



Silenced by Culture and Emotion: An Interpretative Phenomenological Analysis of Incest Survivors' Silent Coping in Indonesia

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Abstract

ABSTRACT

Background of study: Sexual violence within families – particularly incest – is one of the most concealed forms of abuse in collectivist and religious societies such as Indonesia. Victims' silence is often misinterpreted as passivity, while in reality, it reflects complex coping strategies shaped by cultural and emotional contexts that remain underexplored.

Aims and scope of paper: This paper explores the contextual meaning of silence among female incest survivors in Indonesia, a country shaped by strong collectivist and religious norms. Using Interpretative Phenomenological Analysis (IPA), the study examines how silence operates not as mere passivity but as an active coping mechanism. It focuses on survivors' lived experiences, highlighting how silence functions as protection, self-regulation, and emotional negotiation within oppressive family and societal structures. The study contributes to the discourse on trauma and gender-based violence, emphasizing culturally sensitive psychological responses in contexts where abuse is often silenced.

Methods: A qualitative approach was employed using IPA. The study involved 22 female survivors (aged 18–38) and 5 professional informants. Data were collected through narrative interviews and analyzed idiographically using descriptive and conceptual coding. The process was supported by source triangulation and expert discussions.

Results: The analysis revealed four main themes: (1) silence as protection from social stigma, (2) silence as a manifestation of shame and self-blame, (3) silence driven by fatalistic religious interpretations, and (4) silence as emotional loyalty to the perpetrator. Silence is not interpreted as the absence of voice, but rather as a survival strategy within a silencing social system.

Conclusion: Silence among survivors is a culturally embedded survival mechanism. Effective interventions must address the emotional, religious, and social dimensions of trauma, offering safe, respectful spaces for healing. This study contributes to understanding passive coping in the context of incest within culturally restrictive settings.

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INTRODUCTION

Sexual violence against children within the family, particularly incest, is one of the most hidden and underreported forms of abuse [1], [2], [3], [4]. In collectivist and religious societies like Indonesia, this issue becomes even more complex, as disclosures of abuse by children are often perceived as acts of betrayal against the family, rather than as attempts to seek protection. Honor-based norms, a culture of shame, and fatalistic religious interpretations institutionalize silence as a survival strategy. In this context, silence is not merely a personal response but a social and spiritual construct passed down through generations [5], [6], [7].

The pressure to preserve family honor, deep-seated shame, and religious interpretations emphasizing patience and acceptance all reinforce patterns of silence [8], [9], [10]. Victims are not silent because they are incapable of speaking, but because their social, educational, and legal environments do not offer safe or responsive spaces for disclosure. This culture of silence also reflects a form of symbolic and structural violence, where the system prioritizes the reputation of the family over the safety of the child.

Numerous studies have documented the psychological effects of sexual violence, including anxiety disorders, dissociation, and complex trauma [11], [12]. However, most research still focuses on the consequences of trauma and rarely explores the meaning of silence from the survivor's own perspective. In this study, silence is understood not merely as fear or passivity, but as a coping mechanism imbued with personal and social significance [13], [14], [15], [16], [17].

To grasp this complexity, several theoretical frameworks are employed. Betrayal Trauma Theory [13] posits that victims of abuse by trusted caregivers often remain silent in order to preserve emotional attachments that provide a sense of safety. Meanwhile, Complex PTSD explains how repeated trauma may lead to emotional and psychological muteness as a form of self-protection [11]. In patriarchal family dynamics, the concept of psychological captivity is also crucial in understanding the victim's entrapment.

From a sociological lens, Spiral of Silence Theory [18] suggests that individuals tend to remain silent when their views contradict dominant social norms. In societies that highly value family honor, victims of sexual violence are often seen not as recipients of harm, but as sources of shame. This perception can lead to learned helplessness [19], a condition of perceived powerlessness due to repeated systemic failures in responding to the victim's voice.

Culturally, symbolic violence [20], [21], [22] helps explain how patriarchal norms and certain religious interpretations are internalized, making silence appear normal or even virtuous. In religious contexts, religious coping theory [23] highlights how spiritual interpretations of suffering may lead to either positive coping (meaning-making) or negative coping (destructive submission). When suffering is seen as divine will or punishment, silence is practiced as an expression of faith, not resistance.

Recent studies also emphasize that silence can be a form of moral injury [24], especially when victims feel betrayed by the very systems that were supposed to protect them. Moreover, punitive images of God shaped by childhood trauma can reinforce silence as a form of spiritual surrender [25]. Thus, silence is not only a product of trauma but is institutionalized through cultural values, emotional loyalties, and oppressive spiritual dogma [10].

Unfortunately, approaches that treat silence as a meaningful phenomenon have not been widely applied in the Indonesian context. Victims' narratives are often marginalized, and interventions tend to be legalistic, lacking cultural sensitivity. In this regard, the concept of epistemic justice [26] is essential – recognizing that survivors are legitimate knowers of their own experiences, not merely objects of treatment or legal processes.

This study aims to explore how child incest survivors in Indonesia interpret their silence. Using the Interpretative Phenomenological Analysis (IPA) approach, the research seeks to understand the subjective meaning of silence as a survival strategy within complex power relations. The study focuses on two central questions:

- (1) How do incest survivors make sense of their silence?

(2) What cultural, emotional, and religious factors influence this coping strategy?

By addressing these questions, the study seeks to enrich our understanding of silence as a form of resistance, compliance, and self-protection, and to inform the development of more contextual, trauma-informed, and empathetic interventions that honor the voices of survivors.

METHOD

Research Design

This study employed the Interpretative Phenomenological Analysis (IPA) approach by Smith, Flowers, and Larkin, a qualitative methodology that aims to understand individuals' subjective experiences and how they make sense of significant life events [27], [28]. IPA was chosen for its sensitivity to personal, emotional, and sociocultural dynamics, and for emphasizing the interpretative process between participants and researchers. This approach is highly relevant for exploring the meaning of silence as a coping strategy in the context of incest trauma, patriarchal culture, and religious spirituality.

Participants and Recruitment Procedure

A total of 22 female survivors of incest, aged between 18 and 38 years at the time of the interview, participated in this study. All had experienced sexual abuse by a family member or close relative before the age of 18 and had surpassed the acute crisis phase, with more than five years having passed since the last incident. Participants were included based on the following criteria: a history of incest during childhood, not currently experiencing acute psychological distress, willingness to engage in narrative exploration, and the ability to provide informed consent. Recruitment was carried out through an online exploratory questionnaire (Google Form) distributed via survivor advocacy communities and social media platforms. Of the 346 individuals who initially responded, 71 reported experiences of sexual violence, and 22 met the specific criteria for inclusion as incest survivors. A criterion-based purposive sampling strategy was employed [29], [30] to ensure the relevance and depth of participants' experiences aligned with the research focus.

To enhance data validity through source triangulation, five professionals—including psychologists, counselors, and NGO advocates—were also interviewed in a reflective manner. Participants were assigned codes based on their mode of participation: "W" for in-depth interviews, "K" for written narrative questionnaires, and "NX" for initial screening.

Data Collection Techniques

Data were collected using two primary methods. First, semi-structured interviews were conducted online via WhatsApp video calls, each lasting between 60 and 120 minutes, with a focus on exploring participants' narratives of silence. Second, for those who were uncomfortable with direct interviews, open-ended narrative questionnaires were provided and completed anonymously through Google Forms. All procedures were conducted with trauma-informed sensitivity, allowing participants to access emotional support as needed. Participants were given the freedom to choose the timing, communication platform, and pseudonym they felt most comfortable with. Informed consent was obtained digitally, and all data were managed with strict confidentiality protocols to ensure participant safety and privacy.

Ethical Considerations

This study received ethical approval from the Research Ethics Committee of Universitas Negeri Malang and adhered to WHO Ethical and Safety Recommendations for Research on Sexual Violence. Participants were given written information sheets about the study's purpose, their rights, and potential risks. All identities were anonymized, and data were securely encrypted and accessible only to the research team.

Data Analysis Techniques

Data were analyzed following the Interpretative Phenomenological Analysis (IPA) procedures outlined by Smith, Flowers, and Larkin [27]. The process began with repeated readings of each transcript to immerse the researcher in the participant's narrative. Significant meaning units—descriptive, linguistic, and conceptual—were then identified and annotated. Themes were developed at the individual level before being compared across participants to examine similarities and differences. Finally, a thematic structure was constructed to capture the deeper phenomenological meanings underlying participants' experiences. The analysis was conducted in an iterative and reflective manner, with bracketing applied to reduce potential researcher bias. The validity of the findings was strengthened through source triangulation, involving professional informants, and peer debriefing sessions with two counselors who had extensive experience working with child sexual abuse cases.

Data Validity and Trustworthiness

To ensure the credibility of the findings, several strategies were employed. Source triangulation was conducted by incorporating insights from professional informants, while limited member checking was carried out with selected participants to validate the interpretations. Additionally, peer debriefing sessions were held with two senior trauma counselors to critically review the emerging themes. An audit trail was maintained to document the coding and interpretive processes, enhancing transparency and trustworthiness. Thematic saturation was achieved by the fourth interview, as no new significant themes emerged thereafter. The analysis prioritized the depth and richness of meaning over statistical generalizability, aligning with the study's phenomenological focus.

Researcher Positioning

The researcher is a lecturer in Guidance and Counseling and a counselor with a background in trauma work involving women and children. Ongoing reflexivity was practiced throughout data collection and analysis to manage affective, ethical, and cultural biases.

Participant Characteristics

The majority of participants were students aged 15–24, with incidents of incest occurring between ages 5 and 15. Most identified as Muslim (77.3%), followed by Catholic and Protestant participants. Perpetrators were typically fathers, uncles, cousins, or stepbrothers. The abuse often occurred repeatedly over an extended period and took place within emotionally complex relationships shaped by familial dependence and power hierarchies.

To provide a quantitative overview, Table 1 presents the sociodemographic characteristics of the child incest survivors, including age at the time of the interview, age during the abuse, education level, and religious affiliation. These factors are essential for understanding the broader sociocultural context in which incest occurs and silence is maintained.

Most survivors experienced abuse during early developmental stages, which significantly shaped how trauma was internalized and how silence emerged as a coping mechanism. Their religious and educational backgrounds also reflect the cultural and spiritual values influencing their experiences, particularly in a society where moral conformity and religious fatalism are prominent.

To enrich the narrative context, Table 2 presents individual survivor profiles, detailing their current age, the perpetrator's relationship to them, and their mode of participation in the study (e.g., interviews, written narratives, or anonymous responses). These profiles highlight the diversity and complexity of survivor experiences, illustrating how silence is negotiated within personal and cultural frameworks.

Table 1. Demographic Characteristics of Incest Survivor Participants (n = 22)

Characteristic	Frequency (n)	Percentage (%)
Gender		
Female	21	95.5%
Male	1	4.5%
Current Education Level		
Junior High School	7	31.8%
Senior High School/Vocational	5	22.7%
University Student	10	45.5%
Current Age Group		
15-17 years	15	68.2%
18-24 years	7	31.8%
Religion		
Islam	17	77.3%
Catholic	3	13.6%
Protestant	2	9.1%
Age at First Incest Incident		
5-10 years	13	59.1%
11-15 years	9	40.9%

Table 2. Individual Profiles of Survivor Participants (n = 22)

ID	Current Age	Age at Incident	Perpetrator Relationship	Participation Type	Brief Contextual Notes
W-01	15	8	Cousin	In-depth Interview	Carried trauma since childhood; anxious when speaking
W-02	16	8	Cousin	In-depth Interview	Feels guilty; difficulty trusting others
W-03	17	12	Family Member	In-depth Interview	Strong emotional reflection; history of self-harm
W-04	15	9-10	Father	In-depth Interview	Highly emotional; intense fear
W-05	18	13	Cousin	In-depth Interview	Withdrawn; afraid of rejection
W-06	20	5-present	Uncle	In-depth Interview	Religiously withdrawn; resigned
W-07	19	6	Father & Brother	In-depth Interview	Emotionally angry and confused
K-01	16	5	Family Member	Narrative Questionnaire	Not ready to open up
K-02	17	10	Family Member	Narrative Questionnaire	Tends to remain silent; avoids detail
K-03	18	13-14	Uncle (father's younger brother)	Narrative Questionnaire	Feels dirty; shaken identity
K-04	21	8-9	Cousin	Narrative Questionnaire	Brief and reserved
K-05	18	10	Brother	Narrative Questionnaire	Never disclosed before; full of fear
K-06	22	13	Cousin	Narrative Questionnaire	Avoids emotional expression in writing
K-07	24	6-13	Teacher, family, etc.	Narrative Questionnaire	Reflective and open in writing
K-08	17	15	Close person	Narrative Questionnaire	Seeks peace; needs support
K-09	19	14	Cousin	Narrative Questionnaire	Self-blaming

RESULTS AND DISCUSSION

Results

An interpretative analysis of the narratives from 22 incest survivors revealed four key themes that reflect the meaning of silence as a survival strategy within cultural, emotional, and spiritual contexts. These themes do not stand alone; rather, they are interwoven within a complex and layered structure of lived experience. Each theme is enriched by narrative excerpts that highlight the survivors' social and psychological contexts.

Silence as Social Protection and Fear of Stigma

For most survivors, silence functioned as a form of protection against the threat of stigma, humiliation, and damage to the family's reputation. In cultures that place a high value on family honor, speaking out is often seen as a high-risk act that could bring shame or severe conflict.

"I once told my mother, but she said, 'If people find out, the whole family will be disgraced.' So I chose to stay silent. I was afraid I would destroy the family." (W-03)

This theme reflects the dynamics of the *spiral of silence* [18], in which minority voices are suppressed due to fear of social rejection. Silence here is not merely an individual reaction, but the product of institutionalized collective pressure.

Silence as a Manifestation of Shame and Self-Blame

Silence also stems from deep-seated shame and tendencies toward self-blame. Survivors often described their bodies as sources of disgrace, even though they bore no fault. These internalized feelings created psychological barriers that made it difficult for them to disclose their experiences of abuse.

"I was disgusted with my own body. I kept showering until I was sore. I thought it was all my fault because I slept near the perpetrator." (W-01)

This narrative illustrates *internalized shame* and *self-blame*, which are common among victims of sexual violence within close relationships. In this context, silence is not merely a delay in disclosure – it becomes a form of self-punishment.

Silence as Spiritual Surrender: Between Faith and Fatalism

Some survivors interpreted their silence as an acceptance of destiny or as part of a spiritual test. For certain individuals, religious belief became a source of strength; for others, it served to suppress their voices.

"I stayed silent because I was told this was a test from Allah. I had to be strong and endure it." (W-06)

This reflects the concept of *passive religious coping* [23], where religion is internalized in a way that inhibits emotional expression. Silence becomes an institutionalized form of religiosity rather than a purely personal choice.

Silence in Emotional Loyalty: Between Love, Fear, and Confusion

Many survivors experienced ambivalence because the perpetrator was also a figure who once showed affection. Silence emerged not from safety, but from emotional confusion and fear that disclosing the abuse would fracture the family.

“I love my father, but I’m also afraid. If I speak up, the family might fall apart.”
(K-03)

This condition reveals a deep *loyalty conflict* and complex emotional attachment – common in cases where the perpetrator is also perceived as a protective figure. Silence, in this sense, becomes a coping mechanism to manage intense emotional dissonance.

To deepen the understanding of how silence is linked to appropriate intervention needs, Table 3 presents the core themes derived from IPA analysis, along with representative narrative excerpts and suggested intervention implications. This table is designed to support the integration of qualitative findings into more empathetic, culturally responsive, and trauma-informed counseling policies and practices.

Table 3. Themes, Key Narratives, and Intervention Implications on Silence among Survivors:

Theme	Key Narrative	Participant	Intervention Implications
Silence as Social Protection and Fear of Stigma	“I once told my mother, but she said: ‘Don’t stir things up – he’s your father. If people find out, our family will be disgraced.’ So I stayed silent, afraid I would ruin everything.”	W-03	Public and family education to prioritize child protection over family reputation. Train parents and teachers to distinguish between shame and crime.
	“In my village, people quickly blame girls. If I spoke up, they would blame me, not him. So I chose silence and pretended to forget, even though it broke me.”	W-02	Community-based gender and legal literacy campaigns.
	“I tried telling a teacher, but was told to pray more and not disgrace the family. It made me feel smaller, unheard.”	NX-2	Teacher training to recognize and respond supportively to child disclosures.
Silence as Shame and Self-Blame	“If I spoke up, I’d be insulted and called a liar. My father said if I told my mother, he’d destroy our family... So I kept it in until I got physically ill.”	W-07	Media campaigns to reframe survivors as subjects, not causes. Involve religious and cultural leaders.
	“I was disgusted with my body. I kept scrubbing myself until I got wounds. I thought it was all my fault for sleeping near him.”	W-01	Train school counselors and social workers on body trauma and empathy-based healing.
	“I couldn’t scream. I froze... So I thought I was just stupid and weak.”	W-05	Trauma-informed psychological interventions to shift the ‘victim as cause’ narrative.
	“I thought it was my fault my uncle did that... I felt dirty all the time.”	K-03	Sustained psychosocial support for survivors with deep internalized trauma.
	“Even now I have nightmares... When I wake up, I’m angry at myself. Why was I silent?”	K-08	Strengthen narrative therapy and self-compassion-based recovery.

Silence as Spiritual Surrender (Religious and Cultural Fatalism)	“I was angry at God... But then I thought – maybe this is a test. So I kept silent and prayed.”	W-06	Transformative spiritual approaches: train faith leaders not to promote ‘silence as piety’.
	“My mom said, ‘Be patient, it’s God’s test.’... I obeyed. Now I understand her.”	K-04	Develop critical religious parenting modules that do not normalize child suffering.
	“I heard in sermons that everything is predestined... I stayed silent, afraid of being seen as lacking faith.”	K-06	Progressive religious education to critique passive interpretations that normalize violence.
	“I thought maybe this was karma... So I just accepted it and stayed quiet.”	NX-4	Promote liberating reinterpretations of religious values, not oppressive ones.
Silence in Emotional Loyalty: Between Love, Fear, and Confusion	“I was afraid of losing my father... I was scared if I told Mom, he’d leave. What about our lives, my school, my siblings?”	NX-1	Family intervention to deconstruct dual roles: perpetrator as provider and abuser.
	“I loved and hated my dad... I was just a child and didn’t know what to do.”	K-03	Loyalty-conflict-based counseling and identity recovery for child survivors.
	“He wasn’t just a perpetrator – he was closer to me than my dad... As a kid, I thought he cared. But he hurt me.”	W-04	Relational recovery interventions and role separation in child psychology.
	“I feared the family would hate me if I told them. Grandpa was seen as kind... I felt like the weird one.”	NX-3	Community training on the dynamics of sexual violence perpetrators within families.

As shown in Table 3 above, each form of silence represents not only an individual response to trauma but also a reaction to systemic pressures shaped by cultural norms, power structures, and spirituality. The listed intervention implications highlight that effective responses to incest survivors must consider the layered social and psychological factors involved, employing context-sensitive approaches grounded in the survivors’ lived experiences.

Table 4 below summarizes the key findings of this study, illustrating how the meaning of silence is shaped at the intersections of culture, emotion, and spirituality as experienced by the survivors.

Table 4. Summary of Themes, the Meaning of Silence, and Contextual Dimensions

Main Theme	Meaning of Silence	Cultural / Emotional Dimension
Protection from stigma	Silence as a shield	Family honor norms
Shame and self-blame	Silence as self-punishment	Internalized guilt and shame
Religious fatalism	Silence as spiritual acceptance	Religious interpretations of suffering
Emotional loyalty to the perpetrator	Silence as love and confusion	Ambivalent attachment within the family

These findings indicate that silence is not merely the absence of voice, but a complex socio-emotional construct. In cultures that emphasize harmony, honor, and patience, silence becomes a coping mechanism that is subtly taught and passed down through generations. Understanding

this dynamic is essential so that interventions for incest survivors do not hastily push for disclosure, but instead respect the survivor's internal process and provide a truly safe and supportive space.

Discussion

Silence as a Coping Strategy Against Social Stigma

The findings on silence as a form of protection against social stigma reveal that, for many incest survivors, speaking out is perceived as a risk to both personal safety and family reputation. The narratives indicate that silence functions as a shield against social threats such as ostracism, family denial, and accusations of dishonoring the family.

This strategy aligns with the Spiral of Silence Theory [18], which posits that individuals remain silent when their views or experiences contradict dominant societal norms. In collectivist cultures like Indonesia, family honor holds significant symbolic value, and disclosing sexual violence is often seen as a violation of that honor.

In the social realm, Bourdieu's notion of symbolic power explains how cultural norms such as "do not bring shame to the family" reinforce the pressure to remain silent [20].

"I told my mother, but she said, 'Do you want to disgrace the family?' So I thought, better to stay silent." (W-03)

"I know that in the village, people would think I'm seeking attention or crazy. I was afraid if my friends found out. So, I kept it inside, even though I cried every night." (K-07)

These narratives show how survivors face silencing social pressures. In honor-based societies, family reputation is heavily guarded, and disclosure of sexual abuse is viewed as a threat to symbolic stability [31].

Silence is reinforced by fear of stigma, denial from the community, and even verbal threats from perpetrators or family members who should be protectors. In some cases, formal institutions like schools or religious communities also pressure survivors to remain silent to protect the family's "honor." Silence, therefore, is not mere absence of speech but a complex response to cultural expectations, moral norms, and the fear of social rejection.

"If I talk, I'm afraid of being shamed, called a liar... better to stay silent and pretend to forget, even though my heart is breaking." (K-01)

Victims' fear of not being believed and being blamed reflects the cultural pressure that prioritizes family honor over a child's safety—also echoed in Easton's (2013) study on male survivors.

Silence as a Manifestation of Shame and Self-Blame

The second theme highlights how shame, guilt, and self-blame form the emotional core of survivors' silence. These feelings are not innate; rather, they are shaped by social narratives, education, and even family messages that position the victim as responsible for "provoking" the abuse.

Survivors often report profound shame and guilt, which leads to a rejection of their own body and identity. This aligns with Deblinger and Heflin, who found that sexually abused children frequently internalize guilt and shame, developing a negative self-perception [32].

Feelings of being "dirty," "unworthy," and "it's my fault" become invisible psychological burdens that make disclosure extremely difficult.

“I kept bathing because I felt dirty. I thought it was all my fault.” (W-01)
“I still have nightmares. In them, I keep trying to escape but can’t.” (K-08)
“I thought it was my body’s fault. Especially when people said I was getting prettier – it made me scared.” (K-01)

Such feelings create a damaging cycle of self-blame that undermines self-worth. Silence, in this context, is not only a response to fear but also an expression of a fractured identity. Children not only suffer physical and psychological harm, but also experience a dismantling of their self-narrative – they feel worthless, dirty, and undeserving of protection.

This unfounded guilt is consistent with Deblinger and Heflin’s findings, which show that child sexual abuse victims often blame themselves due to a lack of understanding of power dynamics and bodily autonomy [4], [32].

Silence as a Frame of Religious and Cultural Fatalism

Some survivors interpreted their abuse as a “test from God” or “destiny,” and silence as an act of spiritual patience or acceptance. This understanding aligns with the concept of passive religious coping [23], and is supported by Park’s study, which notes that religion is often used as a meaning-making framework in trauma – even when the interpretation may be oppressive rather than liberating [33].

“I stayed silent because they told me this was a test from Allah. So I had to be strong.” (W-06)
“I often hear in sermons that everything is destined. But my destiny hurts too much.” (K-06)

This fatalism frames suffering as something to be endured rather than resisted, trapping survivors in a spiritual dilemma – on one hand, they wish to maintain faith; on the other, they feel betrayed by a divine justice that failed to protect them. Silence thus becomes a manifestation of religious and cultural helplessness learned passively.

In religious contexts, the narrative of silence is often underpinned by passive religious coping, where violence is interpreted as a spiritual trial [31], [34], which can prolong suffering if not accompanied by adequate psychological support.

Silence in Emotional Loyalty: Between Love, Fear, and Confusion

This theme reveals the most complex dimension: when the perpetrator is a beloved figure – such as a father, uncle, or grandfather – the survivor experiences deep internal conflict. They feel hurt yet fear losing the person who may also be their caregiver or economic provider.

Betrayal Trauma Theory [13] is particularly relevant here, explaining how emotional attachment to the abuser compels victims to suppress their voices in order to preserve the relationship. This is supported by Attachment Theory [12], [35] and recent research by Lahav et al., which emphasize the role of disorganized attachment in childhood trauma [36].

“I love my dad, but I’m also afraid. So I kept quiet because I was confused.” (K-03)
“He used to read me books and buy me snacks. I was so confused – who could I trust?” (W-04)

These relationships create long-lasting internal turmoil. Silence is not merely passive, but a form of obedience to a fearful and distorted emotional attachment, and a desperate attempt to maintain emotional stability. In this context, silence is a survival strategy in uncertain emotional terrain – especially when speaking out may threaten the child’s fragile sense of safety.

The ambivalent emotional attachment expressed by survivors aligns with Lahav et al., who observed that childhood trauma often coexists with insecure attachment patterns, leading victims to remain close to their abuser for a sense of illusory safety [33].

These four themes are not isolated; rather, they interweave into a complex web of meanings. Silence is not merely a passive reaction, but a survival strategy shaped by cultural norms, power structures, interpersonal dynamics, and spirituality. Understanding the depth of meaning behind silence is essential for designing interventions that are empathetic, contextual, and centered on survivors' lived experiences.

Implications

The findings of this study underscore the urgent need for culturally sensitive and trauma-informed interventions tailored to the experiences of incest survivors. As revealed through their narratives, silence is not merely the absence of disclosure but a deeply ingrained survival strategy shaped by cultural honor norms, spiritual beliefs, emotional loyalty, and internalized shame. Responding effectively requires a multifaceted approach that prioritizes emotional safety and respects the survivor's readiness to share their story. Rather than pressuring disclosure, interventions must embrace culturally and spiritually competent counseling models that acknowledge survivors' realities without perpetuating harmful fatalistic interpretations. Furthermore, community-based education is essential to challenge the stigma surrounding sexual violence, dismantle the culture of family honor that suppresses voices, and question the normalization of silence. Finally, professionals—including teachers, counselors, and religious leaders—must be equipped to recognize subtle disclosure signals and respond with empathy, validation, and sustained support.

Research Contribution

This study contributes to the growing body of literature on sexual abuse and trauma by offering a contextualized understanding of silence among incest survivors within a collectivist and religious society. It reveals how survivors' internal narratives—shaped by social, cultural, and spiritual systems—deeply influence their coping mechanisms and help-seeking behavior. Through rich, narrative-based evidence, the study provides valuable insights that can inform the development of therapeutic, educational, and policy interventions specifically tailored for survivors of familial sexual violence. Additionally, the research extends the theoretical application of the Spiral of Silence Theory, Betrayal Trauma Theory, and Passive Religious Coping to non-Western cultural contexts, thereby enhancing the global relevance and cultural adaptability of these frameworks.

Limitations

Several limitations of this study should be acknowledged. First, there is a potential sample bias, as participants were recruited through online platforms and survivor advocacy communities, possibly excluding individuals without digital access or those who have never disclosed their experiences. Second, the data rely on retrospective self-narratives, which may be influenced by memory recall bias or emotional distress during the process of recounting traumatic events. Third, due to the highly sensitive nature of the topic, only limited member checking was conducted, restricting the extent of participant validation of the findings. Lastly, the sample consisted exclusively of female participants, which limits the generalizability of the results to male or non-binary survivors whose experiences may differ in significant ways.

Suggestions

Future research to explore how gender identity influences the meaning of silence and coping mechanisms. Longitudinal studies could offer valuable insights into how survivors' understanding of silence and disclosure evolves over time, particularly in response to therapeutic

or community-based interventions. Additionally, investigating the role of specific religious teachings or influential figures in either reinforcing or challenging silence could deepen understanding of spiritual dimensions in trauma recovery. Action-oriented research that collaborates with schools, religious institutions, and families would also be beneficial in developing and testing culturally grounded interventions that align with survivors' lived experiences.

CONCLUSION

Moral and character education at RA Al-Amien is effectively implemented through consistent habituation and active engagement in meaningful activities. Children are encouraged to internalize moral values not merely through instruction, but through concrete actions such as giving charity, expressing gratitude, showing respect, and practicing empathy in daily interactions. These practices allow children to experience and embody the moral concepts taught by their teachers in real-life contexts. Moreover, the school's approach to assessing moral development—through observation of behavior and continuous teacher guidance—offers a practical and contextually relevant model for early childhood moral education. The implementation at RA Al-Amien demonstrates that integrating moral instruction into everyday routines can significantly contribute to the formation of noble character (*akhlakul karimah*) in young learners. This model can serve as a valuable reference for other early childhood institutions aiming to foster ethical and responsible individuals from an early age.

AUTHOR CONTRIBUTION STATEMENT

CAM conceptualized the study, supervised the data collection, and finalized the manuscript. M, FH, and MR contributed to the literature review, conducted field observations, and participated in drafting the initial manuscript. AA and IH supported data analysis, contributed to the interpretation of findings, and assisted in revising the discussion section. APW was responsible for organizing interviews, transcribing data, and contributing to the refinement of research instruments. YH assisted in data organization, proofreading, and provided feedback on the final version of the manuscript. All authors engaged in collaborative discussions throughout the research process and approved the final manuscript for submission.

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