytically significant, as participants who experienced sexual violence in childhood described limited understanding of the event at the time and only later recognized it as sexual violence.

"It happened when I was in elementary school, in second or third grade, so I only remember it from when I was little." (P1)

"It was about a year ago, just before COVID, it was late 2019 or early 2019, something like tha." (P2)

"Hmm, I was 9 years old at the time." (P3)

"I think it happened in October 2020." (P4)

"It occurred several years ago, I think around five years ago if I'm not mistaken." (P5)

The incidents occurred within routine daily contexts, including daytime, nighttime, and weekends.

"That's where it usually happens during the day." (P1)

"Where it all started. I happened to be there on the weekend, on Saturday." (P2)

"At first, when it was nighttime, he liked to go to the bedroom." (P3)

Perpetrators were consistently described as individuals known and trusted by participants, such as friends, close peers, or family members. This familiarity contributed to confusion, disbelief, and delayed recognition of the violence, particularly when the perpetrator was perceived as a sibling-like figure or a trusted adult.

"There was a boy who lived next door to my house, a friend of my brother's. He was a year or two older than my brother. When I was in third grade, my brother was in seventh grade, so he was in eighth or ninth grade." (P1)

"When I was in college, I had a best friend on campus, so we were part of a group, he considered my brother like a real brother, there was no such thing as linking him." (P2)

"The perpetrator was my uncle." (P3)

Sexual violence frequently took place in private or familiar settings, including homes, bedrooms, workspaces within the home, or vehicles—spaces initially perceived as safe. Situational factors such as being alone, lack of supervision, and limited ability to seek immediate help heightened participants' vulnerability at the time of the incidents. These chronological and contextual elements shaped participants' early responses to the violence and influenced subsequent psychological reactions, disclosure patterns, and help-seeking trajectories.

"He liked to take me to the back room of my father's office to draw pictures, so that's where it happened. So, in my dad's office, which was in the back room, was usually where my dad worked." (P1)

"At that time, I played at his house because it was close by, and his parents told me to come and play because it was close to my boarding house, so his parents went to work, and his

older sister happened to invite her younger sister to go to the salon together. And coincidentally, our friend, for some reason, didn't show up that day." (P2)

"At first, he would go to my bedroom at night, I couldn't lock the door because I wasn't sleeping alone, I slept with his child, my cousin. I don't know why I couldn't lock the door back then." (P3)

"I remember the incident at my boarding house, at that time I was under the influence of alcohol." (P4)

"At that time, I remember being taken to the back of the house, where there were bushes." (P5)

Theme 2: The Victim's Ignorance of Sexual Violence

The victim's ignorance of sexual violence is seen in the victim's responses to experiencing sexual violence, the victim's inability to fight back, and the victim's unawareness of the sexual violence incident. The victims' responses when experiencing sexual violence differ from each participant, as shown in the following statements.

"I was quiet; I also do not know why I am quiet. There's nothing I can do even to fight back; there's nothing I do." (P1)

"I was angry; I fought back, but honestly, because it took too long to fight him and he kept fighting with me, I became increasingly unable to fight; even when I gave up, just to stand up, I couldn't, I wanted to fall." (P2)

"Maybe, I want to refuse, but I can't." (P4)

The victim's inability to fight back is explained in the following statements.

"Our life depends on him, so she (the trusted person) (the participant was silent for a moment) she can do nothing." (P3)

"The lust is there, especially if someone has been influenced by alcohol like that." (P4)

"Yeah, I was a teenager, so with a little seduction, then I want." (P5)

The following statements describe the victim's unawareness of the sexual violence incident.

"I didn't know, so I am not aware of it." (P1)

"Actually, I am confused whether it is included in the (sexual) harassment or just (sexual) abuse because I am confused about what makes them different and what makes them the same, I am confused." (P2)

"Because I was still a kid, and at that age, kids didn't know sexual education." (P3)

Theme 3: Life Changes in All Aspects After Sexual Violence

The changes after sexual violence occur in all aspects of the victim's life, such as the physical, behavioral, and psychologi-

cal changes experienced by the participants after they experienced the rape incident. They find it difficult to sleep and eat, are unfocused, sick, and even infected with HIV. This is demonstrated in the following statements:

"Sometimes at night, I think about it (sexual violence incident), so it makes it difficult to sleep." (P1)

"Because, when I am working, I feel like my life is everywhere, not focused. Then I go home, work again, and so on. And when someone invites me, I always don't want to, always can't, always refuse." (P2)

"I don't dare to sleep." (P3)

"I don't like to eat." (P4)

"After that incident, on January 23, I did a test for HIV. I got the result on January 28 or 29, and it was positive." (P4)

Behavioral changes also occur in the participants, as stated in their statements:

"From that moment, I became less confident." (P1)

"I'm a bit more introverted, keeping myself busy. I prefer to learn to take my mind off things that make me stressed." (P1)

"I was really depressed, very depressed; it can be said that for almost a year, I didn't open up to people. I just worked and went home." (P2)

Psychological changes are also experienced by the victims, where they blame themselves, get angry, cry, introspect, and feel broken. This is explained with the following statements:

"I am more blaming myself and feel embarrassed, but the worst thing is I am blaming myself." (P1)

"I had time to blame myself; at that time, I was so close to that person, am I too flirty?" (P2)

"So, whether I want to believe it or not, maybe there is something from us (the victims), I don't know whether it's true or not, we feel that there is 'something wrong with me, is there a magnet that makes me like this, is there something wrong with myself until I was made like this?' (P3)

"The feeling, broken and wondering, why should it be me, why me, while your friends that are together with you, why not them? Why me?" (P4)

Theme 4: Self-Denial After Sexual Violence

The ongoing impact experienced by the victims makes them deny themselves, where they refuse to remember the sexual violence incident and are overshadowed by the sexual violence experience. This is stated in the following statements:

"There is something that makes me feel disgusted with myself." (P2)

"I can't serve sexually well because of the impacts from this sexual abuse." (P3)

"While hiding this one, I try not to overthink about it, by keeping myself busy. When someone is working, I'm working too, with the hope I could forget the incidents." (P5)

All participants experience the feeling of being overshadowed by the sexual violence experience. This is stated in the following statements:

"I don't know, what I feel is still scared when I meet that brother." (P1)

"If it is said PTSD, maybe it's because of the perpetrator." (P1)

"Even to share like this, I'm fluttering, flutter to remember the incidents." (P1)

"For example, like yesterday, suddenly we must remember that incident, it can suddenly burst into tears." (P2)

"Even to share with this one, seriously, I'm shaking." (P2)

"My mental is affected, so I have anxiety, I have severe anxiety, I'm easy to get panic and anxiety." (P3)

"So, right now, I feel like there is a trauma if there is someone who comes close." (P4)

"I've tried suicide and wanted to try; it looks like the scars are still there (the participant showed the scars from the suicide attempt she did on her left hand), so I cut my hand when I was alone at home." (P1)

"If the self-destructive actions, such as punching the wall, if I'm angry, I bite my hand until it hurts, I kick the door until I'm bruised, something like that happens several times." (P1)

Theme 5: Refusing to Fall into Depression as a Driver of Decision-Making

The victim's decision-making in seeking help occurs when they refuse to become down, encouraging them to seek help. The desire to recover and a feeling of being treated inappropriately make them refuse to fall into depression. The participants express this through the statements below.

"I want to heal; I want to be strong." (P1)

"How about my future, how will I have a boyfriend, what do I need to do, is there a person that accepts me as I am, then do I need to tell this to the family, what (the participant stopped for a while) wait (the participant looked up and took a deep breath, the voice trembles) what will happen if I tell this to the family, even if later on I have a boyfriend, was it before... previously started a serious relationship, or later on I and he talk first, or after I believe first then I talk, how." (P1)

"I want to stay in my bedroom all day long; I won't let my sadness linger, so I don't like men. I'm working too because I always work in the IT field, which is generally men. If I make it too much, too instilled, no man can be trusted at all in this world. If that is the case, I cannot move forward in my job. Also, I cannot progress in my daily life; I will not be able to move forward, even if I cannot have a boyfriend." (P2)

"Disturbed, the first one is disturbed, disgusting, and disturbed." (P3)

"Because I'm the type of person who can't keep this to myself, I'll be sure to share, whether it is in a few months, a few days, or a few weeks. Even now, if I want to share with people, it's ok. If you want to tell anyone, it's ok, so that's why I shared with my cousin because I believe in her, she will not say to anyone." (P4)

"During that time, it became a burden, remembering the thing that was done, oh yes it's wrong, how's the solution, do I have to be quiet and keep it hidden, do I need to tell a person that I believe when I have the decision and courage to share, finally I shared, more or less after two years, there was courage to share because during that time I kept thinking, how is this, should this be kept by myself or shared with someone that I feel I believe." (P5)

The feeling of being treated inappropriately becomes one of the facts that the victims understand about the incident experienced. This is also one of the reasons why the victims finally decided to seek help. This is stated in the statements below.

"So, after that, that lesson, I was devastated, more stressed because I thought it had happened because I had dreamed about it several times." (P1)

"In my opinion, it's almost the same as rape, there was no one there, and I didn't want it." (P2)

"I started to feel something is wrong after he threatened." (P3)

"Now it's the victim who is harmed, because we who were healthy, now we must follow therapy for the rest of our lives." (P4)

"I feel like it is something wrong, and I think he just wants the fun things, and it's just nonsense, just nonsense." (P5)

Theme 6: Finding Support from the Closest People

The closest and trusted person is one of the supports sought by the victims in seeking help and being the first to hear the story or report. This is shown in the following statements:

"Finally, I talked to my senior because I cried until it was like she was scared, and she asked, 'What is wrong with you? Why are you crying like that?' She brought me from the bathroom, then moved me to the bedroom." (P1)

"Finally, I shared with a woman, but she is so far, she moved to Solo, so we just share virtually." (P2)

"I told my grandmother." (P3)

"With my cousin, I shared all the incidents that I experienced in that boarding house." (P4)

"The first time I shared was with a friend; he is a best friend, not just a friend." (P5)

The closeness of the victim with the person they first told influences the victim in seeking help.

"The one who ordered me to consult is my best friend." (P1)

"Because of all of them, I'm also close to her. I can't stop myself from talking." (P2)

"Because my grandma and I are so close, so I talk about everything to her." (P3)

"So, with my cousin, I talked to her in February, why I could share with her, because she knows my position, she knows what my family is like." (P4)

"A best friend, and he is trusted, can be accounted for what I tell, will not be said to anyone. I've also told a lot, starting from the small things until that incident, and I tell him he can keep the secret." (P5)

Theme 7: Positive Responses Received After Seeking Help

The victims' positive responses after seeking help can be seen from the acceptance of the closest people and the victims' feelings after they seek help. This is shown in the statements below:

"So, their acceptance of me makes me feel that they still accept me even with my current condition. That acceptance made me calmer, and at that time, I knew that I needed acceptance; I needed acceptance. At that time, finally, I knew that I needed acceptance." (P1)

"There is no judgment too, it's more like, 'Are you ok? But you are ok, right?'" (P2)

"Finally, my cousin brought me to a psychologist." (P4)

"After I shared this with that person, he gave advice; he said, 'Ok, don't overthink about it, what has already been done, just let it go, now it's time to change, don't let that incident happen again.'" (P5)

The victims feel the feeling of relief; this is stated in their statements:

"After I shared until I felt sick, it turns out it is relieving." (P1)

"When I shared with this older sister, even if it's only a short time, I felt more relief." (P2)

"There is still a person who cares for me, there is still a person who can accept me no matter what and doesn't stay away from me, so it doesn't burden me too much; there is a person I can share with." (P4)

"It is very relieving; it turns out I didn't choose the wrong person to share with me my bitter life experience." (P5)

DISCUSSION

Theme 1: When It Began – The Chronology of Sexual Violence Experiences

The findings of this study highlight the importance of understanding the chronological context of sexual violence experiences in shaping survivors' psychological responses and

help-seeking trajectories. Consistent with previous research, participants who experienced sexual violence during childhood reported limited capacity to interpret the experience as violence at the time it occurred, which contributed to delayed recognition and prolonged silence.^[22,23] Early exposure to sexual violence has been associated with disruptions in cognitive and emotional development, increasing vulnerability to long-term psychological distress.

The timing and situational context of the incidents further illustrate that sexual violence often occurs within ordinary daily settings rather than extreme or overtly dangerous situations. Similar findings have been reported in prior studies indicating that sexual violence frequently takes place in familiar environments and is perpetrated by known individuals, which complicates survivors' ability to resist, disclose, or seek immediate help.^[24,25] The presence of trust and emotional closeness with perpetrators may intensify confusion, self-blame, and disbelief, particularly among survivors who initially perceived the relationship as safe.

These findings also support evidence that the age at first exposure to sexual violence plays a critical role in shaping survivors' later help-seeking behaviors. Survivors who experienced violence during childhood often require extended periods to reinterpret the experience as unjust and harmful, which may delay disclosure and engagement with professional support services.^[12,26] In contrast, survivors who experienced sexual violence in adulthood may demonstrate greater awareness of the violation but still encounter substantial emotional and relational barriers to seeking help.

From a mental health nursing perspective, recognizing the chronological and contextual dimensions of sexual violence is essential for delivering trauma-informed and developmentally sensitive care. Nurses working with survivors should assess not only current symptoms but also the timing of trauma exposure and relational context in which the violence occurred. Understanding these factors can inform individualized interventions, facilitate empathetic communication, and support survivors' meaning-making and recovery processes.^[18,27]

Theme 2: The Victims' Ignorance of Sexual Violence

When the sexual violence occurred, participants described varied immediate responses, including remaining passive, attempting to resist, feeling disturbed, and being unable to refuse. These reactions can be understood within the framework of tonic immobility, a catatonic state characterized by muscular rigidity or hypotonia, trembling, reduced vocalization, analgesia, and diminished responsiveness to external stimuli.^[28] Tonic immobility has been widely reported among survivors of rape and sexual violence and often manifests as an inability to resist or respond despite internal distress. Consistent with previous research, participants in this study described being

unable to fight back or refuse the perpetrator's actions.^[29] Alcohol use by perpetrators also contributed to vulnerability, as described by one participant. According to,^[24] perpetrators may engage in sexual violence when they perceive reduced accountability for their actions, particularly in contexts involving substance use.

These reactions contributed to survivors' delayed help-seeking, as many participants initially did not recognize their experiences as sexual violence. Feelings of confusion, lack of understanding, and difficulty distinguishing between sexual harassment, abuse, and rape were common. This is in line with research by,^[9] who reported that some survivors, particularly those who experienced sexual violence at a young age, struggled to label their experiences accurately. Similarly,^[23] found that delayed recognition of sexual violence often complicates later meaning-making and disclosure. In the present study, participants who experienced sexual violence during childhood required considerable time to interpret and acknowledge the incident as rape, which influenced their silence and inability to resist at the time of the event.

Theme 3: Life Changes in All Aspects After Sexual Violence

This study identified significant life changes across physical, behavioral, social, and psychological domains following sexual violence. Participants reported sleep disturbances, appetite loss, difficulty concentrating, illness, and, in one case, HIV infection. These findings are consistent with prior studies indicating that survivors of sexual violence are at increased risk of physical health problems, including sexually transmitted infections.^[2,24,30] This aligns with studies from,^[31,32] which found that the impact of sexual violence on women is that the victim becomes challenged to concentrate, often daydreams, and has an empty mind.

Behavioral and social changes were also evident, including social withdrawal, reduced self-confidence, and difficulties forming relationships, particularly with men. These findings align with previous research showing that sexual violence can disrupt survivors' sense of safety and trust, especially when the perpetrator is a known and trusted individual.^[33,34] The betrayal of trust inherent in such experiences often leads survivors to generalize fear and avoidance toward others who resemble the perpetrator, thereby affecting social functioning.

Psychologically, participants described intense self-blame, anger, sadness, and feelings of brokenness. These emotional responses have been widely documented among survivors of sexual violence and are associated with long-term mental health consequences, including depression and anxiety.^[31,32,34-36] Persistent self-blame, in particular, may exacerbate psychological distress and contribute to the development or maintenance of post-traumatic stress symptoms.

Theme 4: Self-Denial After Sexual Violence

Self-denial emerged as a central theme reflecting the ongoing psychological burden experienced by participants following sexual violence. Survivors described avoiding memories of the incident, experiencing intense self-disgust, engaging in sexual avoidance, and struggling with anxiety, depression, and post-traumatic stress symptoms. In extreme cases, participants reported self-harm and suicide attempts, underscoring the profound impact of the trauma.

Survivors' avoidance of intimacy and persistent self-blame contrasts with studies suggesting that some survivors engage in high-risk sexual behaviors following sexual trauma.^[37-39] This divergence highlights the importance of sociocultural context in shaping post-trauma responses.

Participants' experiences of self-denial, shame, and sexual avoidance cannot be understood solely as individual psychological responses to trauma. These experiences are also shaped by broader sociocultural and religious norms that frame sexuality as taboo, morally regulated, and closely tied to personal worth and family honor. Within such contexts, survivors may internalize blame and perceive themselves as morally compromised, intensifying self-denial and avoidance of intimate relationships. Rather than facilitating disclosure, these norms may reinforce silence and emotional suppression, particularly when sexual violence is perpetrated by trusted individuals. Anticipated stigma, fear of victim-blaming, and concerns about social judgment may delay disclosure and professional help-seeking, thereby prolonging psychological distress.^[25,27]

Consistent with previous research, many participants in this study exhibited symptoms indicative of PTSD, including intrusive memories, avoidance, heightened anxiety, and emotional numbing.^[2,24,32,38,40,41] In severe cases, self-harm and suicide attempts were reported, reflecting the compounded effects of trauma and persistent self-blame. These findings reinforce the critical need for trauma-informed mental health interventions that address both psychological symptoms and the sociocultural contexts that shape survivors' recovery trajectories.^[24,31,42]

Theme 5: Refusing to Fall into a Depression as a Driver of Decision-Making

Participants' decisions to seek help were often driven by a conscious refusal to remain overwhelmed by psychological distress. The desire to recover and a growing recognition that the experience was unjust and harmful motivated survivors to reconsider silence and seek support. According to,^[26] before the survivors seek help, they label the action as a criminal act; the existence of motivational factors and understanding of the incident ultimately enables the survivors to mark the action as a crime and finally decide to seek help. In this study, the survivors were motivated or had reasons to seek help. The

survivors' motivation includes the desire to recover, the understanding of the sexual violence experienced, and the feeling of being treated inappropriately.

In this study, labeling the experience as sexual violence required time and reflection, particularly in contexts where rape culture and victim-blaming narratives are prevalent.^[22] Survivors described prolonged internal deliberation, questioning whether the incident should be disclosed or kept hidden. Once survivors recognized the injustice of the act and its long-term impact on their lives, the desire for recovery outweighed fear and hesitation.

The survivors seek help after being sure that the sexual violence experienced is a criminal act. This aligns with the theory^[26] that before the survivors seek help or report the incident, they label it as a criminal act. In this study, the factors that led survivors to decide to seek help were the desire to recover and the feeling of being treated inappropriately. Research^[43] stated that the factors motivating survivors to report sexual abuse are deep psychological pressure, the desire to prevent more victims, and receiving effective responses from the authorities. In their research,^[44] stated that the seriousness of the crime would affect the survivor's decision to report the criminal act experienced; the greater the losses suffered, the more likely they are to seek help. In this study, the survivors felt aggrieved by the actions of the perpetrator, questioning their future, feeling disturbed, and burdened by their own minds. These factors led the survivors to believe that the rape they experienced was a severe criminal act, ultimately prompting them to seek help.

Theme 6: Finding Support from the Closest People

In this study, the survivors sought support from a trusted person, someone they knew, had a close relationship with, and chose as their helper. Talking about or seeking help is one way for others to stop victimization. In their study,^[45] stated that victims want to share their experiences because they have a close relationship with someone, receive emotional support, and have an understanding of the facilities that support the survivors.

When the survivors seek help or talk about the incident, they choose a trusted person. In this study, the survivors told or sought help from a trusted person.^[46] stated that victims would reveal the sexual abuse they experienced to their trusted peers. These people motivate them to talk to their parents or professionals. In this study, participants shared their experiences with a trusted person; for instance, one participant's friend suggested she seek counseling to get treatment for her mental health. Trust from others is an essential aspect of the process, as it helps the survivors tell or seek help. The trust given can enable the survivors to pass this process well. Victims' hesitation in telling or seeking help may result in delays in receiving mental health services.^[46]

Theme 7: Positive Response Received After Seeking Help

The results of decision-making in seeking help received by the survivors can be seen from the helper's actions and the survivor's feelings after deciding to seek help. The helper accepts the condition, does not judge, takes the survivor to a psychologist, and gives advice; these responses are positive responses that the survivors receive, and the feelings felt after telling the incident experienced can help the survivors in their recovery process. This study received both positive and negative responses from the survivor's helper. In two participants, the helper gave positive responses, which helped the survivors in the recovery process. Unlike other participants, the survivor's helper was shocked and asked not to report the incident to others.

In their research,^[9] also found the theme of the closest person's responses after the survivors shared their experiences of sexual violence. The helper responds positively, supports, and loves them. When the survivors receive support, it helps them shift negative thoughts to positive ones. This support helps survivors form coping strategies and become more courageous in living their lives.^[35]

Strengths and Limitations

This study provides an in-depth description of how survivors of sexual violence navigate the decision-making process to seek help, including the progression from limited early recognition to disclosure and perceived outcomes after help-seeking. The inclusion of both women and men and the use of participants' verbatim accounts strengthen the credibility of the findings. Several limitations should be considered. First, the sample size (n=5) and purposive recruitment support depth rather than representativeness; therefore, findings should be interpreted as transferable to comparable contexts rather than generalizable. Second, recruitment through social media may have introduced self-selection bias by preferentially reaching survivors who are digitally connected and feel sufficiently safe and ready to disclose, potentially under-representing individuals with higher safety concerns or limited access to online platforms. Third, although we provided basic participant characteristics, richer sociodemographic details (e.g., education, socioeconomic context, and religious/cultural background) could further enhance contextual interpretation; future studies should incorporate these elements while maintaining confidentiality. Finally, while cultural and religious norms emerged as relevant to shame, self-blame, and disclosure, the present design did not aim to systematically compare these influences across diverse subcultures; future research could explicitly examine how socioreligious norms shape sexual self-concept, disclosure pathways, and engagement with professional services.

Conclusion

This qualitative study elucidates the complex decision-making processes of survivors of sexual violence in seeking help, highlighting how meaning-making, emotional struggle, and social context intersect over time. Drawing on the lived experiences of five survivors, the findings reveal that help-seeking is not a single event but a gradual and often prolonged process shaped by limited early recognition of sexual violence, profound psychological and behavioral changes, and persistent self-denial following trauma.

Across participants' narratives, the transition toward help-seeking emerged when survivors began to reframe their experiences as unjust and harmful, alongside a growing desire for recovery and self-preservation. The presence of trusted individuals and the receipt of non-judgmental, supportive responses played a critical role in facilitating disclosure and engagement with professional assistance. These findings were synthesized into seven interrelated themes encompassing cognitive, emotional, and relational dimensions of post-trauma decision-making.

Overall, this study underscores the importance of trauma-informed and culturally sensitive mental health nursing practices that acknowledge the delayed and nonlinear nature of survivors' help-seeking trajectories. By illuminating the processes through which survivors come to seek support, the findings contribute to a deeper understanding of post-sexual violence recovery and provide an empirical foundation for strengthening nursing interventions, early sexual violence education, and survivor-centered mental health services.

Implications and Future Directions

The findings of this study highlight the need for mental health services to adopt trauma-informed and survivor-centered approaches when working with individuals who have experienced sexual violence. Mental health nurses play a pivotal role in recognizing the delayed and nonlinear nature of survivors' help-seeking processes, particularly among those who initially struggle to label their experiences as sexual violence or who experience intense shame and self-blame. Nursing care should therefore prioritize emotional safety, non-judgmental communication, and psychoeducation that explicitly addresses myths surrounding sexual violence, consent, and responsibility.

In addition, nurses are well-positioned to provide family-focused education by guiding family members on appropriate responses when survivors disclose their experiences. Supportive, validating, and non-blaming family reactions may reduce survivors' psychological distress and facilitate engagement with professional mental health services. Community-based sexual violence education, delivered

in culturally sensitive ways, is also essential to increase public understanding, reduce stigma, and promote early help-seeking behaviors.

Future studies are encouraged to explore factors that influence survivors' decisions to seek help using broader and more diverse participant characteristics, including variations in age, sociocultural background, and pathways to disclosure. Given that not all survivors feel safe or ready to speak openly about their experiences, alternative recruitment strategies and mixed qualitative approaches may help capture underrepresented perspectives.

Further research is also needed to examine the effectiveness of specific mental health nursing interventions—such as trauma-focused psychoeducation, supportive counseling, and family-based interventions—in reducing post-traumatic stress symptoms and strengthening survivors' coping and recovery processes. Longitudinal and intervention-based designs would be particularly valuable in clarifying how nursing care can support sustained recovery following sexual violence.

Ethics Committee Approval: The study was approved by the Universitas Indonesia Ethics Committee (no: 163/UN2.F12D1.2.1/PPM2021, date: 25/05/2021).

Informed Consent: Informed consent was obtained from all participants involved in the study.

Conflict of Interest Statement: The authors declare that there is no conflict of interest.

Funding: This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Use of AI for Writing Assistance: The Authors declare that no artificial intelligence (AI) tools were used in the preparation of this manuscript.

Authorship Contributions: Concept – S.Y.H., N.H.C.D., M.; Design – S.Y.H., N.H.C.D., M.; Supervision – S.Y.H., N.H.C.D., M.; Materials – S.Y.H., N.H.C.D., M.; Data collection and/or processing – S.Y.H.; Analysis and/or interpretation – S.Y.H., N.H.C.D., M.; Literature search – S.Y.H., N.H.C.D., M.; Writing – S.Y.H.; Critical review – S.Y.H.

Acknowledgments: The authors would like to express their sincere gratitude to all participants who courageously shared their lived experiences in this study. Their openness and trust made this research possible. The authors also acknowledge the support of colleagues and academic peers who provided constructive feedback during the research and manuscript preparation process. This study was conducted with full respect for ethical principles, prioritizing participant safety, confidentiality, and well-being throughout all stages of the research. The authors also acknowledge Universitas Pelita Harapan for supporting the publication process.

Peer-review: Externally peer-reviewed.

References

1. Shors TJ, Millon EM. Sexual trauma and the female brain. *Front Neuroendocrinol* 2016;41:87–98.
2. White C. Sexual assault and rape. *Obstet Gynaecol Reprod Med* 2018;28:276–83.
3. World Health Organization. Understanding and addressing violence against women. 2012. Available at: http://apps.who.int/iris/bitstream/10665/77434/1/WHO_RHR_12.37_eng.pdf. Accessed Mar 24, 2026.
4. World Health Organization. Violence against women. 2017. Available at: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>. Accessed Oct 12, 2020.
5. National Sexual Violence Resource Center. Statistics about sexual violence. 2010.
6. Centers for Disease Control and Prevention (CDC). Intimate partner violence, sexual violence, and stalking among men. 2020. Available at: https://www.cdc.gov/intimate-partner-violence/about/intimate-partner-violence-sexual-violence-and-stalking-among-men.html?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/intimatepartnerviolence/men-ipvsvandstalking.html. Accessed Jul 21, 2021.
7. College of Saint Benedict. Sexual Assault Survivor's Guide – CSB/SJU. 2020. Available at: <https://www.csbsju.edu/chp/sexual-assault-survivors-guide>. Accessed Oct 28, 2020.
8. Komnas Perempuan. Kekerasan meningkat: Kebijakan penghapusan kekerasan seksual untuk membangun ruang aman bagi perempuan dan anak perempuan. Catahu Catatan Tah tentang kekerasan terhadap Peremp 2019. Available at: https://www.openparliament.id/wp-content/uploads/2021/10/Catatan-Tahunan-Kekerasan-Terhadap-Perempuan-2020.pdf?utm_source=chatgpt.com. [Article in Indonesian]
9. Alaggia R, Wang S. "I never told anyone until the # metoo movement": What can we learn from sexual abuse and sexual assault disclosures made through social media? *Child Abuse Negl* 2020;103:104312.
10. Pain P. "It took me quite a long time to develop a voice": Examining feminist digital activism in the Indian # MeToo movement. 2020.
11. Lee BH. #Me Too movement; it is time that we all act and participate in transformation. *Psychiatry Investig* 2018;15:433.
12. Melo SN, Beauregard E, Andresen MA. Factors related to rape reporting behavior in Brazil: examining the role of spatio-temporal factors. *J Interpers Violence* 2019;34:2013–33.
13. Polit DF, Beck CT. Nursing research: Generating and assessing evidence for nursing practice. 10th edit. Wolters Kluwer; 2017. p.368.
14. Afyanti Y, Rachmawati IN. Metodologi penelitian kualitatif dalam riset keperawatan. Jakarta: Rajagrafindo persada; 2014. [Article in Indonesian]
15. Budiman A. Hubungan Forgivenees dan self-efficacy terhadap gejala PTSD pada korban intimate partner violence. *Fak Psikologi, Univ Indones*. 2018. [Article in Indonesian]
16. Malterud K, Siersma VD, Guassora AD. Sample size in qualitative interview studies: guided by information Power. *Qual Health Res* 2016;26:1753–60.
17. Wutich A, Beresford M, Bernard HR. Sample sizes for 10 types of qualitative data analysis: an integrative review, empirical guidance, and next steps. *Int J Qual Methods* 2024;23:1–14.
18. Anderson KM, Karris MY, DeSoto AF, Carr SG, Stockman JK. Engagement of sexual violence survivors in research: trauma-informed research in the THRIVE study. *Violence Against Women* 2023;29:2239–65.
19. Chanmugam A, Christensen MC, Conde D, McMichael C. Research recruitment methods when participant safety and stigma are concerns: the case of sex trafficking survivors. *Int J Soc Res Methodol* 2025.
20. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101.
21. Polit DF, Beck CT. Essentials of nursing research: appraising evidence for nursing practice. 9th edit. Philadelphia: Wolters Kluwer; 2018. p.400.
22. Rousseau C, Manon B, Ricci S. A metasynthesis of qualitative studies on girls' and women's labeling of sexual violence. *Aggress Violent Behav* 2020;52:101395.
23. Gul H, Gul A, Yurumez E, Öncü B. Voices of adolescent incest victims: A qualitative study on feelings about trauma and expectations of recovery. *Arch Psychiatr Nurs* 2020;34:67–74.
24. Bows H. Sexual violence. In Corteen K, Morley S, Taylor P, Turner J, editors. *A Companion to crime, harm victimisation*. Great Britain: Bristol University Press Digital; 2016. p.205–8.
25. McCleary-Sills J, Namy S, Nyoni J, Rweyemamu D, Salvatory A, Steven E. Stigma, shame and women's limited agency in help-seeking for intimate partner violence. *Glob Public Health* 2016;11:224–35.
26. Greenberg MS, Ruback RB. After the crime: victim decision making. Boston, MA: Springer US; 1992. Available at: <http://link.springer.com/10.1007/978-1-4615-3334-4>. Accessed Oct 28, 2020.
27. Green J, Satyen L, Toumbourou JW. Influence of cultural norms on formal service engagement among survivors of intimate partner violence: a qualitative meta-synthesis. *Trauma Violence Abuse* 2024;25:738–51.
28. Möller A, Söndergaard HP, Helström L. Tonic immobility during sexual assault - a common reaction predicting post-traumatic stress disorder and severe depression. *Acta Obstet Gynecol Scand* 2017;96:932–8.
29. Gbahabo DD, Duma SE. "I just became like a log of wood ... I was paralyzed all over my body": women's lived experiences of tonic immobility following rape. 2021. Available at: <https://doi.org/10.1016/j.heliyon.2021.e07471>. Accessed Jul 12, 2021.
30. Banvard-Fox C, Linger M, Paulson DJ, Cottrell L, Davidov DM. Sexual assault in adolescents. *Prim Care* 2020;47:331–49.
31. Anindya A, Indah Y, Dewi S, Oentari ZD. Dampak psikologis dan upaya penanggulangan kekerasan seksual terhadap perempuan. *Terap Inform Nusant* 2020;1:137–40. [Article in Indonesian]
32. Ba I, Bhopal RS. Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981-2014). *Public Health* 2017;142:121–35.

33. Tursilarini TY. Dampak kekerasan seksual di ranah domestik terhadap keberlangsungan hidup anak. *J Kemensos* 2017. [Article in Indonesian]
34. Hamid AYS. Aspek psikososial pada korban tindak kekerasan dalam konteks keperawatan jiwa. *J Keperawatan Indones* 2014;8:23–9. [Article in Indonesian]
35. Fu'ady MA. Dinamika psikologis kekerasan seksual: sebuah studi fenomenologi. *Psikoislamika J Psikol dan Psikol Islam* 2011;8:191–208. [Article in Indonesian]
36. Susan A B, Jennifer A S, Jennifer L, Kelly, T J, Joyce, et al. Psychosocial consequences of sexual violence in South Kivu Province, Democratic Republic of Congo. *Int Sch J African J Gend Women Stud* 2019;4:1–6.
37. Abajobir AA, Kisely S, Maravilla JC, Williams G, Najman JM. Gender differences in the association between childhood sexual abuse and risky sexual behaviours: A systematic review and meta-analysis. *Child Abuse Negl* 2017;63:249–60.
38. Ashby BD, Kaul P. Post-traumatic stress disorder after sexual abuse in adolescent girls. *J Pediatr Adolesc Gynecol* 2016;29:531–6.
39. Thompson R, Lewis T, Neilson EC, English DJ, Litrownik AJ, Margolis B, et al. Child maltreatment and risky sexual behavior. *Child Maltreat* 2017;22:69–78.
40. Mason F, Lodrick Z. Psychological consequences of sexual assault. *Best Pract Res Clin Obstet Gynaecol* 2013;27:27–37.
41. Nöthling J, Simmons C, Suliman S, Seedat S. Trauma type as a conditional risk factor for posttraumatic stress disorder in a referred clinic sample of adolescents. *Compr Psychiatry* 2017;76:138–46.
42. Brooker C, Tocque K. Mental health risk factors in sexual assault: What should Sexual Assault Referral Centre staff be aware of? *J Forensic Leg Med* 2016;40:28–33.
43. Trihastuti A, Nuqul FL. Menelaah pengambilan keputusan korban pelecehan seksual dalam melaporkan kasus pelecehan seksual. *Personifikasi* 2020;11(1). [Article in Indonesian]
44. Reyns BW, Englebrecht CM. The stalking victim's decision to contact the police: A test of Gottfredson and Gottfredson's theory of criminal justice decision making. *J Crim Justice* 2010;38:998–1005.
45. Brennan E, McElvaney R. What helps children tell? a qualitative meta-analysis of child sexual abuse disclosure. *Child Abuse Rev* 2020;29:97–113.
46. Grandgenett HM, Pittenger SL, Dworkin ER, Hansen DJ. Telling a trusted adult: Factors associated with the likelihood of disclosing child sexual abuse prior to and during a forensic interview. *Child Abuse Negl* 2021;116:104193.