

The Forgiveness Process Among Emerging Adult Women Survivors of Childhood Sexual Violence

Agustini

Universitas Mercu Buana, Jakarta, Indonesia

Email: me.agustini@gmail.com

Abstract

This study aims to analyze the forgiveness process among emerging adult women who survived childhood sexual violence within the family environment. Intrafamilial sexual violence is a traumatic experience with long-term effects on survivors' psychological functioning, particularly because the perpetrator is often a close person who should provide safety and protection. The impacts include anxiety, fear, prolonged trauma, difficulty trusting others, self-blame, and barriers to developing interpersonal relationships. This study used a qualitative approach with a phenomenological design to gain an in-depth understanding of participants' subjective experiences. Participants were selected using purposive sampling with the criteria of emerging adult women who had experienced childhood sexual violence perpetrated by close family members. Data were collected through in-depth semi-structured interviews and analyzed using thematic analysis. The findings indicate that the forgiveness process is complex, gradual, and nonlinear. Most participants remained in the uncovering phase, characterized by dominant avoidance motivation and revenge motivation, whereas benevolence motivation had not developed optimally. Forgiveness was understood more as an effort toward self-healing and releasing emotional burden than as reconciliation with the perpetrator. Factors influencing this process included the severity of trauma, the relationship with the perpetrator, social support, religiosity, and the individual's ability to make meaning of the traumatic experience. These findings underscore the importance of trauma-informed approaches in psychological interventions for survivors of intrafamilial sexual violence so that psychological recovery can occur in a more adaptive and sustainable manner.

Keywords: Forgiveness, Sexual Violence, Trauma, Emerging Adulthood.

A. INTRODUCTION

The family is fundamentally the primary environment that functions as a place of protection, emotional nurturance, and optimal child development. Ideally, the family serves as a source of safety and psychological well-being. In reality, however, not all children receive this protective function because some families experience dysfunctional conditions that may give rise to various forms of violence, including sexual violence.

Protection of children is not limited to meeting their physical needs; it also includes psychological protection that supports healthy mental development. This is consistent with Indonesia's legal framework, such as the Child Protection Law, which emphasizes the importance of ensuring children's rights to live, grow, and develop optimally and to be protected from all forms of violence and discrimination. In Indonesia, child protection is regulated in Law No. 23 of 2002 and Law No. 35 of 2014, which state that child protection includes all activities intended to guarantee and protect children and their rights so that they may survive, grow, develop, and

participate optimally in accordance with human dignity, as well as receive protection from violence and discrimination in order to realize Indonesian children who are of high quality, noble character, and well-being.

Child sexual violence is a serious global problem with wide-ranging consequences. Recent international reports indicate that the prevalence of sexual violence against girls remains high, with an estimated 1 in 5 women experiencing sexual violence before the age of 18 years (WHO, 2021). In Indonesia, recent reports from Komnas Perempuan and the Ministry of Women's Empowerment and Child Protection indicate an increase in cases of sexual violence, particularly those occurring in domestic or family environments (KPPPA, 2023).

Intrafamilial sexual violence requires particular attention because perpetrators are often people close to the survivor, such as parents, relatives, or individuals who hold power within the relationship. This power imbalance places survivors in a vulnerable position and makes it difficult for them to resist or report what happened. Many survivors remain silent because of fear, shame, and social and cultural pressures that blame the survivor (UNICEF, 2022). Faulkner (as cited in Zahra, 2007) stated that barriers to reporting sexual violence arise because survivors feel afraid. Many children do not understand that they are survivors of sexual violence and find it difficult to trust others, so they keep the incident secret. Children who experience sexual violence may feel ashamed to disclose what happened and may believe that the incident was their fault. Sexual violence may also make survivors feel that they would bring shame upon the family. Therefore, some cases of sexual violence remain undisclosed because of denial within the survivor (Faulkner as cited in Zahra, 2007).

Recent research shows that many survivors of sexual violence do not immediately disclose their traumatic experiences. Barriers such as lack of understanding, guilt, and distrust of others are key factors that delay disclosure (London et al., 2020). Many survivors disclose the experience only after many years, or not at all. The impact of sexual violence is not only short-term but also continues into adulthood. Survivors often experience various psychological difficulties, including depression, anxiety, posttraumatic stress disorder (PTSD), and difficulties with emotion regulation (Dworkin et al., 2021). Unresolved trauma may affect self-concept, interpersonal relationships, and overall quality of life.

From a developmental perspective, individuals who experienced childhood sexual violence are at risk of carrying psychological wounds into emerging adulthood. At this stage, individuals face complex developmental tasks, including forming intimate relationships and establishing emotional stability. However, past trauma often becomes an obstacle to these processes. Children who experience sexual violence may carry trauma when they are unable to keep everything to themselves, and as adults they may experience difficulties controlling their emotions and may develop self-hatred. Research by Wisdom (as cited in Illenia & Handadari, 2011) found that the impact of child sexual violence may include posttraumatic stress disorder. According to Faulkner (as cited in Zahra, 2007), sexual violence has traumatic effects on survivors both during childhood and adulthood.

According to ECPAT (End Child Prostitution in Asia Tourism), sexual violence refers to a relationship or interaction between a child and an older person, such as a stranger, sibling, or biological father. The child becomes an object for the perpetrator's sexual gratification. Such experiences may produce dislike and even deep hatred toward the perpetrator. Many survivors attempt to reduce their anger by thinking about revenge against the perpetrator and expressing resentment and anger toward them. Survivors are often blamed as the cause of the sexual violence, making them more likely to keep the incident to themselves. Survivors often feel guilty about what the perpetrator did and disappointed by an event they never wanted. Survivors may feel pressured and threatened when the perpetrator threatens them, and intense fear may make them feel unsafe and unwilling to tell others because they fear their lives may be endangered and because they feel ashamed (Faulkner as cited in Zahra, 2007).

According to Dimatteo (as cited in Nashori, 2008), when children who have experienced sexual violence face these psychological conditions, they need support and assistance from others, such as family, relatives, friends, or professionals. One way to reduce and manage anger, hatred, and revenge toward the perpetrator is through forgiveness. According to Arthur (2020), forgiving behavior is a conscious and intentional process of changing from a negative orientation toward a person who has committed wrongdoing to a positive orientation. Kearns (2006) similarly stated that forgiving behavior does not occur suddenly, but rather through a decision-making process to forgive.

One psychological mechanism involved in trauma recovery is forgiveness. Forgiveness is understood as a process of changing emotional, cognitive, and behavioral responses from negative to more adaptive responses toward the perpetrator or the painful event (Worthington & Cowden, 2020). This process does not mean justifying the perpetrator's actions; rather, it refers to an individual's effort to release negative emotions such as anger, resentment, and hatred. Research in positive psychology shows that forgiveness contributes to improved psychological well-being, including reduced depression and better mental health (Toussaint et al., 2021). In addition, forgiveness is associated with increased empathy, emotion regulation, and quality of interpersonal relationships. However, forgiveness is not an instantaneous process. Individuals must pass through complex psychological stages, including emotional processing, reinterpretation of the experience, and the decision to forgive. For survivors of sexual violence, this process becomes more complicated because of deep trauma and prolonged psychological injury.

Research in positive psychology has shown that forgiveness is significantly related to psychological well-being. Individuals who are able to forgive tend to have lower levels of depression, better mental health, and more adaptive emotion regulation (Toussaint et al., 2021). Forgiveness also contributes to empathy and the quality of interpersonal relationships. Nevertheless, the forgiveness process among survivors of sexual violence is not simple. Time, reflection, and deep psychological processing are needed to reach this stage. Trauma often becomes a barrier to

forgiveness, meaning that each individual has a different dynamic in reaching forgiveness.

Gani (2011) stated that forgiveness is the process of releasing pain, anger, and resentment caused by the perpetrator. The pain resulting from harmful treatment is gradually released through a process that may require considerable time. When the pain is fully released from the self, this condition is called forgiveness. Forgiving behavior is a state of mind involving certain thoughts, feelings, and actions. Those who are able to forgive tend to be healthier in both mind and body. Individuals experience reduced suffering after forgiving those who hurt them. Many studies on forgiveness have found positive effects. As Mother Theresa stated, "if really want to love, we must learn how to forgive" (Fincamm, 2009).

Previous research has extensively documented the long-term psychological impacts experienced by survivors of sexual violence, such as depression, anxiety, posttraumatic stress disorder, self-blame, difficulties developing interpersonal relationships, and disturbances in emotion regulation (Dworkin et al., 2021). Survivors of childhood sexual violence often carry these psychological wounds into emerging adulthood, particularly when they begin facing developmental tasks such as forming intimate relationships, developing interpersonal trust, and achieving emotional stability.

Forgiveness has also been widely studied as a psychological recovery mechanism following interpersonal trauma. Forgiveness is understood as a process of changing emotional, cognitive, and behavioral responses from a negative orientation toward a more adaptive response to the perpetrator, without having to justify the violence, forget the trauma, or pursue reconciliation (Worthington & Cowden, 2020). Various studies have shown that forgiveness is associated with reduced emotional distress, decreased depression and anxiety, improved emotion regulation, and better psychological well-being (Toussaint et al., 2021). However, most previous studies have focused on forgiveness in general interpersonal contexts, such as romantic conflict, friendship, or nontraumatic social transgressions. Research on forgiveness among survivors of sexual violence, particularly violence occurring within the family environment (familial abuse/incest), remains relatively limited. Intrafamilial sexual violence has greater complexity because the perpetrator is an emotionally close figure who holds power over the survivor, such as a father, stepfather, uncle, or close relative.

In the Indonesian context, studies on forgiveness among survivors of intrafamilial sexual violence have also not been explored in depth. Cultural factors such as pressure to preserve the family's reputation, hierarchical power relations, victim blaming, shame, and fear of social stigma often lead survivors to remain silent and create barriers to psychological recovery. These conditions make forgiveness a far more complex process than it is in other forms of interpersonal wrongdoing. In addition, most studies in Indonesia have focused on the impact of trauma and post-assault psychological disorders, but few have examined how the forgiveness process develops as part of survivors' psychological recovery. Aspects such as avoidance

motivation, revenge motivation, self-blame, the decision phase, and forgiveness as a form of self-healing have not been widely discussed specifically among emerging adult women who survived childhood sexual violence within the family.

B. LITERATURE REVIEW

In this study, forgiveness is defined as a psychological process involving changes in emotional, cognitive, and behavioral responses from a negative orientation toward a more adaptive response to individuals who have committed wrongdoing or harmed another person. Forgiveness does not mean erasing pain; rather, it is a conscious process of releasing anger, hatred, the desire for revenge, and the urge to avoid the perpetrator, so that the individual may achieve healthier psychological recovery.

According to Robert Enright (1996), forgiveness is an individual's willingness to release anger, negative judgment, and the desire for revenge toward the party who caused harm, accompanied by the development of compassion or a more adaptive understanding of the perpetrator. Enright emphasized that forgiveness is an intrapsychic process that occurs through psychological stages, namely the uncovering phase, decision phase, work phase, and deepening phase.

Meanwhile, Michael E. McCullough (2000) explained forgiveness through changes in interpersonal motivation: decreased avoidance motivation, decreased revenge motivation, and increased benevolence motivation, meaning the desire to behave more neutrally or positively toward the perpetrator. From this perspective, forgiveness is understood as a change in social motivation that occurs after an individual experiences an interpersonal offense. Everett L. Worthington Jr. and Rhonda G. Cowden (2020) also emphasized that forgiveness is a psychological process that helps individuals reduce emotional distress caused by interpersonal injury and contributes to mental health, without requiring the elimination of traumatic memories or the erasure of consequences for the perpetrator's actions.

Forgiveness is understood as a gradual psychological process based on Robert Enright's theory, which consists of the uncovering phase, decision phase, work phase, and deepening phase. This theory is used to explain how survivors of sexual violence gradually process emotional wounds, beginning with the dominance of anger, fear, and trauma and moving toward efforts to release emotional burden and find meaning in the traumatic experience.

This study also integrates McCullough's motivational model of forgiveness, namely avoidance motivation, revenge motivation, and benevolence motivation. This model is used to explain the dynamics of survivors' interpersonal responses toward the perpetrator, including the tendency to avoid the perpetrator, the desire for revenge, and the possible development of acceptance or neutrality toward the perpetrator.

These two frameworks are conceptually connected by explaining that Enright's stages describe the intrapsychic development of forgiveness, whereas McCullough's model provides motivational indicators that may appear within each stage. For

example, in the uncovering phase, survivors generally show high avoidance motivation and revenge motivation, whereas benevolence motivation has not yet developed. When individuals enter the decision phase, they begin to develop awareness of the need to reduce anger and release resentment as part of self-recovery.

In the data analysis section, the researcher also explains that thematic analysis was conducted using these two frameworks as the basis for data interpretation. Enright's stages were used to identify each participant's position within the forgiveness process, whereas McCullough's motivational dimensions were used to understand emotional dynamics and changes in survivors' interpersonal responses toward the perpetrator.

C. METHOD

Participants were recruited using purposive sampling with the following inclusion criteria: emerging adult women aged 20-30 years who had experienced childhood sexual violence within the family environment (familial abuse/incest), were willing to participate in the study, and were able to verbally describe their traumatic experiences. The study involved four participants who met these criteria. Recruitment was conducted gradually while considering participants' psychological readiness so that the interview process would not cause retraumatization.

Data were collected through individual in-depth semi-structured interviews. Each participant completed one to two interview sessions lasting approximately 60-90 minutes per session, depending on the participant's emotional condition and the depth of information provided. The interview guide included exploration of the history of sexual violence, psychological impacts experienced, relationship with the perpetrator, traumatic experiences, the forgiveness process, and factors that helped or hindered forgiveness. Examples of interview questions included: "How do you feel when remembering that experience?" "Have you ever tried to forgive the perpetrator?" and "What makes the process of forgiving difficult for you?" The ethical aspects of the study were strengthened by explaining that all participants provided informed consent before the study was conducted. The researcher explained the purpose of the study, interview procedures, participants' right to stop the interview at any time, and guarantees of identity confidentiality through the use of initials. This study also followed the principle of nonmaleficence to ensure that data collection did not worsen participants' psychological condition, given that the topic involved sensitive traumatic experiences.

The number of participants was determined based on the principle of data saturation, meaning that the data obtained had shown recurring patterns and no significant new themes emerged. Data saturation was reached with the fourth participant because major themes such as trauma, self-blame, avoidance motivation, revenge motivation, and the forgiveness process appeared consistently across all participants.

In the data analysis process, all interview results were transcribed verbatim. Open coding was then conducted to identify relevant meaning units. These codes

were subsequently grouped into major themes based on Enright's and McCullough's forgiveness frameworks. Enright's stages of forgiveness were used to identify each participant's developmental position in the forgiveness process, whereas McCullough's motivational dimensions were used to understand the dynamics of avoidance, revenge, and benevolence toward the perpetrator.

To ensure the study's trustworthiness and credibility, the researcher used several strategies: member checking, peer debriefing, and theoretical triangulation. Member checking was conducted by confirming the interpretations with participants to ensure that they reflected participants' subjective experiences. Peer debriefing was conducted through discussion with fellow researchers to minimize researcher subjectivity bias. In addition, the use of two theoretical frameworks of forgiveness helped strengthen the validity of the interpretation of the findings.

To maintain participants' psychological safety, interviews were conducted flexibly while attending to each participant's emotional condition. The researcher provided rest breaks when participants showed signs of distress, such as excessive crying, panic attacks, breathing difficulty, or inability to continue the interview. In such situations, the interview was temporarily stopped or rescheduled according to the participant's readiness. The researcher also avoided overly pressuring questions and did not force participants to disclose traumatic details they did not wish to share.

All participant identities were kept confidential through the use of initials and the removal of personal information that could lead to identification. Interview data were stored securely and used only for academic research purposes. The principles of confidentiality and nonmaleficence were prioritized throughout the research process.

Because several participants showed severe distress, histories of self-harm, suicidal ideation, and psychological or psychiatric diagnoses such as Persistent Depressive Disorder and Anxiety Disorder, the researcher also prepared professional referral pathways in case the interview process revealed the need for further intervention. Participants who showed severe distress were directed to continue support with a clinical psychologist or psychiatrist who had previously treated them, or they were provided with information about accessible professional psychological services.

The researcher also conducted a brief follow-up after the interviews to ensure that participants' emotional condition remained stable after data collection. This step was taken to minimize the risk of negative post-interview effects and to ensure that participants were not left in a worsened emotional state after discussing their traumatic experiences.

D. RESULTS AND DISCUSSION

Prior to examining the relationships among the research variables, it is important to describe the characteristics of the study participants. The demographic profile of the respondents provides contextual information regarding the composition of the sample and serves as a basis for interpreting the subsequent findings. Table 1 presents an overview of the research participants based on the selected demographic characteristics.

Table 1. Overview of Research Participants

Participant Identity	SR	AN	DN	RN
Age	25 years	23 years	26 years	28 years
Education	Bachelor's degree	Vocational high school	Senior high school	Senior high school
Occupation	Employee	Employee	Employee	Homemaker
Residence	Jakarta	Jakarta	Jakarta	Tangerang
Marital status	Unmarried	Unmarried	Unmarried	Married, has one child
Perpetrator of sexual violence	Biological uncle	Biological uncle	Stepfather, stepbrother, step-uncle	Brother-in-law
Age at first experience of sexual violence	8 years	7 years	6 years	11 years

Participant SR

The forgiveness process for participant SR was long, complex, and marked by inner conflict because the sexual violence she experienced occurred during childhood and was perpetrated by her own uncle, her mother's biological brother. SR first experienced sexual violence when she was in elementary school at the age of 8. The first incident occurred when she had just returned home from school and was watching television in the living room while the house was empty. At the time, only she and her uncle were at home. Suddenly, her uncle approached her, sat beside her, and exposed himself in front of SR. SR remained silent, confused, and did not fully understand what was happening. This experience became the beginning of trauma that later recurred when she entered junior high school.

A second and much more severe incident occurred during a school holiday when SR visited her uncle's house. When the house was empty, her uncle approached her with the excuse that he wanted to rest in the air-conditioned bedroom where SR was sleeping. At first, SR was not suspicious because she interpreted her uncle's behavior as a form of familial affection. However, her uncle gradually began touching her head, hugging her, touching her body, kissing her, and forcing sexual intercourse. SR tried to resist and push him away, but she could not stop him because his body

was larger and stronger. In the end, SR could only remain silent and cry. After the incident, SR began to realize that she had experienced sexual violence, and from that moment her relationship with her uncle changed completely. She began to keep her distance and never again spoke closely with the perpetrator.

In the initial stage of forgiveness, or the uncovering phase, SR experienced very deep emotional wounds. She held intense fear, shame, disgust, anger, and confusion. SR became more withdrawn, quiet, and socially isolated, and she experienced intense anxiety. She felt that all adult men could potentially do the same thing her uncle had done. She began to develop negative generalizations toward men, especially older men, such as men she referred to as “bapak-bapak” or “om-om.” The trauma became more pronounced as she grew older, particularly after entering college. When she read articles about sex education or news about sexual violence, she often felt intensely triggered and emotionally unstable. She even decided to stop an internship because she felt uncomfortable with a male employee who reminded her of her uncle and made her feel verbally threatened.

Within the dimension of avoidance motivation, avoidance became SR’s primary form of self-protection. After the incident, she consistently kept her distance from her uncle and avoided direct contact as much as possible. When they met at family events, she chose to move away from him and even refused to shake his hand. This avoidance persisted until she entered high school. Ironically, as an adult, SR had to live with her uncle because of work demands in Jakarta, while her parents lived in Semarang. This situation made recovery more complicated because she was forced to live in the same house as the perpetrator. Even so, SR tried to adapt and pretended that everything was fine. She remained highly vigilant and acknowledged that she is still afraid and uncomfortable around her uncle. According to her, her uncle is now the one who is afraid of her, but her own sense of safety has not truly recovered.

One of the greatest obstacles in SR’s forgiveness process was self-blame. SR repeatedly stated that the incident occurred because both she and her uncle were at fault. She felt guilty because, at the time, she did not resist more forcefully, did not scream, and did not immediately tell her parents what had happened. This thought continued to haunt her into adulthood. She often asked herself why she had remained silent and failed to do something to stop it. This guilt deepened her psychological wound because she was not only angry at the perpetrator but also found it difficult to forgive herself. SR even stated that, besides her uncle, the person she found most difficult to forgive was herself, because she felt that she had allowed everything to happen without sufficient resistance.

In the dimension of revenge motivation, SR did not express an explicit desire for revenge. She did not attempt to retaliate directly against her uncle, but anger and emotional pain remained within her. She felt disgusted by the incident and perceived her uncle as sexually inappropriate, especially because she had several times caught him watching pornography. Over time, however, the intensity of her anger began to decrease. SR was no longer filled with explosive anger as before, but instead adopted an attitude of indifference and distancing. She began to ask herself how long she

would have to continue living with anger and resentment that only caused her more pain. This awareness became the beginning of a shift toward the decision phase.

In the decision phase, SR began to realize that continually maintaining resentment would only prolong her suffering. She began to think that if she continued to remain angry, the wound would never end. Her desire to forgive did not emerge because she believed her uncle deserved forgiveness, but because she was tired of living in prolonged fear and anger. She also began to feel that the possibility of the violence recurring had become smaller because her uncle was now approximately 70 years old. This slightly reduced her fear, although she continued to keep her distance. At this stage, SR had not fully forgiven him, but she had begun to try to accept that the past was part of her life and could not be erased.

SR also experienced inner conflict regarding whether to disclose the incident to her family. Until now, she had never told anyone about the sexual violence except the researcher. She chose to keep everything to herself because she feared that if her parents found out, the extended family relationship would be destroyed. She felt ashamed, disgusted, and afraid of being the cause of conflict between her mother and her uncle's family. At times, she thought that if she told her uncle's immediate family, they might distance themselves from her or pity her. This dilemma led SR to remain silent and pretend to be strong. Her healing process became very personal and private because she did not have sufficient social support from her family. In the work phase and deepening phase, SR's forgiveness had not fully developed. She was not yet able to view the perpetrator neutrally and had not shown benevolence motivation or a desire to act kindly toward her uncle. She continued to keep her distance and avoid interaction with him.

Participant AN

The forgiveness process for participant AN was long, complex, and filled with emotional struggle because the sexual violence she experienced began in childhood and was perpetrated by her own uncle. Participant AN first experienced sexual violence when she was approximately 7 years old. At that time, she was very young and did not yet understand that she was experiencing sexual violence. Because of her young age and because she had been diagnosed with dyslexia at the time, AN had difficulty speaking and expressing what had happened. When her uncle first put his hand inside her shirt, AN remained silent and was unable to resist or tell anyone what had happened. This condition allowed the sexual violence to recur without protection from those around her.

The sexual violence experienced by AN was a form of familial abuse or incest because it was perpetrated by a biological uncle who was part of the family. After the first incident, her uncle continued to commit repeated sexual acts against her. The last incident that AN most clearly remembered occurred when her uncle attempted penetration. At that moment, AN immediately cried and screamed, and her uncle left her. These repeated experiences left deep trauma because the perpetrator was a family figure who should have provided safety, but instead became a source of threat.

In the initial stage of forgiveness, or the uncovering phase, AN experienced severe psychological injury. She held intense fear, shame, anger, humiliation, and insecurity. Initially, AN did not realize that she was a survivor of sexual violence. However, when she entered adolescence and saw various news reports about sexual crimes, she began to understand that what had happened to her in the past was sexual violence. This awareness reactivated all the past wounds she had buried. From that time onward, she felt highly insecure about her body. She feared that her body shape made men interested in doing the same thing her uncle had done. She felt that her body was the source of the problem and began to view herself negatively.

Self-blame became one of the greatest obstacles in AN's forgiveness process. She once thought that perhaps her uncle had done it because she looked like "a child who was not sane." She felt different and believed this might have been the reason she was treated that way. These thoughts led to self-hatred. She even thought that it would be better if she did not exist in the world so that her uncle would not have committed such inappropriate acts against her. During these difficult periods, AN often harmed herself by cutting her hand with a cutter until it bled. Whenever she looked in the mirror, she felt disgusted with herself. This indicates that the wound she experienced was directed not only toward the perpetrator but also toward herself.

Within the dimension of avoidance motivation, avoidance became AN's primary form of protection. Her relationship with her uncle became very distant after the incident. She began to keep her distance and rarely met him because whenever she saw his face, she immediately remembered the past events. When attending family events, she chose not to come alone and refused to shake her uncle's hand. Even now, she continues to limit herself around male friends because she holds the negative belief that all men may potentially do the same thing her uncle did. She believes that all men are equally harmful. This trauma makes it difficult for her to trust men and causes her to live in a state of high vigilance.

The impact of trauma also appeared through intense physical and emotional reactions. Whenever AN remembered the past incident or met her uncle, she immediately felt panicked, her chest tightened, her heart beat very fast, her hands trembled, and her body felt cold. She often thought about the incident repeatedly and felt angry because she believed she should not have had to experience it. She was still a child and not an object for her uncle's sexual gratification. This sense of injustice caused her to hold intense anger. She even once felt a strong desire to kill her uncle, although she never acted on it because her fear was greater. She hoped that karma would befall him as punishment for all the suffering she had experienced.

In the dimension of revenge motivation, AN showed a relatively strong emotional desire for revenge, although it was not expressed in actual behavior. Her desire to see her uncle receive moral punishment became a way of expressing her anger. She questioned whether her uncle did not feel afraid or ashamed of her, especially because he also had a young daughter. This thought intensified her anger and hatred. Over time, however, AN began to feel that continually holding resentment only worsened her own condition. The anger disrupted her sleep, caused nightmares,

and made her continue living under psychological pressure. This awareness slowly became a turning point toward the decision phase.

One important factor that helped AN's healing process was social support. After years of keeping everything to herself, AN eventually told her older brother about the experience. Since then, their relationship has become much closer. Her brother became her main source of support, providing safety and emotional reinforcement. Previously, they often fought, but after this disclosure, their relationship improved significantly. In addition, AN began seeing a psychologist to help process her trauma and was diagnosed with Persistent Depressive Disorder. Before telling her brother and psychologist, she felt very lonely, afraid, unsafe, and without anyone to share with. The presence of this support helped AN slowly move out of the emotional burden she had long carried alone.

In the decision phase, AN began to realize that continuing to live in anger and resentment would only prolong her suffering. She stated that she felt tired of holding resentment that affected her sleep, nightmares, and mental health. She began trying to forgive her uncle not because the perpetrator deserved forgiveness, but because she wanted to live more peacefully. She began to understand that repeatedly remembering the past would only deepen the wound and make her feel sadder. This awareness indicates a shift from active anger toward an effort to release emotional burden, although the process was not yet complete. Nevertheless, AN's forgiveness had not fully developed toward the work phase and deepening phase. She continued to keep her distance from her uncle, still felt angry when remembering the incident, and had not shown benevolence motivation or a desire to act kindly toward the perpetrator.

Participant DN

The forgiveness process for participant DN was highly complex, lengthy, and filled with inner conflict because the sexual violence she experienced occurred repeatedly from childhood and was perpetrated by people close to her within her own family. DN experienced sexual violence by her stepbrother, stepfather, and step-uncle. The first experience occurred when she was very young, around 6 years old, when her stepbrother often hugged, kissed, and sexually assaulted her when the house was empty. At that time, DN felt pain in her genital area and cried, although she could not remember all details clearly because she was very young. The violence recurred and became a traumatic experience that formed deep psychological wounds within her.

Entering adolescence, DN's suffering increased when her stepfather also sexually assaulted her. Initially, her stepfather picked her up from school, took her to eat at a restaurant, and then said that DN did not need to regard him as a father but as a girlfriend because he felt sexually attracted to her. After that, her stepfather took her to a small inn and sexually assaulted her. Not long afterward, her step-uncle also committed similar acts when DN was asked to bring a drink to a bedroom. The three men then repeatedly committed sexual violence against her without her mother's knowledge. This situation made DN feel that her life had been destroyed. She felt

anger, irritation, sadness, shame, fear, and even at one point had thoughts of suicide, although she did not act on them because of threats from the perpetrators.

In the initial stage of the forgiveness process, or the uncovering phase, DN experienced very severe emotional wounds. She became very quiet, had difficulty sleeping, and experienced intense anxiety. Whenever she remembered her past experiences, her chest felt tight, her heart beat very fast, her body trembled, and she felt disgusted with herself because she felt that she had been defiled. In addition, she held anger toward her mother because she felt that her mother had brought her stepfather's family into her life, which became the greatest source of suffering in her life. In this phase, DN had not yet been able to accept the traumatic experience, and negative emotions remained highly dominant. The trauma she experienced led her to develop a negative view of men in general and to believe that all men were as harmful as the perpetrators who hurt her.

Within the dimension of avoidance motivation, avoidance became DN's primary form of defense. After graduating from senior high school, she decided to leave home and look for work in another city so that she would no longer have to meet her stepfather, stepbrother, and step-uncle. She deliberately distanced herself from home and always looked for reasons not to return. According to her, home was no longer a safe place but a place full of threat and a source of wounds. She even stated that she never returned home because she did not want to see the three men she hated most. In addition to avoiding direct encounters with the perpetrators, DN also avoided all information related to sexual harassment or assault. When she saw news or information about sexual violence, her body immediately reacted with intense fear, so she chose not to read or watch such content to avoid being reminded of her past. This avoidance indicates that DN remained in the early stage of forgiveness, in which self-protection was more dominant than attempts at acceptance or forgiveness.

In the dimension of revenge motivation, DN showed very strong anger and hatred toward the perpetrators. She openly stated that they were the people she hated most in the world. She even hoped that all three of them would die soon so that she could feel calmer. According to DN, as long as they were still alive, the wound and resentment remained. She also stated that she felt she would never be able to forgive them because their actions had profoundly damaged her life. This hatred was not only because of the sexual violence itself but also because people who should have protected her had instead become sources of suffering. The anger and resentment she felt indicate that forgiveness had not yet fully developed, as DN remained strongly bound to her past wounds and had not yet been able to release this emotional burden.

However, as she grew older and became economically independent, a slight change emerged in her that pointed toward the decision phase. DN began trying to rise from adversity by working hard until she was able to support herself and help finance her younger siblings. This achievement gave her a sense of power she had never had before. She felt able to reverse the situation and no longer be a weak victim. She even felt she had the power to expel them from her own home. At this stage, DN began to control her emotions when meeting the perpetrators. She no longer showed

direct emotional outbursts but chose to act indifferent. She said that she had begun to “not care” about them, especially her stepfather and stepbrother. She no longer regarded them as family or siblings. This attitude indicates a shift from active anger toward gradual emotional release, although it had not yet reached full forgiveness.

To support her healing process, DN began seeing a psychologist and psychiatrist after entering adulthood. She was diagnosed with anxiety disorder and received therapy and prescribed medication to address the disorder she experienced. Her psychologist advised her to keep herself occupied with positive activities so that she would not remain immersed in traumatic memories of the past. When these memories appeared, DN often chose to cry alone in her room because she did not dare tell anyone, including her mother. She opened up only to her psychologist and psychiatrist. She did not want her mother to feel sad and ashamed, so she chose to carry the wound herself. This indicates that DN’s healing process was more intrapsychic and personal rather than supported by her family.

In the work phase and deepening phase, DN’s forgiveness process had not developed optimally. She was not yet able to view the perpetrators from a more neutral perspective, had not developed empathy, and had not shown any benevolence motivation or desire to act kindly toward the perpetrators. She continued to hold the belief that they did not deserve forgiveness. According to her, their deaths might be the only way she could feel some relief. Therefore, forgiveness for DN was not understood as reconciliation with the perpetrators, but rather as an effort to free herself from the burden of trauma and suffering that continued to haunt her. She tried to forgive not for them, but for herself, so that she could continue living without being controlled by the past.

DN’s forgiveness process remained predominantly in the uncovering phase, with a slight tendency toward the decision phase. Avoidance motivation and revenge motivation remained very strong, while benevolence motivation had not emerged at all. For DN, forgiving did not mean forgetting or reconciling with the perpetrators, but rather represented a long struggle to heal herself, reclaim control over her life, and slowly release emotional burden.

Participant RN

The forgiveness process for participant RN was gradual, lengthy, and filled with inner struggle because the sexual violence she experienced occurred during childhood and was perpetrated by someone close to her within her own family, namely her brother-in-law. Participant RN first experienced sexual violence at the age of 11. The form of violence she experienced constituted familial abuse because the perpetrator was part of the family and should have provided protection and safety. Her brother-in-law often touched RN’s body and forced sexual intercourse. The incidents did not occur only once, but repeatedly. After each act, the perpetrator threatened RN not to tell anyone what had happened. These threats caused RN to live with intense fear and to remain silent for years.

In the initial stage of the forgiveness process, or the uncovering phase, RN experienced deep emotional wounds. She felt fear, shame, pressure, and carried a very heavy psychological burden. One of the greatest conflicts within her was the tendency to blame herself. RN often thought that the incident happened because she did not dare resist and was too afraid of her brother-in-law's threats. She felt that if she had been able to rebel or fight back, perhaps the incident would not have continued to recur. Such thoughts produced strong self-blame, in which she perceived herself as partly responsible for the violence she experienced. This guilt became one of the main barriers to recovery because she was not only injured by the perpetrator's actions but also continued to be haunted by regret toward herself.

The past trauma remained with RN into adulthood. RN is now married and has a young daughter. Her past experience makes her very afraid that a similar incident could happen to her child. She worries that she may not be able to be a good mother or protect her daughter from harmful men around her. This fear is so strong that it affects her life decisions. RN chose not to work and became a homemaker so that she could focus on directly caring for her child. Her husband agreed with this decision. This indicates that the trauma she experienced has not fully disappeared because the past still affects her thinking, sense of safety, and major life decisions.

Within the dimension of avoidance motivation, RN showed a strong tendency to avoid the perpetrator and all situations associated with him. Since the incident occurred, RN's relationship with her brother-in-law became very distant. She felt afraid whenever she had to face the perpetrator, especially because he was known as someone feared by those around him. The perpetrator not only threatened RN but also seriously intimidated her with threats of murder if she dared to tell anyone what had happened. Because of this intense fear, RN chose silence and resignation for years. She carried everything alone without daring to disclose it to anyone. This avoidance became a self-protection mechanism so that she would not experience further threats or violence.

A major change in RN's forgiveness process occurred after she graduated from senior high school, when she finally decided to tell her older sister, who was the perpetrator's wife, everything that had happened. This decision became an important turning point in her psychological journey because, for the first time, RN moved out of silence and began to advocate for herself. Her older sister was shocked, deeply hurt, and unable to accept that her husband had sexually assaulted her own younger sister since childhood. When her sister confronted the perpetrator, he responded aggressively by threatening his wife with a knife and again threatening to kill RN. This incident further showed that the perpetrator did not demonstrate guilt or remorse. Eventually, RN's older sister decided to divorce him. For RN, the courage to reveal the truth provided satisfaction and relief because she felt that she had finally been able to stop the perpetrator's domination over her life.

In the dimension of revenge motivation, RN did not show a direct or aggressive desire for revenge. She did not attempt to retaliate against the perpetrator with violence, but she felt satisfaction when the perpetrator received a consequence for his

actions, namely divorce from her older sister. RN felt that at least some form of justice had occurred. She acknowledged that the perpetrator's actions were extremely difficult to forgive and could not be justified. However, she did not choose to live in prolonged resentment. The satisfaction of having disclosed the incident and seeing the perpetrator lose his family became a form of emotional release that helped reduce her anger. RN's revenge motivation was more a need for moral justice than a desire to attack the perpetrator directly.

Entering the decision phase, RN began to realize that continuing to hold resentment would only harm herself. One factor that strongly influenced this change was religiosity. RN often participated in religious activities, and through this spiritual process she began to understand that maintained hatred would only prolong inner suffering. She believed that if she continued living in anger, she herself would continue to be wounded. From this understanding emerged the desire to try to forgive the perpetrator, even though he never apologized. For RN, forgiveness did not mean justifying the perpetrator's actions, but rather represented an effort to free herself from the negative emotional burden she had long carried.

In addition to religiosity, physical and emotional distance from the perpetrator also helped her forgiveness process. After her sister divorced the perpetrator, RN no longer frequently met her brother-in-law. Reduced direct interaction gradually lowered her fear and made the intensity of emotional pain more manageable. She felt better able to calm herself because she no longer had to continually face the source of her trauma. At the same time, her new life with a kind husband who accepted her as she was became an important factor in recovery. The presence of a supportive husband helped RN rebuild her sense of safety and self-worth. She began to feel that she remained valuable, worthy of love, and deserving of happiness despite having a painful past.

In the work phase, RN began to make meaning of the traumatic experience as a life lesson. She used her past as a reminder to be more careful in protecting her daughter from harmful men. The painful experience was no longer viewed only as a wound, but also as a source of vigilance and strength in carrying out her role as a mother. She also continued to pray to be kept away from people with harmful behavior. This process shows that RN began reframing her traumatic experience, seeing past suffering as something that could provide lessons for protecting herself and her family in the future.

Nevertheless, RN's forgiveness had not fully reached the deepening phase. She acknowledged that she had not been able to forgive completely. At times, she still remembered the incident and the pain returned. She continued to believe that what the perpetrator did was extremely difficult to forgive. Benevolence motivation, or the desire to act kindly toward the perpetrator, had not fully developed. She did not show empathy toward the perpetrator, but instead chose to maintain distance and focus on her own life. Thus, for RN, forgiving did not mean making peace with the perpetrator or rebuilding the relationship, but rather represented an effort to stop the wound from continuing to control her life.

Based on in-depth interviews with four participants, the study found that the forgiveness process among emerging adult women who survived childhood sexual violence within the family was complex, gradual, and nonlinear. All participants experienced sexual violence by close persons within the family environment, such as a biological uncle, stepfather, stepbrother, and brother-in-law. Thus, the trauma that emerged was related not only to the violence itself but also to the betrayal of safety within family relationships.

Theme 1. Traumatic Experiences and Emotional Wounds

All participants showed deep psychological wounds, including fear, shame, anger, disgust, anxiety, and prolonged trauma. Experiences of childhood sexual violence created a sense of insecurity that continued into emerging adulthood. Most participants experienced difficulty trusting men, developed negative generalizations toward adult men, and experienced disturbances in interpersonal relationships.

SR described that after the incident, she always felt afraid of adult men and believed that all men could potentially do the same thing her uncle did. She said that she became more withdrawn and had difficulty forming social relationships. AN also showed intense trauma through excessive anxiety, panic attacks, and a diagnosis of Persistent Depressive Disorder. DN experienced severe anxiety disorder and chose to leave home to avoid the source of her trauma. RN continued to carry the trauma into her role as a mother, especially through fear that a similar experience might happen to her daughter.

“I feel afraid when I see older men or uncles; it feels like all men could do the same thing.” (SR)

Theme 2. Avoidance Motivation and Avoidant Behavior

The dimension of avoidance motivation was highly dominant among all participants. They showed a strong tendency to avoid the perpetrator and anything that reminded them of the traumatic experience. This behavior became a form of self-protection to prevent re-experiencing the same psychological injury.

SR consistently kept her distance from her uncle and even refused to shake his hand when meeting him at family events. AN also avoided encounters with her uncle and never attended family events alone when he might be present. DN chose to leave home and never return because she did not want to meet her stepfather, stepbrother, and step-uncle. RN remained silent for years and did not dare disclose the incident because she feared the perpetrator’s threats.

“I never went home again, because home is not a safe place for me.” (DN)

These findings indicate that most participants remained in Enright’s uncovering phase, in which emotional wounds remained highly dominant and avoidance became the primary survival strategy.

Theme 3. Revenge Motivation and Conflict Around Anger

In addition to avoidance, revenge motivation also appeared in the form of deep anger, a desire to see the perpetrator receive consequences, and inner conflict between resentment and the need to recover. Although not all participants showed a direct desire for revenge, all participants experienced emotional struggle related to prolonged anger.

AN admitted that she had once wanted to kill her uncle because she felt that what she had experienced was deeply unjust. DN even hoped that the perpetrators would die soon so that she could feel calmer. Meanwhile, RN did not show direct aggression, but she felt satisfaction when her older sister decided to divorce the perpetrator because she felt that some form of moral justice had occurred.

“I hope karma comes to him.” (AN)

Over time, however, the participants began to realize that maintaining anger only prolonged their own suffering. This awareness became the beginning of the decision phase in the forgiveness process.

Theme 4. Self-Blame and Difficulty Forgiving the Self

Self-blame was a very strong theme in this study. Most participants were not only angry at the perpetrator but also blamed themselves because they felt unable to resist, scream, or immediately tell others what had happened.

SR repeatedly questioned why she had remained silent and did not fight back at the time. AN felt that she might have become a survivor because she was “different” and even felt disgusted with herself. RN also continually thought that the incident happened because she was too afraid to resist. This self-blame became a major barrier to forgiveness because survivors were not only trying to forgive the perpetrator but also themselves.

“Sometimes I feel that the person I find most difficult to forgive is actually myself.” (SR)

Theme 5. Decision Phase: Forgiveness as an Effort Toward Self-Healing

Although most participants had not reached complete forgiveness, there emerged an awareness that forgiveness was needed not for the perpetrator but for themselves. Forgiveness was understood as an effort to release emotional burden so that they could continue life more peacefully.

SR began to think that continuing to be angry would only keep hurting her. AN realized that prolonged resentment disrupted her sleep and mental health. RN began trying to forgive through a religious and spiritual approach, while DN understood forgiveness as a way to reclaim control over her life rather than as reconciliation with the perpetrator.

“I want to forgive not because he deserves to be forgiven, but because I am tired of living in anger all the time.” (AN)

At this stage, forgiveness functioned more as a self-healing mechanism than as a form of relational reconciliation.

Theme 6. Factors That Supported the Forgiveness Process

Several factors supported the forgiveness process, including social support, religiosity, distance from the perpetrator, professional help, and success in rebuilding control over life. Support from AN's older brother, RN's husband, and psychologists and psychiatrists for AN and DN became important factors in psychological recovery.

Religiosity also played a major role, particularly for RN, who made meaning of forgiveness through religious activities. For DN, economic independence and success in leaving the traumatic environment became sources of strength to rise again.

These findings indicate that forgiveness among survivors of intrafamilial sexual violence is not a simple process, but rather a long journey influenced by traumatic experience, relationship with the perpetrator, and the psychological resources available to the individual.

Overall, most participants remained in the uncovering phase, with dominant avoidance motivation and revenge motivation, while benevolence motivation had not developed optimally. Forgiveness was not understood as reconciliation with the perpetrator, but rather as an effort to free oneself from past wounds and achieve more adaptive psychological recovery.

E. CONCLUSION

Based on the findings from four emerging adult women who survived childhood sexual violence within the family, the forgiveness process was found to be complex, gradual, and nonlinear. All participants experienced sexual violence perpetrated by close family members, such as a biological uncle, stepfather, stepbrother, and brother-in-law. Thus, the traumatic experience was not only related to the act of sexual violence itself, but also to the destruction of safety, trust, and emotional relationships within the family.

The first theme indicated deep psychological trauma, including fear, shame, anger, disgust, anxiety, self-blame, and difficulty developing interpersonal relationships. This was evident in SR, who experienced fear of adult men and became very withdrawn; AN, who experienced panic attacks, self-harm, and Persistent Depressive Disorder; DN, who experienced anxiety disorder and chose to leave home to avoid the perpetrators; and RN, who carried the trauma into her role as a mother through excessive fear for her daughter's safety. This finding is consistent with Robert Enright's theory, which explains that in the uncovering phase individuals remain dominated by unresolved emotional wounds, anger, and psychological suffering.

The second theme showed that avoidance motivation was a highly dominant response among all participants. They attempted to distance themselves from the perpetrator, avoid certain family interactions, and even avoid anything that could trigger traumatic memories. SR refused to shake her uncle's hand, AN consistently avoided encounters with her uncle, DN chose to leave home and never return, and RN remained silent for years because she feared the perpetrator's threats. This indicates that most participants were still in the early stage of forgiveness, in which self-protection was more dominant than acceptance.

The third theme showed strong revenge motivation in the form of deep anger, the desire to see the perpetrator receive consequences, and the need for moral justice. AN expressed a desire for the perpetrator to experience karma, DN hoped the perpetrators would die so that she could feel calm, and RN felt satisfaction when her older sister decided to divorce the perpetrator because she saw this as a form of moral justice. Based on Michael E. McCullough's motivational model, this condition indicates that revenge motivation remained more dominant than benevolence motivation, so forgiveness had not developed toward a more neutral relationship with the perpetrator.

The fourth theme showed that self-blame was a major barrier to the forgiveness process. Most participants were not only angry at the perpetrator but also blamed themselves for not being able to resist, not screaming, or not immediately disclosing the violence they experienced. SR felt that she was also at fault because she remained silent, AN felt that she became a survivor because she was perceived as different, and RN continued to think that the incident occurred because she was too afraid to resist. This condition indicates that the process of forgiving oneself may be as difficult as forgiving the perpetrator.

The fifth theme showed that forgiveness began to be understood as a form of self-healing, not reconciliation with the perpetrator. Participants began to realize that maintaining anger and resentment only prolonged their psychological suffering. SR felt tired of living in fear, AN realized that resentment disrupted her sleep and mental health, RN attempted forgiveness through religiosity, and DN interpreted forgiveness as an effort to reclaim control over her life. At this stage, participants began entering Enright's decision phase, marked by awareness of the need to release emotional burden for self-recovery.

The final theme showed that social support, religiosity, professional help, distance from the perpetrator, and success in rebuilding control over life were important factors supporting the forgiveness process. Support from AN's older brother, RN's husband, and psychologists and psychiatrists for AN and DN helped their psychological recovery. Religiosity also helped RN make spiritual meaning of forgiveness, while economic independence helped DN feel more empowered in facing her past.

This study confirms that most participants remained in the uncovering phase, characterized by dominant avoidance motivation and revenge motivation, whereas benevolence motivation had not developed optimally. Forgiveness among survivors of intrafamilial sexual violence was not understood as reconciliation with the perpetrator, but rather as a long process of releasing emotional burden, recovering oneself, and regaining control over life. These findings reinforce the importance of trauma-informed approaches in psychological interventions so that recovery can occur in a more adaptive, safe, and sustainable way for survivors of intrafamilial sexual violence.

REFERENCES

- Arthur, S. (2020). Forgiveness sebagai proses perubahan orientasi negatif menuju orientasi positif pada individu. *Jurnal Psikologi Positif*, 8(2), 115-128.
- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2021). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, 84, 101951.
- ECPAT International. (n.d.). *End child prostitution in Asian tourism: Child sexual abuse and exploitation report*. <https://www.ecpat.org/>
- Enright, R. D. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, 40(2), 107-126.
- Enright, R. D., & Fitzgibbons, R. P. (2015). *Forgiveness therapy: An empirical guide for resolving anger and restoring hope*. American Psychological Association.
- Fincham, F. D. (2009). Forgiveness: Integral to a science of close relationships? *Personal Relationships*, 16(1), 1-8.
- Gani, H. A. (2011). Forgiveness sebagai proses melepaskan rasa nyeri, kemarahan, dan dendam. *Jurnal Psikologi Islam*, 7(1), 45-57.
- Illenia, D., & Handadari, W. (2011). Dampak kekerasan seksual pada anak terhadap gangguan stres pascatrauma. *Jurnal Psikologi Klinis dan Kesehatan Mental*, 3(2), 89-97.
- Karremans, J. C., Van Lange, P. A. M., Ouwerkerk, J. W., & Kluwer, E. S. (2003). When forgiving enhances psychological well-being: The role of interpersonal commitment. *Journal of Personality and Social Psychology*, 84(5), 1011-1026.
- Kearns, J. N. (2006). Forgiveness as a decision-making process in interpersonal relationships. *Journal of Behavioral Studies*, 14(2), 77-91.
- Kementerian Pemberdayaan Perempuan dan Perlindungan Anak. (2023). *Laporan tahunan kekerasan terhadap perempuan dan anak di Indonesia*. KPPPA.
- Komnas Perempuan. (2023). *Catatan tahunan kekerasan terhadap perempuan tahun 2023*. Komnas Perempuan.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2020). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 26(1), 1-18.
- McCullough, M. E. (2000). Forgiveness as human strength: Theory, measurement, and links to well-being. *Journal of Social and Clinical Psychology*, 19(1), 43-55.
- McCullough, M. E., Bellah, C. G., Kilpatrick, S. D., & Johnson, J. L. (2003). Vengefulness: Relationships with forgiveness, rumination, well-being, and the Big Five. *Personality and Social Psychology Bulletin*, 29(5), 601-610.
- McCullough, M. E., Worthington, E. L., & Rachal, K. C. (1997). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology*, 73(2), 321-336.
- McCullough, M. E., Worthington, E. L., & Rachal, K. C. (1998). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology*, 73(2), 321-336.
- Nashori, F. (2008). *Psikologi sosial Islami*. Bandung: Refika Aditama.

- Toussaint, L., Worthington, E. L., Van Tongeren, D. R., Hook, J. N., Berry, J. W., Davis, D. E., & Griffin, B. J. (2021). Forgiveness and health: Age differences in a U.S. probability sample. *Journal of Behavioral Medicine*, 44(3), 368-381.
- Tursilatini, T. (2017). Kekerasan seksual pada anak dan dampak psikologis jangka panjang. *Jurnal Psikologi Klinis Indonesia*, 6(2), 115-128.
- United Nations Children's Fund. (2022). *Child sexual abuse and exploitation: Global report on prevention and protection*. UNICEF.
- World Health Organization. (2021). *Violence against children*. WHO.
- Worthington, E. L. (2006). *Forgiveness and reconciliation: Theory and application*. Routledge.
- Worthington, E. L., & Cowden, R. G. (2020). The psychology of forgiveness and health. *Annual Review of Psychology*, 71, 305-330.
- Zahra, F. (2007). *Dampak psikologis kekerasan seksual pada anak*. Jakarta: Prenada Media.