Expressive Writing Therapy as A Medium For Assisting PTSD Patients in Victims of Child Sexual Abuse to Reduce Anxiety Levels

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ABSTRACT

PTSD (Post Trauma Dissorder) is a mental disorder that can develop after exposure to a highly threatening or terrifying event, a single trauma, or from prolonged exposure to trauma, such as childhood sexual abuse. This study aims to see expressive writing therapy effectively used as a psychotherapeutic medium in reducing anxiety levels in PTSD victims of child sexual abuse. Expressive writing therapy is a form of writing therapy that expresses thoughts, emotions, and spirituality as a means of communication with oneself and developing thinking and awareness. This research method uses qualitative research methods with 13 subjects. Measurement of anxiety levels using a scale in DASS. The results showed a decrease of 40.23% in the anxiety assessment indicators of PTSD patients who were victims of child sexual abuse in the implementation of therapy for two months. The results of this study indicate that expressive writing therapy is effectively used as a psychotherapeutic medium in reducing anxiety levels in PTSD patients who are victims of child sexual abuse.

Keywords: Expressive Writing Therapy; Anxiety; PTSD; Child Sexual Abuse

Introduction

Child sexual abuse (CSA) is defined as an act of sexual behavior committed by an adult (over 18 years old) who intentionally pressures, forces, or deceives a child (under 16 years old and at least 5 years younger than the adult) to perform sexual acts (Hartley et al., 2016). In 2022 KPAI described data related to victims of sexual violence based on KPAI's annual records, cases of sexual violence befall children with an age range ranging from 3 - 17 years, with details of PAUD or kindergarten age 4%, SD / MI age 32%, SMP / MTs age 36%, and SMA / MA age 28% for 2022. The age range of victims is between 5-17 years old (KPAI, 2019).

A study exploring the relationship of ASA to psychological outcomes found that powerlessness and stigmatization mediated the effects of the severity of sexual abuse on women's psychological well-being as adults (Kallstrom-Fuqua et al., 2004). Many women struggle to eliminate thoughts and feelings about the self, and engage in self-defeating behaviors and patterns. Women tend to separate beliefs about the self and the world

(experiencing irrational beliefs), negative emotions, and unhealthy interpersonal relationships from their abuse experiences which reinforce feelings of inadequacy, isolation, and low self-esteem. Along with negative emotions such as helplessness and shame, research has found that childhood sexual abuse is associated with negative long-term effects such as depression, anxiety, denial, and suppression (Hall & Hall, 2011; Shakespeare-Finch & de Dassel, 2009).

Research in Indonesia on KSA against women shows that women's distrust, discomfort in making physical contact with partners, the thought that partners cannot accept women as they are and the fear of disappointing their partners are the main obstacles for women to move to the next level of relationship (An-nisa, 2021; Dimala, 2016; Immanuel, 2016; Indaryani, 2019; Sukma W et al., 2022; Ulum et al., 2010). Other research that explores ASF reports on victims of ASF such as psychological, health, and physical disorders, as well as behavioral changes, it is very difficult to forgive the perpetrator and oneself (Rafika, 2021). Another study that also explored KSA revealed that psychologically some victims experienced a decrease in self-confidence degradation of negative self-concept personality which greatly affected daily life, feeling unable to overcome the problems they experienced (Erni, 2017).

The impact of these events is devastating (Davinson, 2006). Trauma is an impact that most victims of sexual harassment experience. There are also victims of sexual harassment who take actions that harm themselves, such as suicide (WHO, 2020). According to the Sexual Assault Resource Centre Australia (2022), victims will experience many negative conditions including physical, cognitive, emotional, and behavioral. The physical side of the victim will experience excessive heart rate, muscle tension, contusions, severe headaches and forms of pain in other parts of the body. Cognitively the victim will feel guilty, will go crazy, memory deteriorates, difficulty concentrating, there will be no one who wants to love and accept them anymore. Emotionally, they will feel discouraged, sensitive, regretful, depressed, ashamed, doubtful, insecure, unconfident, useless, alone, feel like trash being dumped. Meanwhile, behaviorally, it will generally lead to an uncivil attitude with oneself, selfharm, impulsiveness, panic, apathy, withdrawal, changing eating patterns, avoiding people (Haskell and Randall, 2019; Newsom and Bowman, 2017).

Research shows that sexual harassment in the workplace is a serious problem that can cause substantial psychological damage (Fitzgerald, Buchanan, Collinsworth, Magley, & Ramos, 1999). There is disagreement about whether sexual harassment can be considered a traumatic event according to DSM-IV criterion A for post-traumatic stress disorder (PTSD). However, several studies now show that abuse is consistently associated with PTSD symptoms as well as a full PTSD diagnosis (Dansky & Kilpatrick, 1997; Palmieri & Fitzgerald, 2005). Research finds that self-blame and blame of others are either uncorrelated (Frazier, Berman, & Steward, 2002), or positively correlated, with PTSD symptoms (Diagneault, Hebert, & Tourigny, 2006;

Gray, Pumphrey, & Lombardo, 2003; Hickling, Blanchard, Buckley, & Taylor, 1999; Najdowski & Ullman, 2009).

Related to the impact caused requires a comprehensive handling. It requires support from various parties. This research will focus more on victims who experience PTSD. Individuals who experience PTSD will experience feelings of extreme discomfort, panic, some somatization, sometimes symptoms of depression and stress, experiencing night mere (Haskell and Randall, 2019). One of the things that really needs to be improved is how to train to be able to maintain emotions to be more stable because it can help to continue to think positively so that it can minimize doing maladaptive behavior.

Post Traumatic Stress Disorder (PTSD) according to Bisson (2015) is an experience of someone who experiences a traumatic event that can cause disruption of personal integrity, helplessness and trauma in itself. Davinson (2006) suggests PTSD is the result of a disaster or disaster such as accidents, wars, natural disasters, and violence that occurs suddenly, quickly, and causes deep trauma for individuals in all age ranges, so that individuals feel fear.

Bisson et. al (2007) explain that PTSD sufferers should have the ability to get up and manage emotions much better. Bolton (2004) reveals that it takes a long time for victims of sexual harassment to become individuals who are able to live a better life. However, after being able to accept and learn appropriate coping, individuals can live more prosperously. Many treatments in psychology study methods of emotional stabilization. One that can be used is the expressive writing therapy method.

Bolton (2004) explains that writing has a power of its own, because writing is a form of exploration and expression of thought, emotional and spiritual areas that can be used as a means to communicate with oneself and develop a thought and awareness of an event. Without realizing it, when we have unpleasant experiences we take a defense mechanism by denying ourselves, which can lead to psychological and physical problems. To avoid this, expressive writing can be done which provides information about the thoughts and emotions of the self so as to bring about a reappraisal of maladaptive beliefs (Hynes & Hynes-Berry, 1994).

Expressive writing therapy was first introduced by Pennebaker in 1986 which is an intervention where a person is asked to express their deepest thoughts and feelings around stressful life events (Pennebaker & Chung, 2012). This method has been used to treat a variety of physical health as well as mental health issues such as anxiety, depression, and post-traumatic stress. In Pennebaker, Hughes, and O'Heeron's (1987) study, physiological indicators of stress (blood pressure & heart rate) were found to be lower among individuals who had recently written about emotional topics. Expressive writing was also found to improve long-term mood in a study conducted by Lepore (1997). Similarly, Smyth,

Hockemeyer, and Tulloch (2008) found that expressive writing greatly attenuated the neuroendocrine (cortisol) response to trauma-related memories.

PTSD patients have very high cortisol concentrations (Seimun, 2010). Related to the results of evidence from several previous studies which state that expressive writing therapy is also able to reduce anxiety levels, this study uses expressive writing therapy to aim as a medium for therapeutic assistance in PTSD patients to reduce anxiety levels.

Material And Methods

This study involved 27 subjects who signed the informed consent. However, only 13 research subjects remained until the final evaluation stage. The subjects were female victims of childhood sexual abuse who experienced PTSD. This study uses a series experimental design (equivalent time sample design), which is a pseudo-experimental design that measures repeated dependent variables in a series before and after being given treatment to a group of subjects, where the subject group in the study acts as an experimental subject as well as a control. The dynamics of the variable under study will be seen by conducting repeated tests. In addition, it can be seen the changes that occur in each research subject periodically.

Data analysis in this study is in the form of score results before and after treatment (Latipun, 2010). Researchers used paired sample t-test analysis.

Primary data are the results of data collection obtained through observation and in-depth assistance to the subjects of this study, namely PTSD patients who are victims of childhood sexual violence totaling 13 women. The measuring instruments used in this study are PCLS to measure PTSD and DASS to measure anxiety experienced.

PTSD. The PTSD-S Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993) was administered to assess the severity of PTSD-related symptoms specific to abuse.

PTSD symptoms specific to the reported abuse. The PCL contains 17 items on a 5-point scale ranging from 0 (not at all) to 4 (extremely) indicating the extent to which respondents are bothered by symptoms according to DSM-IV criteria for PTSD. The coefficient alpha in this sample was 0.95. Previous studies have provided evidence for the strong psychometric properties of the PCL, including a coefficient alpha of 0.94, high test-retest reliability, and strong convergent and discriminant validity (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996; Ruggiero, Del Ben, Scotti, & Rabalais, 2003).

The Depression, Anxiety and Stress Scale (DASS) by Lovibond and Lovibond (1995) was used to measure nurses' depression, anxiety and stress. The scale is a self-report instrument designed to measure a person's depression, anxiety, and stress. The total score is obtained by summing the scores achieved on all items. Validation and reliability tests of the DASS-42 have been conducted on a number of adult populations with good results. Studies have reported

good internal consistency for all three scales. Specifically, alpha coefficient estimates ranged between 0.83 and 0.94 for the depression scale, 0.70 and 0.87 for the anxiety scale, and 0.82 and 0.91 for the stress scale in clinical and non-clinical settings from different cultural contexts (Arjanto, 2022).

This study uses assistance with expressive writing therapy conducted for 12 weeks with expressive writing design procedures previously used by Rico (2000), which are as follows:

Table 1. Research Module

Times	Session	Objective	Agenda
Week 1	1	Conduct an agreement and provide an in-depth explanation to the patient about the future therapy procedure Measure the patient's anxiety level	Observation and signing of informed consent Pre-Test (DASS)
	2	Knowing the patient's psychological dynamics so as to determine the right steps in the intervention process focused on the main problem (anxiety).	Assessment (Observation and interview)
Week 2 s/d 4	3	Knowing the patient's mood and state of mind so as to apply therapy properly	Conduct expressive writing therapy with the following stages: *1.Recognition/initioal write* This stage is used to open the imagination, focus the mind, eliminate fears and to evaluate the patient's mood or concentration.
Week 5 s/d 9	4	Helping patients express emotions that cannot be released to anyone into writing	2. *Examination writing excerise* Broaden the scope of the topic by writing more specifically about the patient's emotions. Not fixated on past experiences that are general in nature. But also situations that are being faced and will be faced in the future. This is done to explore the patient's reactions. This therapy is carried out every day without a break. It is hoped that the patient will be able to take the time before bed to express something about the feelings of the day.
Week 10 s/d 12	5	Knowing the level of change in patient anxiety and evaluation after the therapy process is complete	*3.Juxtaposition/Feedback* The writing that the patient has made is read, reflected upon, or can be developed, reflected upon and discussed and discussed with the researcher. The main thing explored at this stage is how the writer feels when completing the writing task or when reading. This stage is a means of reflection that encourages the

	acquisition of new awareness and inspires new behaviors, attitudes, or values, and allows individuals to gain a deeper understanding of themselves. *4. Aplication to the self* The researcher helps the patient integrate what has been learned during the writing session by reflecting back on what needs to be changed or improved and what needs to be maintained. This includes encouraging self-exploration, providing support, educating the patient on depression, and providing feedback on the patient's ineffective social skills. The researcher also needs to ask if the patient experiences any discomfort or additional help with coping due to the writing process. - Post Test (DASS)

Table 2. Research Subject Characteristic

No	Initial	Age	Age when happens	Frequency of abuse	Perpetrator	Social support	Family history	Anxiety		PTSD	
								Pre	Post	Pre	Post
1	A	25	16	5	Teacher	Did not get it because it was kept secret	Neglect child (neglected from his brother who had bipolar)	14	9	60	58
2	W	27	15	6	Teacher	Did not get it because it was kept secret	Domestic violence (DV), verbal agression, Gender role	14	7	68	62
3	M	23	8	3	Father	Did not get it because it was kept secret	DV, verbal agression, parent affair, sex abuse, Gender role, neglect child neglect child	11	8	70	64
4	F	21	9	1	Stranger	Did not get it because it eventhough already tell to family	DV, parent affair, Gender role, otoriter	13	7	42	40
5	I	25	14	1	Neighbor	Did not get it because it was kept secret	Gender role , otoriter, Verbal agression	13	10	30	30
6	B	19	19	3	Boyfriend, stranger	Did not get it because it was kept secret	DV, parent affair, Gender role,	13	8	64	55
7	N	20	10	2	Teacher, boyfriend	Did not get it because it was kept secret	DV, parent affair Gender role, neglect child	15	8	62	56

8	R	28	24	1	Teacher	Did not get it. Report to authorized but neglected because perpretator someone with high position	Otoriter, normatif	16	13	72	66
9	D	24	5	Many/ don't remember	Significant person	Did not get it because it was kept secret	Otoriter, religion norm, neglect child	17	11	54	46
10	RE	22	20	2	boyfrieng	Did not get it because it was kept secret	Gender role, neglect child	12	10	35	34
11	K	21	20	1	boyfriend	Did not get it because it was kept secret	Gender role, neglect child	13	9	33	30
12	L	21	21	1	Stranger	Did not get it because it was kept secret	Gender role, neglect child	11	10	40	34
13	S	26	15	2	Stranger	Did not get it because it was kept secret	Gender role, neglect child	10	9	38	32

Results

The results of the implementation of treatment from baseline to posttest are summarized as follows:

Table 3. Anxiety Wilcoxon Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Cemas Pre	12.62	13	2.063	.572
	Cemas Post	9.15	13	1.676	.465

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Cemas Pre & Cemas Post	13	.404	.171

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	Cemas Pre - Cemas Post	3.462	2.066	.573	2.213	4.710	6.040	12	.000

Table 4. PTSD Wilcoxon Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PTSD Pre	17.23	13	4.252	1.180
	PTSD Post	12.69	13	3.637	1.009

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	PTSD Pre & PTSD Post	13	.786	.001

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	PTSD Pre - PTSD Post	4.538	2.817	.781	2.836	6.241	5.809	12	.000

The results of the analysis showed that there were changes related to anxiety.

Table 5. Score pretest, Evaluation I, Evaluation II, Evaluation III, Evaluation IV, Evaluation V, Evaluation VI

No	Name	Pre-test	Evaluation I	Evaluation II	Evaluation III	Evaluation IV	Evaluation V	Evaluation VI
			Week 2	Week 4	Week 6	Week 8	Week 10	Week 12
1	A	14	13	12	11	10	9	9
2	W	14	12	12	12	10	7	7
3	M	11	11	11	11	11	9	8
4	F	13	13	11	10	10	9	7
5	I	13	13	12	12	11	11	10
6	B	13	12	12	10	10	10	8
7	N	15	15	13	12	12	10	8
8	R	16	16	14	14	14	13	13
9	D	17	16	16	14	15	12	11
10	RE	12	12	12	12	11	10	10
11	K	13	11	11	11	11	10	9
12	L	11	9	9	10	9	10	10
13	S	10	11	9	9	9	9	9

From the cases experienced, with various considerations, the researcher chose to apply the expressive writing therapy method as therapy assistance for PTSD patients.

This therapy is an alternative intervention that is quite easy and can be done independently. Expressive writing therapy is the activity of writing down upsetting experiences or traumatic events regarding hidden emotions to gain insight and ways to resolve trauma (Pennebaker, 1997; Pennebaker, 2002). The patient's writing in the journal book that the researcher provided produced a description of the emotions that had been hidden until it became a wound for himself who finally realized that he still had strong enough support to run his life by trying to develop coping which according to Nevid, Rathus, and Greene (2003) was also able to break the vicious circle of overreacting to anxiety signals.

In the second week, the third phase of interpersonal therapy, the first stage of the expressive writing therapy process was carried out, the patient was asked to record daily mood descriptions (mood tracker) and write daily activities (habits) in a journal book every day without pause. The patient is also free to express things that he cannot express directly on the blank sheet in the journal book through writing.

In the first stage of the expressive writing therapy process, the patient is asked to record daily mood descriptions (mood tracker) and write daily activities (habits) in a journal book every day without pause. The patient is also freed to express things that he cannot express directly on the blank sheet in the journal book through writing.

So from the case experienced, with various considerations of researchers and permission from various experts in their fields, researchers chose to apply interpersonal therapy using the

expressive writing therapy method as a therapeutic assistance for bipolar affective disorder patients in addition to ongoing treatment with psychiatrists. Because interpersonal therapy is often found in treatment for people with mood disorders.

The researcher used expressive writing therapy because it is one of the easiest alternative interventions and can be done independently by anyone. Expressive writing therapy is the activity of writing down upsetting experiences or traumatic events regarding hidden emotions to gain insight and ways to resolve trauma (Pennebaker, 1997; Pennebaker, 2002). The patient's writing in the journal book that the researcher provided produced a description of the emotions that had been hidden until it became a wound for himself who finally realized that he still had strong enough support to run his life by trying to develop coping which according to Nevid, Rathus, and Greene (2003) was also able to break the vicious circle of overreacting to anxiety signals.

Furthermore, the first stage of the expressive writing therapy process was carried out, the patient was asked to record a description of mood every day (mood tracker) and write daily activities (habit) in a journal book every day without pause. The patient was also allowed to express things that he could not express directly on the blank sheet in the journal book through writing. This result shows that patients have mood images that need to be responded to, because it is possible that the impact on patients who have thought about suicide is in line with what Davison, Neale, and King (2010) said.

The patient is then asked to write down some of the problems in his life that have been bothering him until now and what he has done to improve these problems. This stage needs to be monitored and done carefully. Patients may experience a relapse because they will express unpleasant things or traumatic experiences. At this stage, patients write down their difficulties in social life.

In every session, personal sharing is always done with the client. Researchers have not conducted group therapy because the level of anxiety is still relatively high, and the self-acceptance of each subject is still different from one another.

Discussion

The data obtained showed that all subjects had a history of domestic violence. Steinberg, Davila, & Fincham (2006) revealed that children who grow up in families that experience violence will be vulnerable to becoming victims of violence including sexual violence. In addition, help seeking behavior also has an important role in increasing the motivation of victims of sexual violence to get better (WHO, 2020). It is recommended that future research look further into the dynamics between domestic violence and the emergence of cases of sexual

harassment victims. In addition, it is related to increasing help seeking behavior in victims of sexual violence which has a very positive impact on victims.

The interaction of various ecological factors plays a role in children's decisions to disclose CSA and the responses they receive if they do (Alaggia, 2010). At least half of CSA survivors experienced abuse within the family (Moore, 2010), a reality that may also increase the difficulty of disclosing such abuse (Easton, 2013; Ullman, 2007).

Research suggests that group disclosure can reduce general psychological distress although individual responses differ depending on the severity of the sexual abuse they have experienced. (Swingle, 2016). A number of studies have also addressed revictimization in child sexual abuse victims, examining its impact in the form of PTSD, depression or global indicators of psychopathology (Auslander et al., 2018; Culatta et al., 2017; Fortier et al., 2009; Hornor & Fisher, 2016; Hu et al., 2018; Noll et al., 2003; Pittenger et al., 2018). Our results suggest that individuals who were sexually abused before the age of 12 years are at greater risk of re-victimization of sexual violence and re-victimization of violence, consistent with recent long-term studies (Jenkins et al., 2018; Pittenger et al., 2018). Child sexual abuse can disrupt general psychological and biological developmental processes, creating vulnerabilities in self-regulatory functioning across physiological, affective and behavioral domains (Papalia et al., 2018b). These vulnerabilities can increase the risk of various mental health disorders, which in turn can increase vulnerability to re-victimization through mechanisms such as impaired risk detection and response, hypervigilance, emotion dysregulation and maladaptive coping, attachment and relationship problems, and risk-taking behaviors (Atmaca & Gec¸o¨z, 2016; Fortier et al., 2009; Krah´e & Berger, 2017; Noll et al., 2003; Risser et al., 2006).

Conclusion

The results of this study state that expressive writing therapy can reduce the anxiety experienced by victims of sexual harassment who experience PTSD. However, further research should look deeper into individual factors that affect the increasing ability of victims of sexual harassment to be able and willing to change for the better.

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