

Emotion Regulation and Impulse Control of Child Victims of Sexual Harassment in Makassar City

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ABSTRACT

This study aims to describe the regulation of emotions and impulse control in child victims of sexual abuse. This research is a qualitative research with a case study approach. Data were obtained through in-depth interviews, unstructured observation and documentation to 10 informants consisting of child victims of sexual abuse, families of child victims of sexual abuse, P2TP2A officers, and health workers in Makassar City. Content analysis is used to identify topics or categories in data. The results showed that child victims of sexual abuse can regulate their emotions and control impulses well if they get help from their surroundings, especially their families. Child victims of sexual abuse are able to be optimistic and never give up because they have a desire to make their parents happy and reach their dreams in the future. It was concluded that emotional support and social support for child victims of sexual abuse play an important role in the formation and improvement of emotional regulation and impulse control in children victims of sexual abuse in the future.

INTRODUCTION

Child Sexual Abuse (CSA) is a global problem with many detrimental impacts on individuals and society (1). One of the goals of Sustainable Development (SDG's) is that the United Nations has a duty to oblige member countries to eliminate violence against children, including child sexual abuse (2). The World Health Organization states that sexual violence is a public health problem that still needs a lot of treatment (3). Sexual abuse of children is currently a serious public health problem in all countries around the world, due to confirmed prevalence data (4-7).

Most of the perpetrators of sexual abuse were known to the victim (8-10). The Indonesian Child Protection Commission found hundreds of cases of sexual violence against children allegedly committed by the closest person as the perpetrator, namely in 2015 as many as 218 cases, in 2016 there were 120 cases, in 2017 there were 116 cases.

The phenomenon of child sexual abuse is like an iceberg, where many cases occur but very few are reported to the authorities. Knowledge of CSA in Indonesia is still limited and the perception of taboo in discussing sexual issues has been identified as a factor that hinders CSA reporting (11). Many cases of child sexual abuse are not reported because this problem is considered a family disgrace that no one needs to know about (12-15).

Sexual abuse of children in particular has an impact on the health of child victims of sexual abuse (16-18). Child sexual abuse is significantly associated with depression, decreased self-esteem, and other psychological problems, namely suicidal ideation or behavior, anxiety, personality, psychotic, somatoform, and dissociative spread (19). Children and adolescents who experience sexual abuse have 1.27 times more diagnoses of infectious diseases than children and adolescents who are from the general population (20).

Children are a group that is very vulnerable to sexual abuse because children are always positioned as weak or helpless and have a high dependence on the adults around them. In addition, the factor of negligence of parents who do not pay attention to children's growth and development and the association of children causes children to become victims of sexual violence.

Cases of sexual abuse against children need extra handling. Resilience plays an important role in improving the degree of public health (21). Resilience has been found to play a role in promoting and enhancing individual well-being by various researchers (22-26). In a number of studies, either directly or indirectly, have described the relationship between resilience and health (27). Resilience acts as a protective factor that increases positive thoughts and leads to healthy personality characteristics (28). This is based on the definition of health established by WHO which emphasizes that a person's health is not only measured from the physical aspect, but also includes mental, social, and even productivity (18).

Cases of sexual abuse against children in the city of Makassar have increased. In 2019 the Kasat Reskrim Polrestabas Makassar said that in January 2019, there were 6 cases of rape and 4 cases of sexual abuse. Of the 10 reported cases of sexual abuse against children, it was dominated by junior high school age. When compared to January 2018, the number of cases of child sexual abuse has increased.

Based on a preliminary study conducted at P2TP2A Makassar City, the number of cases of sexual abuse in children in 2015 was 316 cases, in 2016 there were 89 cases, in 2017 there were 164 cases, in 2018 there were 22 and in 2019 there were 8 cases. The fluctuating number of cases does not indicate that all cases of child sexual abuse have been reported, on the contrary, many cases have not been reported. Data on cases of sexual abuse against children in Makassar City were reported, namely in 2017 as many as 64 cases, 2018 as many as 84 and 2019 as many as 53 cases. Where the types of cases of sexual harassment that occur are intercourse with children and then child abuse.

METHODOLOGY

This research was conducted at P2TP2A Makassar City, South Sulawesi. This type of research is qualitative research with a case study approach. The child victims of sexual abuse in this study were selected using the snowball technique. Apart from the children, the families of the victims of sexual abuse were also interviewed.

The data collection methods used in this study were in-depth interviews, unstructured observation and documentation. The data analysis used in this research is content analysis, which is a way to find the meaning of written or visual material by allocating systematic content to detailed categories by dividing the data into small sections then coding in each of these sections, then collecting codes in similar groups and counting them.

RESULTS

Emotion Regulation

Child victims of sexual abuse in Makassar City have various ways of regulating their emotions. There are children who are victims of sexual abuse who are able to stay calm when facing negative emotions, namely by doing fun things, not crying, being quiet, trying to calm down, taking a breath and then holding your breath. However, when calming down, a child victim of sexual abuse needs the help of the closest person when calming down, as the following interview:

"His father scolded him deep in his heart. Shut up. Na take a breath, hold on to the noodles, the breath will just be like a soul that has kept it. Later I will persuade to cry noodles" (YR, 32 years old, Family of Child Victims of Sexual Abuse).

Child victims of sexual abuse AQ are unable to calm down and get emotional by crying, hitting other people, scowling, chattering or yelling. Child victims of sexual abuse have not been able to focus on finding the real source of problem

Impulse Control

Child victims of sexual abuse in Makassar City have impulse control methods. Child victims of sexual abuse at the Hospital and FK try to control the impulse of negative feelings in the form of fear of the perpetrator and getting angry from both parents due to sexual harassment by not reporting to both parents.

"I didn't tell my mom and dad right away. Afraid to report, afraid to be scolded by mom" (Hospital, 11 years old, Child Victim of Sexual Abuse).

JW's child sexual abuse victim was unable to control his negative urge to sexually abuse one of his relatives, who is 4 years old. Child victims of sexual harassment committing sexual harassment because they learn from the experiences they have experienced and feel annoyed with their relatives, as the following interview:

"The lessons I got I gave as well as my cousin. Annoyed by my grandfather and cousin. Feel guilty with my cousin for being given that way aa" (JW, 8 years old, child victim of sexual abuse).

Optimistic

This study found that child victims of sexual abuse, namely children victims of sexual abuse in Makassar City, even though they have experienced sexual harassment, have the ability to be optimistic about their future. Child victims of sexual abuse AQ, FK and JW really like the challenges that are around them, such as often participating in competitions. Child victims of sexual abuse have aspirations in the future as in the following interview:

"You want to become a doctor later because you like helping people. You have to study so you can become a doctor later. I had recently been eager to participate in a new race because there were many people. But still I follow ji" (FK, 8 years old, child victim of sexual abuse).

"You once participated in a sack race. Participate in the cracker eating competition and get first place. Because you like to eat crackers. At school they also participate in a cracker eating competition. If you beat my friend, it's okay. Love the race" (AQ, 7 years old, child victim of sexual abuse).

Child victims of sexual abuse in RS have an open mind where they don't give up when someone beats them in a competition, as the interview follow:

"Once you participated in a tadarus competition, you got 2nd place. If there is another tadarus competition, you will want to participate again" (Hospital, 11 years old, child victim of sexual abuse).

DISCUSSION

The results of this study indicate that child victims of sexual harassment are able to resilient in facing pressure due to sexual harassment. Child victims of sexual abuse in Makassar City can regulate negative emotions in a healthy manner. One child who is a victim of sexual abuse when angry and disappointed in others chooses to do fun things to reduce his anger.

In general, children usually learn how to manage, express, and deal with negative emotions in healthy ways but this is more difficult if they have had painful childhood experiences such as sexual abuse, trauma, or are not taught how to regulate emotions (29). Child victims of sexual abuse are able to regulate negative emotions in a healthy manner when there is help from their closest people, in this case their parents. The form of assistance provided by parents is in the form of efforts to entertain, invite children to take trips to recreational areas and provide fun things to children. The level of affordability and healthy relationships between parents and children who are abused contribute to positive emotions, self-esteem and social competition (30).

Impulse control is the ability to control the desires, urges, likes, and pressures that arise from within a person. Children who do not understand their emotions are more likely to be impulsive and learn a lot about impulse control from both parents. Sexual abuse in children negatively affects impulse control such as depression and thoughts of suicide (31).

One child victim of sexual abuse has difficulty controlling impulses related to sexuality where the child victim of sexual abuse is motivated to sexually abuse one of his relatives who is 4 years old while playing together. Child victims of sexual abuse committing sexual harassment on the grounds that they learn from the experiences they have experienced and feel upset with their relatives. In line with the results of Browne & Finkelhor's (1986) study on the impact of child sexual abuse in America, it has shown that the initial effect of a population of victims of sexual abuse is sexually inappropriate behavior. However, in general, child victims of sexual abuse try to control the impulses, urges or pressures that are bad for themselves by not doing things that endanger themselves, such as injuring themselves, committing suicide or isolating themselves from their environment after experiencing sexual harassment (32).

Optimism can make individuals become resilient individuals. Child victims of sexual abuse are optimistic in seeing their future, marked by the hopes and aspirations for the future they have and want to realize. Child victims of sexual abuse love challenges and think positively about their future. Child victims of sexual abuse always feel challenged and participate in competitions at school or in their neighborhood, have an open mind where they don't give up when someone defeats them in the competition they are participating in.

The optimistic ability of child victims of sexual abuse has a very positive effect on their health. The ability of optimism plays a role in improving well being throughout life, besides that the growing optimism will be able to contribute to understanding how to advance one's life welfare and of course it will make it easier for someone to improve their health status (33).

CONCLUSION

A harmonious family, supportive friends, and a good educational environment will encourage the development of child victims of sexual abuse to remain as individuals who are able to regulate emotions, control impulses and be optimistic to have the ability to resilience. Resilience in child victims of sexual abuse reflects how strength and resilience in them can bounce back after falling or experiencing psychological stress due to sexual abuse.

REFERENCES

1. Stoltenborgh, M., Ijzendoorn, M. H. Van, Euser, E. M., & Bakermans-kranenburg, M. J. 2011. A Global Perspective on Child Sexual Abuse : Meta-Analysis of Prevalence Around the World. <https://doi.org/10.1177/1077559511403920>
2. World Health Organization. 2016. Seven Strategies for Ending Violence Against Children. Inspire
3. WHO. 2002. Report on Sexual Violence. Geneva, Switzerland
4. Whitaker, D. J. 2008. Child Abuse & Neglect Risk factors for the perpetration of child sexual abuse : A review and. *The International Journal of Child Abuse & Neglect*, 32, 529–548. <https://doi.org/10.1016/j.chiabu.2007.08.005>
5. Letourneau, E. J. 2014. The Need for a Comprehensive Public Health Approach to Preventing Child Sexual Abuse. 129(June), 222–228
6. Castro, Á. 2018. Childhood Sexual Abuse , Sexual Behavior , and Revictimization in Adolescence and Youth : A Mini Review. *Mini Review Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.02018>
7. Assini-meytin, L. C. 2020. Child Sexual Abuse : The Need for a Perpetration Prevention Focus. *Journal of Child Sexual Abuse*, 00(00), 1–19. <https://doi.org/10.1080/10538712.2019.1703232>
8. Brown, J., & Saied-tessier, A. 2015. Preventing Child Sexual Abuse: Towards a national strategy for England. In NSPCC (p. 10). Retrieved from www.parentsprotect.co.uk
9. Yüce, M. (2015). The Psychiatric Consequences of Child and Adolescent Sexual Abuse. *Arch Neuropsychiatr*, 393–399. <https://doi.org/10.5152/npa.2015.7472>
10. Choudhry, V., Dayal, R., Pillai, D., Kalokhe, A. S., Beier, K., & Patel, V. 2018. Child sexual abuse in India: A systematic review. In *Journal Plos One* (Vol. 13). <https://doi.org/10.1371/journal.pone.0205086>
11. Wismayanti, Y. F. 2019. Child sexual abuse in Indonesia: A systematic review of literature, law and policy. *Child Abuse and Neglect*, 95(May), 104034. <https://doi.org/10.1016/j.chiabu.2019.104034>
12. Fontes, L. A. 2010. Cultural Issues in Disclosures of Child Sexual Abuse. *Journal of Child Sexual Abuse*, 19(5), 491–518. <https://doi.org/10.1080/10538712.2010.512520>
13. Markwei, U. 2019. Yes ! Kissing Too ... The Child Would Not Be Hurt in Any Way : Social Constructions of Child Sexual Abuse in the Ga Community in Ghana. *Qualitative Sociology Review*, XV(3), 110–125. <https://doi.org/http://dx.doi.org/10.18778/1733-8077.15.3.06>
14. Wismayantia, Y. F., O'Learyb, P., Tilburyb, C., & Tjoec, Y. 2019. Child Abuse & Neglect Child sexual abuse in Indonesia : A systematic review of literature , law and policy. *Child Abuse & Neglect*, 95(May). <https://doi.org/10.1016/j.chiabu.2019.104034>
15. Mckibbin, G. 2020. Child Abuse & Neglect Future directions in child sexual abuse prevention : An Australian

- perspective. *Child Abuse & Neglect*, (December 2019), 104422. <https://doi.org/10.1016/j.chiabu.2020.104422>
16. Paramastri, I. 2010. Early Prevention Toward Sexual Abuse on Children. *Jurnal Psikologi*, 37(1), 1–12
 17. Haffejee, S., & Theron, L. 2017. Resilience processes in sexually abused adolescent girls : A scoping review of the literature. *South African Journal of Science*, 113(9), 1–9. <https://doi.org/10.17159/sajs.2017/20160318>
 18. WHO. 2017. The Mental Health. Retrieved from <https://apps.who.int/iris/bitstream/10665>
 19. WHO. 2017a. Responding to children and adolescents who have been sexually abused (WHO clinic). Retrieved from <http://apps.who.int/iris>
 20. Dargan, S. 2019. Child Abuse & Neglect Association between child sexual abuse and infectious disease diagnoses. *Child Abuse & Neglect*, 97(August), 104142. <https://doi.org/10.1016/j.chiabu.2019.104142>
 21. WHO. 2020. Building resilience: a key pillar of Health 2020 and the Sustainable Development Goals Examples from the WHO Small Countries Initiative, Regional Office for Europe.
 22. Christopher, K. A. 2000. Determinants of Psychological Well-Being in Irish Immigrants. *Western Journal of Nursing Research*, 22(2), 123–143
 23. Souri, H., & Hasanirad, T. 2011. Social and Relationship between Resilience , Optimism and Psychological Well-Being in Students of Medicine. *Procedia – Social and Behavioral Sciences*, 30, 1541–1544. <https://doi.org/10.1016/j.sbspro.2011.10.299>
 23. Fabio, A. Di, & Palazzeschi, L. 2015. Hedonic and eudaimonic well-being : the role of resilience beyond fluid intelligence and personality traits. *Frontiers in Psychology*, 6, 1–7. <https://doi.org/10.3389/fpsyg.2015.01367>
 24. Haase, J. E., & Kintner, E. K. (2015). NIH Public Access. *Cancer Nursing Journal*, 37(3), 1–25. <https://doi.org/10.1097/NCC.0b013e31828941bb>
 25. Scoloveno, R. 2015. A Theoretical Model of Health-Related Outcomes of Resilience in Middle Adolescents. *Western Journal of Nursing Research*, 37(3), 342 –359. <https://doi.org/10.1177/0193945914524640>
 26. Ungar, M. 2019. Child Abuse & Neglect Designing resilience research : Using multiple methods to investigate risk exposure , promotive and protective processes , and contextually relevant outcomes for children and youth. *Child Abuse & Neglect*, 96(March), 104098. <https://doi.org/10.1016/j.chiabu.2019.104098>
 27. Shastri, P. C. 2013. Resilience : Building immunity in psychiatry. *Indian Journal of Psychiatry*, 55(3), 224–234. <https://doi.org/10.4103/0019-5545.117134>
 28. Salters-pedneault, K. 2020. How Emotion Regulation Skills Promote Stability. 1–6. Retrieved from <https://www.verywellmind.com/emotion-regulation-skills-training-425374?print>
 29. Meinck, F., Cluver, L. D., & Boyes, M. E. 2013. Risk and Protective Factors for Physical and Emotional Abuse Victimization amongst Vulnerable Children in South Africa. (March). <https://doi.org/10.1002/car>
 30. Tasharrofi, S. 2019. Carrying the misery to adulthood : the impact of childhood sexual abuse on adulthood impulse control through depression and suicidal thoughts. *Criminal Justice Studies*, 00(00), 1–25. <https://doi.org/10.1080/1478601X.2019.1598402>
 31. Browne, A., & Finkelhor, D. (1986). Impact of Child Sexual Abuse. A Review of the Research. *Psychological Bulletin*. <https://doi.org/10.1037/0033-2909.99.1.66>
 32. Renaud, J. 2019. The developmental origins and future implications of dispositional optimism in the transition to adulthood. *International Journal of Behavioral Development*. <https://doi.org/10.1177/0165025418820629>