

Traumatic Experience of Victim of Child Sexual Abuse

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Abstract

For children to develop in a healthy manner, they must have positive and healthy experiences. On the other hand, some children have gone through traumatic events as a result of early sexual abuse. X, a sixteen-year-old girl, was sexually abused by her own brothers from the age of six until fifteen. She was sexually abused and assaulted by her two brothers more than 20 times, and she has suffered from traumatic experiences up until this point. X experiences a range of symptoms, including behavior, emotion, physiology, spiritual, irrational beliefs and maladaptive coping. X acknowledges that the traumatic experience she went through is still plaguing her and that she needs assistance to deal with all the fallout. In order to support victims of child sexual abuse like X in her future development, it is hoped that the findings of this study will aid future researchers in creating and establishing a helping model.

Keywords: Child Sexual Abuse, Irrational Belief, Emotion, Behaviour, Physiology, Trauma, Maladaptive Coping, Spiritual.

Introduction

Children's psychological and sociological needs must be met in order for them to grow in a healthy way (Norhidayah & Faizah, 2020). Furthermore, emotional and physical well-being, social skills, and cognitive-linguistic abilities developed during childhood are critical for an individual's performance in the job, community, and school (Davies and Troy, 2020; Schaffer and Durkin, 2016; Norris and Horm, 2019). Furthermore, research demonstrates what youngsters need, including what they need to be safeguarded from, in order to support a healthy growth. Moreover, children require secure, receptive, caring connections as well as rich, healthy learning experiences during their early years in order to deliver long-term benefits for behavior and both physical and mental health (Cunningham, 2020).

Santos and Cutcliffe (2018); Bunston and Jones (2019), on the other hand, contend that when children go through severe, frequent, or ongoing negative experiences like being abused repeatedly on their own without adult support, the stress they endure eventually

turns toxic and has an adverse effect on their physical and mental development. Sexual abuse is one type of abuse.

Child sexual abuse is defined by the World Health Organization (WHO) and the International Society for Prevention of Child Abuse and Neglect (ISPCAN) in 2006 as when a child is involved in an activity that they do not fully understand and cannot give informed consent for, or else that goes against the law or social taboos. As per Kassim and Kassim (1995) as cited by Yarina et al (2020), the definition of child sexual abuse is subject to variation across different regions, contingent upon the customs, principles, and convictions of individuals within a group or the broader society.

Section 17 (2) (c) of the Child Act (2001) (Act 611) in Malaysia established a law prohibiting sexual abuse of children. The law defines sexual abuse as occurring when a child engages in any sexual activity, whether as an observer or participant, with the intent to 1) create pornographic, obscene, or indecent content, photographs, videos, films, or performances, or 2) exploit sexually vulnerable children for the purpose of gratifying an individual's desire for sex.

According to the Rape, Abuse & Incest National Network RAINN (2022), child protective services substantiate or find evidence for a claim of child sexual abuse every nine minutes. The number of cases of child sexual abuse in recent years is concerning. According to the National Sexual Assault Hotline, 2 out of 3 victims under the age of 18 are between the ages of 12 and 17. In addition, 82% of all victims under the age of 18 are female, and 1 in 9 girls and 1 in 20 boys under the age of 18 report having experienced sexual abuse or assault. RAINN also shows that abusers of minors who sexually assault them are frequently connected to the victim.

Problem Statement

The increasing numbers of child sexual abuse cases may hinder the effort in producing individuals who are intellectually, spiritually, emotionally, and physically balanced, harmonious and has a high level of well-being. Numerous research studies clearly show the link between sexual abuse of children and the spectrum of unfavorable mental, social, sexual, interpersonal and behavioral as well as physical health consequences (Radmanovic, 2020). Norhidayah and Faizah (2020) demonstrates that children with sexual abuse experiences, have low level of well-being. Child sexual abuse traumatic experience can lead to post traumatic stress symptoms and the damage and negative effects can be life-long if the experience is not discovered or if the children do not receive suitable help (Hanson & Wallies, 2018; Tichelaar et al., 2020). In order to help the victims, exploration of the experience of the victim and the symptomology that they face is crucial (Shuman, 2022). The intervention, treatments or any helps for child sexual abuse victims should be suitable and appropriate according to the effects experienced by the victims (Shafrin, 2012; Hanson & Wallies, 2018).

Objectives of Study

The objectives of this study are

- 1) To explore the background of the victims of child sexual abuse.
- 2) To explore the chronology of child sexual abuse of the victims.
- 3) To explore the effect(s) of child sexual abuse to the victim.

Literature Review

According to studies on the biology of stress in early childhood, persistent stress brought on by significant challenges like extreme poverty, abuse, or neglect can weaken a person's developing brain structure and permanently alter their body's stress response system, putting them at risk for developing chronic diseases (Shonkoff & Phillip, 2000). Other than that, children who undergo severe, frequent, or ongoing harmful experiences—like being abused repeatedly without adult support—will eventually experience toxic stress, which will have an impact on their physical and mental development as well as their brain development. This is according to (Santos and Cutcliffe, 2018; Bunston and Jones, 2019).

According to Shonkoff et al (2009), having more negative childhood experiences will contribute to more developmental challenges and the possibility of other issues. According to Bunston and Jones' (2019) analysis of research by Shonkoff et al (2009), adults with chronic health issues like depression, alcoholism, and heart disease are more likely to have experienced adversity as young children. In addition, a child's mental health is crucial to their general wellbeing and is influenced by a number of variables, such as their surroundings, their level of stress, their family dynamics, abuse, and neglect (Public Health England, 2021). Sexual abuse is one form of abuse that children experience and is regarded as harmful (Nor Shafirin, 2007). Repeated abuse can also cause toxic stress in the children.

Previous studies (German, 1990; Hasket et al., 1991; Harper, 1991; Hall & Lloyd, 1993; Araji, 1997; Crosson-Tower, 2002) have examined the effects of child sexual abuse on victims and found that these effects vary depending on the victim. The victim's effects may manifest over a brief or extended period of time. Short-term effects include depression Mannon & Leitschuh (2002), anxiety Townsend (2013), humiliation Shariff & Nur Diyana (2012), eating disorders Shafrin (2007), sleep disorders Chen et. Al (2010), discipline issues Cheah & Choo (2016), and running away from home (Browne & Finkelhor, 1986). Long-term effects include social isolation Townsend (2013), depression Sigurdardottir & Halldorsdottir (2018), fear Hall & Hall (2011), difficulty believing other people, and an increased risk of becoming an abuse victim (Alexander et al., 1989).

Prior research conducted before 2000 German (1990); Hasket et al (1991); Harper, (1991); Hall & Lloyd (1993); Araji (1997); Crosson-Tower (2002) indicates that the effects of sexual abuse vary depending on the victim. The victim's effects may manifest over a brief or extended period of time. Short-term effects include depression, anxiety, shame, distancing, eating disorders, sleep disorders, and running away from home (Browne & Finkelhor, 1986). According to Alexander et al (1989), the victim experiences depression, fear, social isolation, difficulty believing other people, and an elevated risk of abuse in the long run. Generally, victims of sexual abuse experience a range of outcomes, including external (aggressive, escaping, suicide) and internal (depression, anxiety, phobia) issues. It's been discovered that depression and the victim's declining self-esteem are related.

Then, studies conducted after 2000 have highlighted that all of the effects can be divided into a small number of categories (Norhidayah and Faizah, 2018; 2020). They include physiologic, behavioral, emotional, and cognitive components (Shafrin, 2012; Norhidayah & Faizah, 2018). Dorter (2014) defined cognitive behavior therapy as follows: cognitive refers to ideas and opinions about a situation, as well as cognition and self-talk, whereas emotion is feeling, mood, and emotions. Aside from that, physiology and behavior are the results of biology, genetics, and physical factors. Each of these four elements influences and is related to the others.

According to Cohen and Mannarino (2000), victims of sexual abuse may develop negative thought patterns as a means of self-explanation and understanding of the traumatic events that have occurred to them. The stage at which the pre-thinking and chosen perspectives develop is typically linked to the formation of thought patterns. The interplay of the social and familial environments also led to the development of thought patterns. Three unrealistic thoughts formed the basis of depression, according to Beck's theory of thought (1973). The three viewpoints refer to how the victims literally and negatively perceive their own selves, their surroundings, and their future.

According to Carlson et al (1997), there are three essential components that make torture a traumatic experience. The victims' perception that they have no control over the incident, their evasion, and their experience of recurrence are these three crucial components. The victim gives up when they start to believe that they have no control over the situation. The effects that are frequently brought on by the victims' negative cognition include suicidal thoughts (Lipovsky, 2007; Dube et. al; Chen et al., 2010), depression (Yuan, Koss & Stone, 2006; Cheah & Chooleilei, 2016; Mannon & Leitschuh, 2002; Sinanan, 2015; Wiesel, 2008; Sigurdardottir & Halldorsdottir, 2018; Cashmore & Shackel, 2013; Dube et al., 2005; Wlodarczyk, 2016; Chen et al., 2010), and low self-image and self-esteem (Wiesel, 2008; Sigurdardottir & Halldorsdottir, 2018; Wlodarczyk, 2016). The victims' negative perceptions of themselves, their surroundings, and their future are the cause of these thoughts, which literally make them believe that they have no control over the incident.

The victims exhibit a range of emotions as a result of the sexual abuse they endured. The feelings include anger Lipovsky (2007); Norhidayah & Faizah (2020), fear Townsend (2013); Lipovsky (2007); Norhidayah & Faizah (2020), sadness, shame Sinanan (2015); Norhidayah & Faizah (2020), disappointment Cashmore & Shackel (2013), hatred Norhidayah & Faizah (2020), and resentment toward abusive acts.

Additionally, victims of sexual abuse exhibit unique behavioral effects. Numerous behaviors, such as truancy Lipovsky (2007), drug and alcohol abuse Yuan et al (2006); Cashmore & Shackel (2013); Dube at al (2005); Wlodarczyk (2016), delinquency Lipovsky (2007), and so on, demonstrate the effects of sexual abuse on the victim's behavior. Next, a study by Norhidayah and Faizah (2020) shows that behavior effects like self-isolation, isolation from men, and harming other people are also experienced by victims of child sexual abuse.

Physiological effects are another effect that victims of sexual abuse endure. Sexual abuse can have a variety of physiological effects, such as difficulty urinating, pain in the vagina and pregnancy parts, sleep disorders (Mannon & Leitschuh, 2002; Townsend, 2013; Sigurdardottir & Halldorsdottir, 2018; Chen et al., 2010), appetite disorders (Sinanan, 2015; Cashmore & Shackel, 2013; Chen at al., 2010), and difficulties with sleep. Additionally, the victims exhibit psychosomatic symptoms like fatigue, headaches, backaches, and stomach pains (Mannon & Leitschuh, 2002; Sigurdardottir & Halldorsdottir, 2018; Norhidayah & Faizah, 2020), among others.

In specific, there are several studies were conducted that focusing on a small size participant that are of victim of child sexual abuse. As an example, consider the research done by Sigurdardottir and Halldorsdottir (2018). This research examines the case of a forty-year-old woman who was sexually abused as a child started when she was just two years old. This study used a phenomenological approach to examine how the physical health of a female survivor of child sexual abuse was impacted by the horrific sexual abuse she had endured. Seven interviews were conducted, and the findings show that she has experienced severe and

pervasive physical health issues since childhood. The recurrent vaginal and stomach diseases, fibromyalgia, musculoskeletal issues, persistent back pain, ovarian cancer, ectopic pregnancies, menorrhagia, endometrial hyperplasia, chlamydia, ovarian growths, uterine issues, extreme grips, and recurrent urinary tract infections are some of these.

In addition, a specific study by Markwei and Osei-Hwedie (2019) on the experiences of victims of child sexual abuse in GA Community in Ghana shows that children who engaged in these sexual activities were seen as active agents who understood the consequences of their actions rather than as victims. These kids are too young, though, to comprehend the consequences of their sex experiences. The Ga people's continued defense of offenders arises from their attitude toward victims of child sexual abuse. These children won't have many or any social supports as they deal with their circumstances. In the future, the Ga Community will have a better understanding of CSA, which will reduce its incidence and give victims of CSA access to efficient social support networks. The study's conclusions point to the necessity of protective and preventive measures in the Ga Community for aiding victims of child sexual abuse.

Another study on the experience of child sexual abuse was done by Iorfa et al (2022) indicates that following the act, victims of child sexual abuse claimed to have experienced trauma and associated physical and mental health problems. They claimed to have felt stigmatized while looking for someone to disclose to, and that at some point they were forced to back off and retreat.

Other than that, a number of studies from Malaysia have been conducted to investigate the issue. Researches indicate that depression (Norhidayah & Faizah, 2020; Yuan et al., 2006; Cheah & Choo, 2016), suicidal thoughts (Norhidayah & Faizah, 2020; Shafrin, 2006; Yuan, Koss & Stone, 2006), thoughts of self-harm (Norhidayah & Faizah, 2020), and low self-esteem (Nor Shafrin, 2012) have all been linked to child sexual abuse.

According to research by Norhidayah and Faizah (2020), victims of child sexual abuse experience a variety of symptoms, including body pain, vaginal pain, shivering, eating disorders, sleep disorders, nightmares, irrational thoughts, social difficulties, self-isolation, aggression, difficulty focusing while studying, inflamed when playing with pornographic games or toys, hatred, anger, fear, shame, mixed feelings, and resentment towards the offenders. The victim acknowledges that her suffering has haunted her and that she needs assistance to deal with all of the consequences of her ordeal.

Methodology

This study is a case study. As a case study is an in-depth examination of a bounded system, such as an activity, event, process, or an individual, and this is what the researcher is aiming to do in which to explore the traumatic experience of victims of child sexual abuse—a case study method was appropriate for this study (Creswell, 2012). This research is specifically an exploratory case study with a single case study that focuses on the victim of child sexual abuse in Malaysia. Yin (2014) claims that an exploratory case study often concentrates on one or a small number of cases with the aim of better understanding a new phenomenon and/or offering fresh theories or insights to produce new. The background information of the victims, their experiences with sexual abuse, and the consequences of that abuse are all examined.

Interviews are the primary method used in this research because they provide new perspectives on the depth of the participants' experiences. Accordingly, interviews are a great method to learn more about people's complex attitudes and feelings (Shaughnessy,

Zechmeister, & Zechmeister, 2012). Semi-structured interviews were used in this study because they enable the interviewer to come prepared and appear knowledgeable. Along with literature reviews on the selected topic, the prior theories that are the Briere Trauma Model and Minkkinen's Structural Model of Child Well-Being were used to develop the interview questions. The researcher used Nvivo software to analyze the data, applying the theme analysis method to all of the recorded data.

Results and Discussion

The results include the background of the victim of child sexual abuse, the chronology of the child sexual abuse and the effects of child sexual abuse to the victim.

Background of the CSA Victim

X is a sixteen-years old girl. She is the youngest of four siblings. She has two brothers and one sister. Her father is a farmer, while her mother is a housewife. She believes that she comes from a low-income family, and there are moments when she goes without food.

Chronology of CSA of the Victim

X's story begins when she was six years old. Her brother (A) assaults her by touching her private parts and saying impolite words to her. She was just quiet for everything done by her brother A.

Then, one day, when nobody was at home, A raped her. She was afraid to tell her parents as she did not want to cause any inconvenience in her family. Few moments later, she has bravery to tell the incident to her brother B. B was shocked to hear that from her, but then unfortunately, B raped her. She felt betrayed and did not trust anyone anymore. A and B continued to rape her whenever they desired. She has become helpless and hopeless. This has taken 9 years, and she was in a huge trauma. During this period of time, she has been raped more than 20 times. Later, her teacher noticed the shift in her behavior, which ultimately led to her telling the entire tale. Her brothers were apprehended by the authorities and imprisoned.

Effects of Child Sexual Abuse (CSA) to the Victim

Based on the story of X,

Table 1
The Effects of CSA to X

No	Effects	Interview statement	Remarks
1	Irrational Beliefs (demandingness : self-demandingness)	I always thought (..) at that time I should fight back against my brother (..)	The thought has continued to affect X to this day.

2	Irrational Beliefs (demandingness: others-demandingness)	I am worried that society cannot accept myself (..) everyone should accept us, the victims, do not isolate us	The thought has continued to affect X to this day.
3	Irrational Beliefs (awfulizing: no dignity)	My worth, my dignity has gone (..) Dignity is valuable (..) when it is gone, I feel like I am left with nothing	The thought has continued to affect X to this day.
4	Irrational Beliefs (awfulizing: hopeless)	Always think of my future (..) is there any hopes left for me (..) I feel like it is a dead end.	The thought has continued to affect X to this day.
5	Irrational Beliefs (global evaluation: self-blaming)	My brother said to me that I was being raped because I used to expose my body in front of him when I was a child (..) so.. yeah (..) up until now, I still blame myself too (..) for what had happened.	The thought has continued to affect X to this day.
6	Irrational Beliefs (global evaluation: all men are evils)	Is there any good and kind man exist? (..) All men are evils (..)	The thought has continued to affect X to this day.
7	Irrational Beliefs (awfulizing - low self-esteem)	After the tragedy, I always comparing myself with my friends (..) I feel so less than them (..) my self-esteem has become low and lower from time to time (..) until now	The thought has continued to affect X to this day.
8	Irrational Beliefs (awfulizing: sense of self-sin)	I always have this kind of thought (..) that I am sinful since I have this ' <i>sumbang mahram</i> ' with my own brother	The thought has continued to affect X to this day.
9	Irrational Beliefs (Low frustration tolerance: society)	Outsiders should not look negatively at the victims (..) are we too 'dirty' (..) do not look us like that (..)	The thought has continued to affect X to this day.
10	Maladaptive Coping (Suicidal thought/ideation)	Commit suicide (..) yes (..) I ever have this kind of thinking (..)	Currently – No more
11	Behavior (self-	I walk away from men because I am afraid they will tease me of losing my dignity (..) I purposely isolate myself from men.	The behavior has not stopped

	isolation from men)		emerging as of late.
12	Emotion (anxious)	I think a lot (..) stress (..) anxious on things (..) I don't know (..)	The feeling is still present now.
13	Emotion (sad)	Until now, I am sad (..) because I always asked myself (..) why other family is happy, but not my family?	The feeling is still present now.
14	Emotion (disappointment/frustrated)	I am disappointed with myself because I was not defending my dignity at that time	The feeling is still present now.
15	Emotion (shame)	Yes (..) I feel ashamed (..) because I feel like I am too 'cheap' for losing my worth (..) my dignity just like that	The feeling is still present now.
16	Emotion (empty/lonely)	I feel empty (..) lonely (..) something lack in this life (..)	The feeling is still present now.
17	Emotion (grudge)	Of course, until now I have this grudge feeling (..) to everyone who have raped me (..)	The feeling is still present now.
18	Emotion (mix feeling)	At one time, I ever have multiple feelings such as angry, sad, anxious, scared (..) I don't understand	It occasionally shows up until now.
19	Emotion (anger)	I admit that after the tragedy I have become more sensitive and easily get mad (..) angry (..) at all people	The feeling is still present now.
20	Physiology (vomitting)	After the tragedy (..) I always vomited (..) until I think that I might pregnant (..) every day I was vomited (..) around two years (..) no more now	Currently – No more
21	Physiology (dizzy)	When I recalled the tragedy, I will feel dizzy and uneasy	It occasionally shows up until now.
22	Physiology (body pain)	After the tragedy, I always have a body pain (..) and it was suffering	Currently – No more
23	Physiology (Loss appetite)	I could not swallow my rice or any food at that time (..) 3 years I have loss my appetite, became thinner (..)	Currently – No more
24	Physiology (Sleep difficulties)	Until now, I have difficulties to sleep when I think about the tragedy	It occasionally shows up until now.
25	Physiology (delirious)	Immediately after the tragedy, my mother always said that during my sleeping, I have some kind of delirious, screaming and talking (..) Honestly I did not realize that. (..)	Currently – No more

26	Spiritual (Blaming God)	Why God give me those men to me (..) Why don't God give me another family (..) Why He put me in this situation (..)	It occasionally shows up until now.
27	Spiritual (Far from God)	I acknowledge that, since the tragedy, I have strayed too far from God (..)	Currently – No more

Table 1 shows that X faces various effects of child sexual abuse and she is still suffering most of the effects until now. The effects varied from behaviour, emotion, irrational belief, physiology, maladaptive coping and spiritual effects.

Behaviour

Self-isolation from men is the behaviour that X experiences due to sexual abuse. She admitted that this behaviour emerged as she thinks that all men cannot be trusted that all of them will also harming her. This finding is associated with isolation and social difficulties, that are similar to studies by (Norhidayah and Faizah, 2020; Townsend, 2013; Alexander, 1989). It shows that these kinds of effects have arisen since the early studies from the 80s to 2020.

Emotion

For emotion effects, X experiences anxious, sad, disappointment, shame, empty/lonely, grudge, mix feeling and anger. All of the effects have been found by earlier studies, including those by (Cashmore and Shakel, 2013; Townsend, 2013; Norhidayah and Faizah, 2020; Lipovsky, 2007). This shows that the victim of sexual abuse often experiences the emotion effect as a result of the abuse they suffered.

Irrational Beliefs

Researchers have used the rational-emotive behavior therapy (REBT) theory of emotional disturbance by Ellis (1962) to classify irrational beliefs into four categories. As per David, Jay Lynn, and Ellis (2009), Ellis and Dryden identified a number of fundamentally irrational beliefs in 1997. These beliefs include awfulizing (believing that something is terrible and awful when it goes wrong), demandingness (believing that things absolutely must or should be a certain way), low frustration tolerance (believing that it is unbearable when things do not go one's way), and global evaluation/global ratings of self and others (judging peoples' total worth, including one's own, via behavior).

For demandingness, X experiences self and other demandingness whereas in terms of awfulizing, she is hopeless, no dignity, having low self-esteem and sense of self-sin). For global evaluation, she has self-blaming and thinking that all men are evils, whereby for low frustration tolerance, she is experiencing towards society.

This finding followed as what has been said by Cohen and Mannarino (2020) who demonstrates that victims of sexual abuse may develop patterns as a means of self-explanation and understanding of the traumatic events that have occurred to them. The effects of X is similar to studies by (Wiesel, 2008; Sigurdardottir & Halldorsdottir, 2018; Wlodarczyk, 2016: Norhidayah and Faizah, 2020).

Physiology

X experiences several physiology effects that are vomiting, dizziness, body pain, loss of appetite, sleep difficulties and delirious. These findings is similar to previous studies by

(Mannon & Leitschuh, 2002; Townsend, 2013; Sigurdardottir & Halldorsdottir, 2018; Chen et al., 2010; Sinanan, 2015; Cashmore & Shackel, 2013; Norhidayah and Faizah, 2020).

Maladaptive Coping

Maladaptive coping is the label applied to X's suicidal thoughts. Maladaptive coping is the term for coping strategies linked to worse mental health outcomes and increased levels of symptoms of psychopathology (Compas et al., 2017). In a study by Bahamon, Alarcon, Garcia, and Trejos (2015) in Rosas-Fuentes et al (2023), the relationship between suicidal ideation and maladaptive schemes was examined. It found that 75% of the sample had a medium to high level of suicidal risk, and that the maladaptive schemes of emotional deprivation, abandonment, self-demandingness, distrust, and a lack of self-control positively correlated with suicidal risk. Additionally, according to Rosas-Fuentes et al (2023) on the explanatory model of suicidal ideation, suicidal ideation is based on the beliefs of perfectionism, avoiding responsibilities, having an external locus of control, and the belief that the past is predetermined. These claims are consistent with O'Connor and Kirtley (2018)'s volitional motivational model, which notes that suicidal ideation occurs when a person feels defeated after failing to achieve social perfection (perfectionism). So, instead of attempting to avoid embarrassment (or responsibilities), they would rather give up, which breeds pessimism. The belief that they are stuck (an external locus of control) and that they will never be able to get out of this situation (determinism of the past) is what is causing this.

Spiritual

The traumatic event of child sexual abuse has an impact on X spiritually to the point where she began to blame God for her misfortune. She also acknowledged that she had deviated from God too much. This result is consistent with research by Hall (1995), which demonstrated the spiritual effects experienced by victims of child sexual abuse. According to Hall (1995), it affects three main aspects of spiritual functioning: trust in God's future plan and purpose, feeling of community with others, and feeling loved and accepted by God. Apart from that, Demasure (2020) noted that there are four ways that survivors relate God to their abuse: they perceive God as punishing them, they perceive God as failing to protect them, they perceive God as being powerless to assist them, or they perceive the abuse as the devil's doing. The study also shows that some victims reject their belief in God in order to protect themselves from the abusive God. This is how they deal with the abuse.

From all the effects that stated above, researcher divided into three categories which are 1) Has continued to affect X to this day/ Still present now, 2) Occasionally shows up until now and 3) As of right now, not anymore. Maladaptive Coping (suicidal thought), physiology (vomit, body pain, loss appetite, delirious) and spiritual (far from God) are the effects that As of right now, not anymore. Emotion (mix-feeling), physiology (dizzy, sleeping difficulties) and spiritual (Blaming God) are the effects that occasionally shows up until now. Finally, all irrational beliefs (Demandingness, Awfulizing, Low Frustration Tolerance, Global evaluation) and emotion (anxious, sad, disappointment, shame, empty/lonely, grudge, anger) are the effects that has continued to affect X to this day/ still present now.

Conclusion

All children require healthy and good experiences in order for them to grow in healthy way. However, some children have suffered traumatic experiences because of being sexually abused when they were young. X is a sixteen-years old girl, the youngest of 4 siblings. She

comes from a low-income family. She was sexually abused since she was six years old until fifteen. The perpetrators are her own brothers. Her two brothers sexually assaulted and abused her over 20 times, and that has left her with traumatic experience until now. X suffers from various effects that varied from Irrational Beliefs, Maladaptive Coping, Behavior, Emotion, Physiology and Spiritual aspects. The traumatic experience that X faces is still haunting her, and she admits that she needs help to encounter all the effects that she suffered from. Thus, it is hoped that the results of this study will assist future researchers in developing and establishing a helping model to assist victims of child sexual abuse such as X in her future development.

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