



Dynamics of Self-Compassion in Individuals with Childhood Sexual Abuse (CSA)

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ABSTRACT

This study aims to understand how the process of self-compassion is formed in individuals who experienced childhood sexual abuse trauma by emphasizing the aspects of subjective experience and the psychological meaning attached. This research method uses a descriptive phenomenological approach involving three adult respondents with a history of such experiences. Data were collected through in-depth interviews and analyzed through the stages of phenomenological reduction, identification of meaning units, transformation of meaning into psychological expressions, and synthesis of essential structures. The results of the study indicate that self-compassion develops gradually through the process of emotional reflection, spiritual awareness, and social support. Three main dimensions of self-compassion, self-kindness, common humanity, and mindfulness were identified in the respondents' recovery process. Self-compassion functions as a trauma recovery mechanism that helps respondents reconstruct their self-narrative from victims to whole and empowered individuals. These findings indicate the urgency of developing self-compassion-based psychological interventions for survivors of childhood trauma.



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1. INTRODUCTION

Childhood is essential in forming an individual's psychological and emotional foundation. However, for some people, this period is tainted by traumatic experiences in the form of sexual abuse. Childhood Sexual Abuse (CSA) is a form of violence that not only physically injures but also leaves long-term impacts on the mental, emotional [1], and social development of the victim [2].

In Indonesia, data from the 2024 PPA Symphony recorded 12,713 cases of sexual violence against children, ranking highest compared to other forms of violence. The occurrence of violence against children is generally influenced by various complex factors, one of which is the lack of parental attention and supervision of the child's development and social interactions, which can increase the risk of children becoming victims of sexual violence [3]. The absence of parents caring for children makes them more vulnerable to threats from the surrounding environment. In addition, the low morality and mentality of the perpetrators also play a role in the occurrence of this violence. Perpetrators who do not have self-control and fail to build good moral values tend to act without considering the negative impacts of their actions.

Victims of sexual violence tend to be more withdrawn because they are afraid of threats from the perpetrators and reluctant to reveal the incident to others. In addition, shame makes them unwilling to speak because they may feel the incident is their fault [3]. If childhood trauma is ignored, the pain experienced can last a long time and even be passed down between generations [4]. Research shows that CSA victims will be at risk of experiencing psychological disorders in adulthood, such as depression, anxiety, dissociation, post-traumatic stress (PTSD), and low self-esteem [5].

This childhood trauma also has an impact on neurobiological aspects [6], especially the hippocampus, PFC, and amygdala, which occurs due to chronic or repeated activation of the physiological stress response system that works together with genetic and epigenetic processes during sensitive developmental periods. These changes will affect several critical cognitive and emotional processes, such as executive function and emotional regulation, which, if disturbed, can be at risk for transdiagnoses for psychopathology, especially trauma such as PTSD and depression [7].

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Individuals with a history of violence in childhood will increase the risk of maladaptive and unhealthy lifestyles that reduce health, affect the development of the victim's self-concept and increase the risk of mental health problems in adulthood [8].

Traumatic events in the past will be embedded in a person's subconscious throughout their life, involving inner strengths and weaknesses. Awareness of psychological problems is an important starting point in the recovery process [9]. Reflection on past experiences can be a means for individuals to build a healthier and more meaningful life [10].

In dealing with trauma wounds, many CSA survivors use various self-defence mechanisms such as self-judgment, isolation, and over-identification, often used by survivors of sexual abuse as an effort to reduce deep pain. In addition, other forms of defence, such as denial and dissociation, also usually appear in response to trauma. However, these mechanisms can hinder the recovery process because they hinder self-compassion development. In addition, the social stigma attached to the issue of sexual abuse is also a factor that inhibits victims from seeking the help and support they need. Self-compassion or self-compassion involves connecting with oneself with care and support when suffering. Self-compassion is a form of compassionate behaviour or loving oneself by providing kindness and comfort even though you are experiencing bad, difficult events, and as much as possible, avoiding negative feelings, fear, and isolating yourself. Self-compassion refers to an attitude of love and kindness towards oneself when faced with suffering, failure, or mistakes, without being harsh or judgmental about one's weaknesses and shortcomings and with the understanding that such experiences are also part of the general human condition [11].

Previous studies have shown that self-compassion helps reduce shame, self-criticism and negative emotions while increasing the ability to regulate emotions and psychological recovery [8]. Self-compassion also contributes significantly to individual happiness [12] and plays a vital role in helping survivors cope with trauma and stress more adaptively [13]. To develop self-compassion, individuals need to recognize suffering as part of the goodness of life, understand challenges through mindful efforts, and pay attention to difficult experiences with empathy [14]. Although this concept has been widely studied, in-depth exploration of the dynamics of self-compassion in survivors of childhood sexual abuse, especially in the context of Indonesian culture, is still limited. Therefore, this study aims to understand how the process of self-compassion is formed in individuals who experience childhood sexual abuse trauma by emphasizing the aspects of subjective experience and the psychological meaning attached.

2. RESEARCH METHOD

This study uses a qualitative approach with a descriptive phenomenological method [15]. This approach was chosen because it focuses on understanding the subjective meaning of an individual's life experience, especially in the context of profound traumatic experiences. Phenomenological research aims to describe the essential structure of experience, not just tell the symptoms that appear.

The respondents in this study were three adults who had a history of childhood sexual abuse. They were selected by purposive sampling considering relevant experiences, willingness to share in-depth, and verbal ability to reflect on their experiences. The data collection technique used semi-structured, in-depth, face-to-face interviews recorded with the participant's consent. The interview process emphasized the authenticity of the narrative and emotional nuances in each experience.

Data analysis followed five stages according to Giorgi, namely: (1) reading the entire transcript to gain a general understanding; (2) dividing the text into units of meaning according to the shift in content; (3) transforming units of meaning from everyday language into reflective psychological language; (4) integrating the results of the transformation to form a description of the essential structure of the experience; and (5) final synthesis in the form of a comprehensive understanding of the essence of the phenomenon experienced. Throughout the analysis process, the researcher applied phenomenological reduction, which is an effort to set aside assumptions and theoretical knowledge to focus entirely on the experiences as told by the respondents.

The validity of the data was maintained through data triangulation techniques, validation by respondents (member checking), and reflective notes from the researcher. The transcripts were manually analyzed and adjusted to the principles of descriptive phenomenology to maintain the narrative's depth of meaning and authenticity.

3. RESULTS AND DISCUSSION

The results of the study revealed that the phenomenology of self-compassion dynamics in the three respondents who experienced childhood sexual abuse occurred through five main interconnected stages, namely: (1) the phase of self-judgment and feelings of alienation, (2) reflection and self-awareness, (3) the emergence of self-kindness, (4) the discovery of common humanity, and (5) integration through mindfulness and spiritual meaning.

In the early stages, the three respondents experienced intense self-judgment. They blamed themselves for the traumatic events they experienced, considered themselves dirty and worthless, and felt ashamed to share. Respondent YH showed psychosomatic and depressive symptoms, while DIM experienced nightmares, deep guilt, and a tendency



to self-harm. FPN showed social isolation and the emergence of negative thoughts about self-esteem and interpersonal relationships.

The second phase is marked by reflection on past experiences, which occurs as they age or have a family. At this point, respondents understand that the event was not their fault and realize there are unhealed inner wounds. This process is strengthened by involvement in spiritual activities or therapy.

In the next stage, self-kindness begins to develop [16]. The three respondents learned to forgive themselves and treat themselves with empathy through positive affirmations, daring to seek help, and forming healthy relationship boundaries. This marks a change from a hard attitude towards oneself to an attitude full of understanding [17].

Common humanity emerged when respondents realized they were not alone [17]. When they discovered other people experienced the same thing, feelings of isolation slowly faded. This awareness created a sense of connectedness that strengthened the recovery process. Finally, mindfulness and spirituality became forces that maintained emotional balance. Respondents learned to observe feelings more calmly and not get caught up in negative thoughts. Spiritual practices such as prayer or worship helped develop hope and inner peace.

This finding aligns with the self-compassion theory developed by Neff [18], which states that self-compassion is vital in reducing psychological symptoms due to childhood trauma, strengthening emotional regulation, and improving the quality of relationships with oneself and others [19], [20]. This study also confirmed that spirituality can act as a protective factor in dealing with the psychological impact of trauma.

Thus, self-compassion functions as a coping mechanism and a process of reconstructing identity and meaning of life post-trauma. This suggests that self-compassion-based psychological interventions are particularly relevant to apply in the context of childhood sexual trauma recovery.

4. CONCLUSION

This study shows that self-compassion plays a crucial role in the psychological recovery of individuals who have experienced childhood sexual abuse trauma. The recovery process occurs in stages, from self-judgment to self-acceptance through self-kindness, common humanity, and mindfulness, influenced by internal and external factors, social support, spiritual reflection, and therapy. Self-compassion strengthens emotional regulation, builds self-esteem, and helps create a healthy self-narrative. Childhood trauma is not the end of development but the beginning of recovery when accompanied by an attitude of self-compassion. Spirituality is also essential in strengthening participants' resilience and meaning of life.

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