

Post-Trauma Communication Behavior of Incest Victims in Bengkulu: A Qualitative Study Using the Spiral of Silence Framework

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Abstract

Handling and prevention of incest cases in Bengkulu Province to date. This is still done in a partial and limited way, based on limited data, so that interventions provided have not yet addressed the root problem comprehensively. The absence of complete profiles of victims and perpetrators causes service mentoring to be sectoral in nature, for example, only focusing on economic aspects, without considering the psychosocial and communication factors in the family. Research This aim is to describe the incest victim profile in a demographic way, as well as analyze the behavior, communication, and patterns of victim communication, both intrapersonal, interpersonal, and family communication, as a basis for better prevention and recovery strategies. Research uses a qualitative descriptive approach with data collection techniques through observation, in-depth

interviews, discussion groups, focused group discussions (FGD), and study documentation. The informant was determined by purposive sampling. Data analysis was carried out using the Miles and Huberman model, which includes data collection, data reduction, data presentation, and withdrawal conclusion. Research results show that all victims of incest are women of various sexes, ranging in age from 6 to 15 years, originating from families that were pre-prosperous and experiencing family disintegration. Perpetrator is a member of the nuclear family and relatives close to the age of 26–54 years. Victims face social stigma, bullying, and discrimination post-event. Psychologically, the victim experiences deep trauma, anxiety, withdrawal, self-Concept, and negative Concept. From the aspect of communication, found disturbance in intrapersonal communication, barriers in interpersonal communication, as well as patterns of communication in closed and dysfunctional families. Findings. This confirms that incest is a complex phenomenon that requires an intervention-based approach to victim profiles and improved patterns of communication within families in a holistic way.

Keywords: *Incest, Victim, Behavior Communication, Family Communication, Psychological Trauma*

1. Introduction

Incest represents one of the most hidden forms of child sexual violence, characterized by its occurrence within familial or close kinship relationships and by the strong social stigma that suppresses disclosure (Wahyuningrum & Hendriana, 2025). It is generally defined as an illicit sexual relationship between individuals related by blood or close family ties (Fairuz, 2023). Although incest is widely recognized as a serious violation of children’s rights and psychological well-being, many cases remain unreported because families often perceive disclosure as a source of shame and social disgrace (Martijn et al., 2026). Scholars describe incest as a “tip of the iceberg” phenomenon in which only a small fraction of cases become visible to formal institutions. This culture of silence intensifies the harm experienced by victims, who frequently suffer long-term psychological consequences such as trauma, social withdrawal, low self-esteem, anxiety, and depression, all of which significantly affect their ability to communicate and interact socially (Anisman et al., 2024). Physical consequences, including injury and infection, further compound the vulnerability of victims.

National data confirm the seriousness of this problem. According to CATAHU 2022, sexual violence most frequently occurs within personal relationships. Reports from the National Commission on Violence Against Women indicate that among 2,363 recorded cases of violence against

women, incest ranked among the most common forms of sexual violence in the personal sphere, accounting for 433 cases (18%) (LALA et al., 2023). These figures suggest that incest is not an isolated phenomenon but a persistent structural problem requiring multidimensional responses.

Within this broader national context, Bengkulu Province presents a critical site for investigation (Mulyasari et al., 2023). Recent high-profile incest cases in Bengkulu, including prolonged sibling abuse in Rejang Lebong Regency and a case involving a father and a minor child reported in early 2025, have drawn significant public attention. Available institutional data remain fragmented: in 2024, the Provincial UPTD PP recorded three incest cases, while RPSA Siti Hajar documented two additional cases. At the same time, Bengkulu's Child Protection Index remains below the national average (62.19% compared to 63.30%), indicating persistent challenges in child protection systems. These conditions highlight Bengkulu as a context where weak reporting mechanisms, fragmented services, and strong social stigma intersect, making it an important setting for in-depth qualitative inquiry.

To understand why many victims remain silent and how trauma shapes their communication, this study adopts the Spiral of Silence theory as its primary conceptual framework (Ramadhani et al., 2025). The Spiral of Silence explains how individuals may suppress opinions or experiences when they fear social isolation or negative judgment. In incest contexts, victims often internalize stigma and family pressure, leading to intrapersonal conflicts and restricted interpersonal communication. Applying this framework enables an examination of how trauma-induced silence operates at both the psychological (intrapersonal) and relational (interpersonal) levels (Bowe et al., 2025). Despite the relevance of communication theory to sexual violence research, previous studies have largely emphasized legal, psychological, or sociological dimensions, leaving victims' communicative experiences underexplored (Bovey et al., 2025).

Existing research provides important but fragmented insights. Royani and Timur (2021) stress the role of community social control in encouraging reporting; Hawa et al. (2023) document long-term psychological impacts that hinder social interaction; Sazali (2021) critiques ineffective government community communication in case handling; Salwa Adimaya (2024) analyzes variations in customary sanctions; and propose preventive parenting models (Han & Yan, 2025). However, these studies rarely integrate communication theory to analyze how victims construct meaning, manage silence, and negotiate relationships after trauma. Empirical research focusing specifically on victims'

communication behavior, particularly in regional contexts such as Bengkulu, remains limited. This gap restricts the development of evidence-based interventions that are sensitive to victims' communicative needs and social environments.

Addressing this gap, the present study explores the communication behavior of incest victims in Bengkulu through a qualitative approach grounded in the Spiral of Silence framework. The study focuses on two analytical dimensions: (1) intrapersonal communication processes, including self-concept, emotional regulation, and internalized stigma after trauma; and (2) interpersonal communication patterns with family members, peers, and support institutions. By developing a detailed victim profile that integrates demographic characteristics with communication patterns, the research seeks to generate contextualized knowledge to inform prevention and recovery strategies.

Researching child sexual abuse raises significant ethical challenges, including the protection of participants' privacy, emotional safety, and informed consent (Ellis et al., 2023). This study prioritizes ethical safeguards by ensuring confidentiality, using pseudonyms, obtaining appropriate institutional permissions, and employing trauma-sensitive interviewing techniques. These measures are essential to minimize the risk of re-traumatization while enabling participants to share their experiences voluntarily and safely.

Based on the theoretical framework and identified research gap, this study addresses the following research questions: (1) What demographic and social characteristics shape the profiles of incest victims in Bengkulu? and (2) How do trauma and perceived social stigma influence victims' intrapersonal and interpersonal communication patterns, as interpreted through the Spiral of Silence framework? By answering these questions, the study aims to contribute theoretically to communication scholarship on silence and trauma, and practically to the development of more comprehensive victim-centered services in Bengkulu.

This study offers both theoretical and practical contributions to the understanding and handling of incest cases, particularly within the context of Bengkulu Province. From a theoretical perspective, it extends the application of the Spiral of Silence framework into the domain of child sexual violence by demonstrating how trauma, stigma, and family dynamics shape victims' intrapersonal and interpersonal communication processes. The findings enrich communication studies by highlighting how silence is not merely an absence of speech, but a complex adaptive response influenced by psychological distress and social pressure.

From a practical standpoint, this research provides an evidence-based foundation for developing more holistic and victim-centered intervention strategies. The identification of demographic profiles and communication patterns enables policymakers, social workers, and support institutions to design integrated services that go beyond economic assistance, incorporating psychosocial recovery and communication-based therapy. The study also suggests the importance of strengthening family communication patterns, enhancing community awareness to reduce stigma, and improving coordination among service providers. By offering a comprehensive understanding of victims' experiences, this research contributes to more effective prevention efforts and sustainable recovery programs that address the root causes of silence and vulnerability in incest cases.

2. Method

This study employed a qualitative descriptive research design to explore the communication behavior and profiles of incest victims in Bengkulu Province (Rustamana et al., 2024). A qualitative approach was selected because the research aims to understand victims' lived experiences, meanings, and communication processes after trauma, which cannot be adequately captured through quantitative measurement (Fernandes et al., 2025). The qualitative descriptive design allows researchers to produce a rich, contextual account of intrapersonal and interpersonal communication patterns while remaining close to participants' own narratives (Christou, 2023). This approach is particularly appropriate for sensitive topics such as incest, where empathetic engagement and in-depth exploration are essential (Ahmed, 2024).

2.1 Research Participants and Sampling

Participants were selected using purposive sampling to ensure that all informants were directly relevant to the research objectives (Tomaszewski et al., 2020). The primary informants were incest victims identified through collaboration with child protection and social service institutions in Bengkulu Province. Inclusion criteria for primary informants were: (1) recognized as victims of incest by relevant service providers, (2) aged 12 years or older at the time of data collection, (3) having received initial psychosocial support, and (4) willing to participate voluntarily. Victims assessed by professional counselors as being in acute psychological distress were excluded to prevent potential harm.

Supporting informants were selected to enrich contextual understanding and included parents or guardians, social workers, counselors, and administrators of relevant service agencies. Sampling was

conducted iteratively until data saturation was achieved, indicated by the repetition of themes and the absence of substantially new information.

2.2 Data Collection Procedures

Data were collected through semi-structured in-depth interviews, focus group discussions (FGDs), non-participant observation, and documentation review. An interview guide was developed based on the Spiral of Silence theoretical framework and covered themes such as self-concept after trauma, experiences of stigma, patterns of silence or disclosure, and communication with family and institutions. Each interview lasted approximately 60–90 minutes and was conducted in a private and safe setting. When necessary, follow-up interviews were conducted for clarification (Lim, 2024). FGDs were conducted with service providers and professionals, not with victims, to explore institutional perspectives on victim communication and support practices. Observations focused on interaction patterns within service environments, while documentation review included anonymized case records and relevant institutional reports. All interviews and FGDs were audio-recorded with consent and transcribed verbatim.

2.3 Ethical Considerations

Given the sensitivity of the research topic, strict ethical procedures were implemented. Ethical approval was obtained from the relevant institutional authority, and formal permission was secured from participating service organizations. Informed consent was obtained from adult participants and from legal guardians of minor participants, alongside assent from the minors themselves. Participants were informed of their right to withdraw at any stage without consequences. Confidentiality was maintained through the use of pseudonyms and the removal of identifying information from all records. Interviews were conducted using trauma-informed techniques, including flexible pacing, the option to pause or terminate interviews, and referral to counseling services if participants experienced distress. All data were securely stored and accessible only to the research team.

2.4 Data Analysis

Data analysis followed the interactive model of Miles and Huberman, consisting of data condensation, data display, and conclusion drawing and verification. Interview transcripts and field notes were first coded using a combination of deductive categories derived from the Spiral of Silence framework and inductive themes emerging from the data. Coding was conducted iteratively, and selected transcripts were reviewed by a second researcher to enhance analytical consistency. Condensed data were organized into thematic matrices and narrative displays to facilitate

comparison across cases. Conclusions were developed through constant comparison and were continuously verified by returning to the raw data and through member checking with selected informants (DEWI, 2022).

2.5 Trustworthiness

To ensure rigor and credibility, the study applied several validation strategies. Source triangulation compared information from victims, family members, and professionals, while method triangulation integrated interviews, observations, FGDs, and document analysis. Member checking was used to confirm the accuracy of interpretations with participants. An audit trail documenting data collection and analytical decisions was maintained to support transparency and dependability.

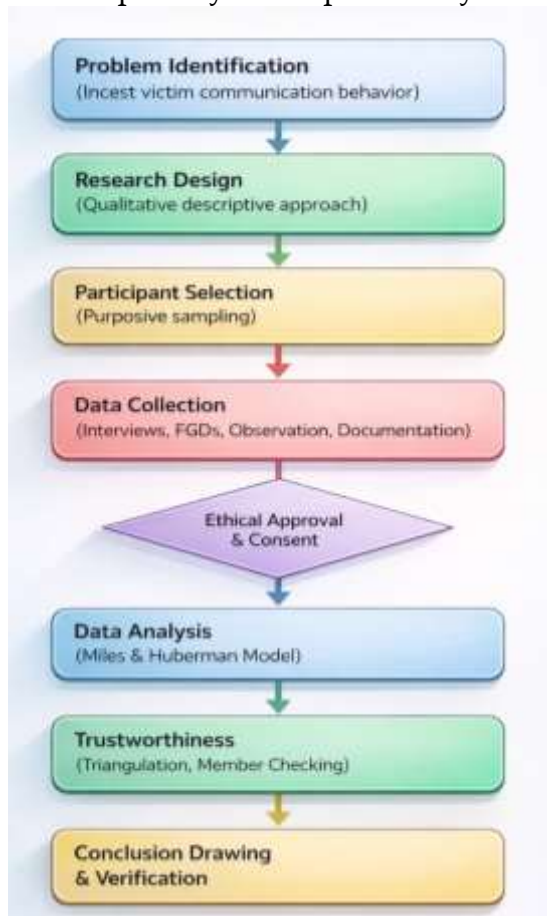


Figure 1. Research Method Flowchart

3. Results

3.1 Demographic Profile of Incest Victims

To improve clarity and consistency, the demographic characteristics

of the four participants are summarized in Table 1. The table presents key background variables relevant to understanding the victims' social context and communication experiences.

Table 1. Demographic Characteristics of Participants

Pseudonym	Gender	Age at Incident	Relationship to Perpetrator	Living Arrangement at Time of Incident	Socioeconomic Status	Education Status
Az	Female	6 years	Maternal grandfather	Lived with mother at grandfather's house during parental separation	Low-income, pre-prosperous family	Not yet enrolled in formal school
Li	Female	13 years	Biological father	Lived with father and siblings after mother's death	Low-income, pre-prosperous family	Dropped out of formal school; continued non-formal education (Package B)
La	Female	7 years (first incident)	Stepfather and later orphanage caregiver	Alternated between the mother's home and the orphanage	Extremely low-income, unstable family	Did not complete elementary school
Sh	Female	14–17 years	Maternal uncle (father's cousin)	Lived with mother and uncle in the same household	Low-income, pre-prosperous family	Discontinued high school; pursuing Package C

All participants were female minors at the time of the incidents and came from economically disadvantaged families. The perpetrators were close family members or caregivers living in the same household, indicating a strong element of power imbalance and dependency.

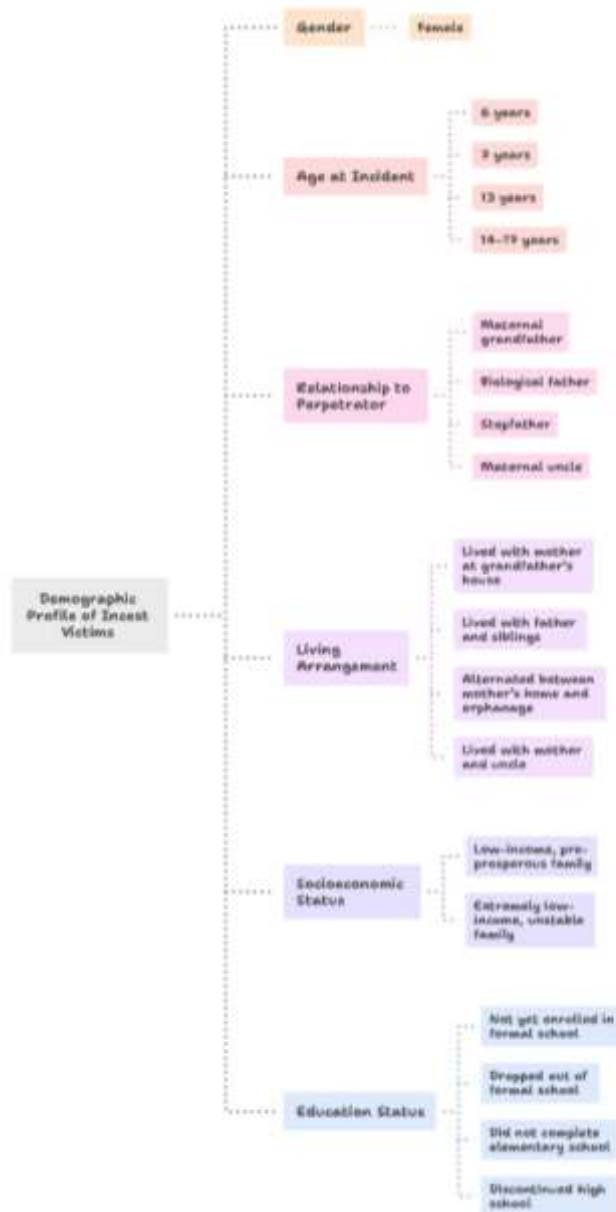


Figure 2. Demographic of Incest Victim

3.2 Socioeconomic Vulnerability and Family Disintegration

Across the four cases, poverty and family instability emerged as dominant contextual factors. All families were categorized as pre-prosperous or extremely low-income, characterized by informal employment, limited education, and inadequate housing conditions (Khoiruddin et al., 2025). Economic hardship contributed to crowded or poorly partitioned living spaces, increasing the victims' exposure to perpetrators within the household (Sendy et al., 2024). Family disintegration was evident in all cases through divorce, parental death, remarriage, or migration of family members. These disruptions weakened protective family structures and supervision. In Az and Sh's cases, parental separation and emotional neglect reduced monitoring and communication within the family. Li experienced long-term vulnerability after her mother's death, while La's repeated placement outside the home exposed her to additional abuse. These patterns indicate that socioeconomic stress and fragmented family systems increased both physical vulnerability and communication silence surrounding abuse.

3.3 Access to Social and Health Services and Experiences of Stigma

Access to institutional support varied but was generally limited and inconsistent. Administrative barriers prevented some families from receiving social assistance, while others only gained access after the abuse was reported. Health services were accessed primarily for emergency medical examinations rather than long-term psychological care (Satinsky et al., 2019). A shared finding across cases was the presence of strong social stigma. Victims and their families experienced bullying, social exclusion, and blame from relatives and community members. In several instances, families were pressured to remain silent to protect family honor. This stigma discouraged open communication and delayed reporting. The social environment reinforced a culture of silence, consistent with the Spiral of Silence framework, where fear of social isolation suppressed victims' voices (Wijaya et al., 2025).

3.4 Cultural and Religious Context

The participants lived in environments characterized by patriarchal norms and limited sexual education. Discussions about sexuality were considered taboo, and religious education related to bodily autonomy and protection was minimal (Navarro-Prado et al., 2023). In patriarchal family structures, adult male authority figures held dominant power positions, making it difficult for children to question or report abusive behavior. Cultural expectations of obedience and family loyalty contributed to the victims' hesitation to disclose abuse.

3.5 Psychological and Behavioral Impacts

All participants demonstrated significant psychological consequences following the abuse. Common emotional responses included fear, anxiety, shame, sadness, and social withdrawal. Several victims avoided eye contact, reduced social interaction, and showed low self-confidence. Educational disruption was also a major outcome, with three participants discontinuing formal schooling due to trauma and bullying. These psychological effects influenced the victims' intrapersonal communication, shaping negative self-concepts and internalized stigma. Victims often blamed themselves or minimized their experiences, which further inhibited disclosure.

3.6 Intrapersonal Communication of Victims

Analysis of interview data revealed that the victims' intrapersonal communication was shaped by interactions with significant others (parents, caregivers, and close relatives), affective others (trusted individuals), and reference groups (community and peers). First, significant others played a dual role. In some cases, caregivers failed to provide emotional safety, reinforcing fear and silence. For example, Sh's mother initially normalized the abuse, discouraging resistance. Second, the absence of supportive affective others limited opportunities for safe disclosure. Third, peer and community reactions created reference group pressures that promoted silence to avoid shame. The victims' self-concept was strongly affected by these dynamics. Elements such as self-fulfilling prophecy, limited self-disclosure, low self-confidence, and selective perception were evident. Victims tended to internalize negative labels and adjusted their communication behavior to avoid further stigma. This resulted in restricted interpersonal communication and emotional expression.

3.7 Family Communication Patterns

Family communication patterns across cases were characterized by low conversation orientation and high conformity orientation. Communication was largely hierarchical, with children expected to obey adults without question. Parenting styles tended to be authoritarian or neglectful rather than authoritative. Limited open dialogue about personal safety, sexuality, and emotional well-being reduced the likelihood of early disclosure. In several cases, family members actively discouraged reporting to preserve social reputation. These communication patterns contributed to prolonged abuse and delayed intervention.

3.8 Cross-Case Thematic Synthesis

Synthesizing the four cases reveals three central themes:

1. Structural vulnerability: Poverty and family fragmentation created environments where supervision and protection were

weak.

2. Culture of silence: Patriarchal norms and social stigma suppressed victims' voices and discouraged disclosure.
3. Disrupted communication development: Negative intrapersonal and family communication patterns reinforced isolation and hindered recovery.

Together, these themes demonstrate that incest victimization is not only an individual experience but also a product of interconnected social, cultural, and communicative systems. The findings directly address the research focus on how the communication behaviors of incest victims are shaped by family and social contexts.

4. Discussion

4.1 Interpreting the Culture of Silence Through the Spiral of Silence Framework

This study demonstrates that incest victims' communication behavior is deeply shaped by a perceived hostile opinion climate that discourages disclosure. Elisabeth Noelle-Neumann's Spiral of Silence theory provides a useful lens to interpret this phenomenon. The theory proposes that individuals monitor their social environment and suppress expression when they fear social isolation. In the present study, all participants perceived strong stigma surrounding incest, which functioned as a dominant public opinion discouraging open communication. Empirically, this perception was visible in the victims' hesitation to disclose abuse, their withdrawal from social interaction, and their fear of damaging family reputation. For example, several participants reported bullying and social blame after disclosure, confirming their anticipation of negative social consequences.

These findings align with previous research showing that sexual abuse survivors often remain silent due to anticipated stigma and victim-blaming. Within the Spiral of Silence framework, such stigma constitutes a powerful social mechanism that reinforces silence and isolates minority voices. However, unlike traditional applications of the theory that focus on public opinion in mass communication contexts, this study reveals that the spiral operates strongly within intimate family systems. The family functions as a micro-public sphere where conformity pressures are intensified. Victims monitored not only community reactions but also the attitudes of family members who depended economically or emotionally on the perpetrator. Fear of losing family support or being blamed created a dual layer of isolation risk, extending the explanatory scope of the theory.

4.2 Family Systems and the Institutionalization of Silence

While the Spiral of Silence explains silence as a response to perceived

social pressure, Family Systems Theory provides insight into how such silence becomes normalized and reproduced within everyday family interactions. The findings align with previous studies that identify hierarchical communication patterns, secrecy, and expectations of obedience as barriers to disclosure in cases of child sexual abuse. However, this study goes further by showing that families may actively sustain silence, not merely through denial but through deliberate minimization or concealment of abuse in order to preserve family cohesion.

This nuance differs from some earlier research that frames family responses primarily as passive or uninformed. The discrepancy may be explained by the socioeconomic context of the participants, where family stability is closely tied to economic survival, and disruption may threaten collective well-being.

As a result, silence becomes a functional mechanism for maintaining equilibrium, even when it perpetuates harm. The study also highlights how economic dependency reinforces hierarchical authority, thereby limiting victims' communicative agency. The contribution of this finding lies in conceptualizing silence as a systemic outcome rather than an individual choice. This has important implications for practice, suggesting that interventions should not only empower victims but also transform family communication structures. Approaches such as family counseling and parenting education are essential in fostering openness, redefining authority, and prioritizing child protection within the family system.

4.3 Stigma, Trauma, and Intrapersonal Communication

The psychological impacts identified in this study, including fear, shame, withdrawal, and diminished self-confidence, are consistent with established theories of stigma and trauma. Goffman's concept of stigma explains how socially discredited identities are internalized, while trauma theory highlights disruptions in emotional processing and narrative capacity among survivors of abuse. These findings align with prior research demonstrating that trauma impairs individuals' ability to articulate their experiences and increases tendencies toward social withdrawal. However, this study contributes a more integrated perspective by linking intrapersonal communication processes with external social pressures. Participants' negative self-dialogue and emotional suppression were not only products of trauma but were also shaped by anticipated judgment and ongoing relational constraints.

Unlike some studies that suggest supportive environments can facilitate eventual disclosure, the participants in this research often remained silent even when opportunities arose. This difference may be attributed to the persistence of stigma and the lack of trust in protective

systems, which prolong internalized fear and self-blame. The contribution of this section lies in bridging psychological and communication perspectives, demonstrating that silence functions simultaneously as a trauma response and a socially conditioned strategy. In practical terms, this underscores the importance of trauma-informed interventions that address both emotional recovery and communicative empowerment. Counseling approaches that support narrative reconstruction and rebuild self-worth are essential in enabling survivors to reclaim their voice.

4.4 Socioeconomic Marginalization and Structural Silence

This study identifies socioeconomic vulnerability as a critical factor reinforcing communication silence, a finding that is consistent with research in low-income contexts where poverty limits access to support systems and discourages reporting of abuse. However, the present study extends this understanding by explicitly linking socioeconomic marginalization to communication behavior. Rather than serving as a background condition, poverty actively shapes victims' decisions to remain silent by increasing dependency on family members and reducing confidence in institutional protection.

In contrast to studies conducted in settings with stronger welfare systems and accessible reporting mechanisms, the participants in this research faced administrative barriers, limited educational opportunities, and institutional distrust. These structural constraints intensify the perceived risks associated with disclosure, thereby amplifying the spiral of silence. The difference in findings can be attributed to the specific socio-institutional context, where protective infrastructures may be less responsive or accessible to marginalized populations. The contribution of this finding lies in situating communication silence within a broader structural framework. It highlights that silence is not only a product of interpersonal dynamics or psychological processes but is also deeply embedded in systemic inequalities. From a practical perspective, this implies that interventions must address structural barriers by improving access to social services, strengthening child protection systems, and ensuring that marginalized communities can safely engage with institutional support.

4.5 Implications for Practice and Policy

The findings of this study reinforce and extend existing recommendations for child protection by emphasizing the multi-layered nature of communication silence. While previous approaches often focus on awareness-raising or reporting mechanisms, this study demonstrates that silence is produced through the interaction of social stigma, family dynamics, psychological trauma, and structural inequality. This integrated

perspective suggests that interventions must operate simultaneously across these levels to be effective.

Compared to more conventional models, the present findings highlight the need to address family communication patterns and economic dependency as central barriers to disclosure. This indicates that strategies limited to increasing awareness may not be sufficient in contexts where victims remain constrained by relational and material conditions. The study contributes by proposing a more holistic approach that combines safe communicative spaces, family-centered interventions, and structural policy reforms.

In practical application, this includes the development of confidential and trauma-informed reporting systems within schools and communities, the implementation of parenting programs that encourage open and supportive communication, and policy measures aimed at reducing economic vulnerability. Such integrated efforts are essential for breaking the cycle of silence and ensuring that victims can access protection without fear of social or material consequences.

4.6 Limitations and Directions for Future Research

The limitations of this study are consistent with qualitative research on sensitive issues, particularly in terms of limited sample size and contextual specificity. Similar studies have acknowledged challenges in generalizing findings from small and vulnerable populations, especially when dealing with deeply personal and traumatic experiences. Additionally, the reliance on retrospective accounts may introduce potential biases related to memory and emotional interpretation. This study differs from more quantitatively oriented or psychologically focused research by integrating communication theory with socio-structural analysis, which may limit direct comparability but also offers a broader interpretive framework.

The application of the Spiral of Silence theory, originally developed in Western contexts, may not fully capture the complexities of collectivist and patriarchal societies, suggesting the need for cultural adaptation of theoretical models. Despite these limitations, the study contributes by offering a contextually grounded and theoretically integrative understanding of communication silence. Future research should expand the scope by incorporating larger and more diverse samples, employing longitudinal designs to capture changes over time, and exploring alternative frameworks that account for gender, power, and ecological dynamics. Such efforts will deepen the understanding of silence as a multi-dimensional phenomenon and support the development of more context-sensitive interventions.

5. Conclusion

This study explored how incest victims' communication behaviors are shaped by their family, social, and cultural environments. Rather than representing statistical generalizations, the four cases provide an in-depth qualitative understanding of recurring patterns that emerged across participants. The findings indicate that incest victimization in these cases was closely associated with socioeconomic vulnerability, family disintegration, and hierarchical family communication structures that discouraged openness. Living in economically constrained households with limited privacy and fragmented caregiving arrangements increased victims' dependence on adult authority figures and reduced opportunities for safe disclosure.

A central finding of this study is the persistence of a culture of silence surrounding incest. Victims experienced strong social stigma, fear of blame, and pressure to protect family reputation. These conditions shaped both intrapersonal and interpersonal communication. At the intrapersonal level, victims developed negative self-concepts, internalized shame, and engaged in emotional withdrawal. At the interpersonal and family levels, communication patterns were characterized by distrust, limited openness, and authoritarian dynamics that hindered disclosure. Interpreted through the Spiral of Silence framework and supported by family systems and trauma perspectives, the study shows that victims' silence is not simply an individual choice but a socially reinforced response to perceived risks of isolation and rejection.

The study also highlights the long-term consequences of disrupted communication. Psychological trauma, educational interruption, and social marginalization affected victims' development and recovery trajectories. Importantly, individual life courses varied across cases, demonstrating that incest victimization does not produce uniform outcomes. Some participants experienced prolonged social exclusion and unstable transitions into adulthood, underscoring the need to recognize diversity in survivors' post-trauma pathways.

These findings have practical implications for prevention and intervention. Breaking the cycle of silence requires communication-focused strategies at multiple levels. At the individual level, trauma-informed counseling can support victims in rebuilding self-concept and expressive capacity. At the family level, parenting education and family communication programs can promote openness, non-authoritarian dialogue, and early reporting of abuse. At the institutional level, schools, health services, and social protection agencies should create accessible,

confidential reporting mechanisms and integrate communication education about bodily autonomy and sexual safety. Community-based stigma reduction initiatives are also essential to create social climates that support, rather than silence, victims.

This study has several limitations. The small, purposive sample limits generalizability and reflects experiences within a specific cultural and socioeconomic context. The absence of male victims and reliance on retrospective narratives may restrict the scope of interpretation. In addition, qualitative analysis is inherently shaped by the researcher's interpretation. Future research should examine more diverse populations, include comparative gender perspectives, and employ longitudinal designs to better understand long-term communication development among survivors. Further work is also needed to evaluate the effectiveness of communication-based interventions in preventing abuse and supporting recovery.

In conclusion, this study contributes to understanding incest not only as an act of individual violence but as a phenomenon embedded in communicative, familial, and structural systems. By revealing how silence is socially produced and maintained, the findings emphasize that effective responses must address communication patterns alongside economic and institutional vulnerabilities. Strengthening open, supportive communication environments is a critical component of protecting children and supporting survivors' long-term well-being.

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