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Interpretation *of Intolerance of Uncertainty* in Child Victims of Sexual Violence from a Trauma-Informed Care Perspective in the City of Bekasi

[1] Siburian Denis Natalia, [2] Sani Aryanto, [3] Kus Hanna Rahmi

[1, 3] Département of Psychology, Faculty of Psychology, Bhayangkara Jakarta Raya University, Indonesia

[2] Department of Primary School Teacher Education, Faculty of Education, Bhayangkara Jakarta Raya University, Indonesia

Corresponding Author: **Siburian Denis Natalia**

Abstract

Child sexual violence has serious psychological effects on both victims and caregivers involved in the recovery process. This study explores how caregivers manage uncertainty while assisting child victims of sexual violence using a trauma-informed care perspective in the City of Bekasi. A qualitative case study was conducted with parents, clinical psychologists, and child protection officers through in-depth interviews. The findings show that caregivers experience ongoing uncertainty related to unclear early signs of abuse, unpredictable child emotional responses, social pressure, and lengthy legal procedures. This uncertainty leads to emotional stress, fatigue, and difficulty in decision-making. Trauma-informed care is identified as an effective approach to manage uncertainty by prioritizing safety, emotional stabilization, empathetic interaction, and collaborative support. The study concludes that trauma-informed care supports both child recovery and caregiver psychological stability in uncertain conditions.

Keywords: Child Sexual Abuse, Intolerance of Uncertainty, Trauma-Informed Care, Caregivers of Child Victims

Introduction

Sexual violence against children is a form of human rights violation that has a serious and long-term impact on the psychological and social well-being of victims (Spinazzola *et al*., 2021; Teicher & Samson, 2016) [23, 25]. This phenomenon not only robs children of their sense of security and dignity, but also leaves complex emotional scars that are difficult to heal without professional intervention. National data shows that of the 10,620 cases of violence against children in Indonesia, approximately 58% were sexual violence, with the majority of victims aged 6–14 years (KemenPPPA, 2024). These findings confirm that sexual violence against children cannot be understood solely as a criminal issue, but rather as a psychological crisis that requires interdisciplinary attention, particularly in the field of clinical psychology. Child victims of sexual violence are known to be vulnerable to trust issues, unrealistic feelings of guilt, and chronic fear of their surroundings (Isobel *et al*., 2019; Pfefferbaum *et al*., 2015) [12, 19], which have the potential to develop into post-traumatic stress disorder, social anxiety, and barriers in emotional regulation and interpersonal relationships (Richardo Napitupulu & Astro Julio, 2023) [21].

The impact of trauma is not only experienced by children as victims, but also resonates with their immediate environment, especially the caregivers who are directly involved in the recovery process. Sexual violence against children can thus be viewed as a collective psychological crisis, as it involves complex emotional relationships between victims, families, professional caregivers, and the surrounding social system. In the local context, the city of Bekasi represents this situation in a real way. The 2024 report of the Bekasi City Regional Child Protection Commission (KPAD) recorded 313 cases of violence against children, with 176 of these cases classified as sexual violence, or around 56.2%, showing a significant increase compared to the previous year (Galih, 2025) [10]. Data from the Women's Empowerment and Child Protection Agency (DPPPA) also reveals that most cases were committed by perpetrators from the victim's immediate environment, such as family and neighbors (Kurniawati, 2024) [16]. This situation shows that children often experience trauma in spaces that should be sources of protection (Galih, 2025; Harahap *et al*., 2024) [10, 11].

Although the increase in the number of reports shows a growing awareness among the public to report, the process is still faced with fear, stigma, and social pressure. This was acknowledged by the Deputy Chair of the Bekasi City KPAD, who stated that fear, shame, and social concerns are still the main obstacles in reporting cases of sexual violence against children. This situation indicates that children's safety at home and school remains highly vulnerable, and the trauma experienced by victims

stems not only from the act of violence itself but also from the social uncertainty that accompanies the reporting and recovery process (Deputy Chair of the Bekasi City KPAD, August 7, 2025). From a clinical psychology perspective, this emphasizes that children's trauma recovery cannot be understood in isolation but must consider the emotional dynamics of caregivers involved in the traumatic situation.

Intense emotional involvement in the caregiving process puts caregivers, especially parents and primary caregivers, at risk of significant emotional exhaustion and psychological stress. Research shows that caregivers who support individuals with traumatic experiences or mental disorders often experience caregiver burden, which impacts their psychological well-being and quality of daily functioning (Isobel *et al*., 2019; Rahmi & Fahrudin, 2024) [12, 20]. In the context of child sexual abuse, caregivers not only face emotional demands from the child but also social and systemic pressures that exacerbate their psychological burden.

They do not merely function as administrative or legal facilitators but also as emotional supports who help children express their feelings, rebuild trust, and make sense of their traumatic experiences. The clinical process of treating child trauma involves caregivers or primary companions as important sources of information in functional assessments, because the cognitive, affective, and behavioral responses of companions also influence the dynamics of child recovery (Isobel *et al*., 2019) [12]. This intense emotional involvement often causes caregivers to experience psychological stress due to repeated exposure to traumatic stories and the accompanying moral dilemmas. In such situations, caregivers are often faced with uncertainty and ambiguity, such as doubts about whether the actions taken are appropriate, whether the child really feels safe, or whether certain decisions have the potential to trigger further trauma.

This condition is related to the concept *of Intolerance of Uncertainty* (IU), which is the tendency of individuals to experience emotional distress, cognitive tension, and difficulty making decisions when faced with unpredictable or uncontrollable situations. Companions of child victims of sexual violence face multiple layers of uncertainty, ranging from the psychological condition of the child, social responses, to lengthy legal processes. This ongoing uncertainty has the potential to intensify emotional distress and exacerbate the emotional regulation of advocates, especially when system support is not yet optimal (Carleton, 2016; Marks *et al*., 2022) [7, 18]. In the context of advocating for child victims of sexual violence, IU manifests itself in the form of doubt, anxiety about social impact, and conflict between empathy and professional responsibility. If not managed adaptively, this condition has the potential to trigger secondary stress and emotional exhaustion in caregivers (Lin *et al*., 2022), as well as reinforce emotional regulation dysfunction in crisis situations (Lauriola *et al*., 2024) [17].

The *Trauma-Informed Care* (TIC) approach provides a relevant framework for addressing this complexity. TIC is based on the understanding that post-traumatic responses are a form of adaptation, not merely a disorder, and emphasizes principles such as safety, trust, collaboration, empowerment, and cultural and gender sensitivity (Ashworth *et al*., 2023; Avery *et al*., 2021) [3, 4]. In counseling practice, TIC is not only oriented towards the recovery of victims, but also helps counselors regulate stress, increase self-awareness of emotional boundaries, and maintain a balance between empathy and professionalism (Ashworth *et al*., 2023; Bryson *et al*., 2017; Isobel *et al*., 2019) [3, 6, 12]. Thus, TIC provides a reflective framework that is in line with efforts to manage Intolerance of Uncertainty in the context of child trauma counseling. Based on this description, this article aims to examine in depth how counselors of child victims of sexual violence interpret and manage *Intolerance of Uncertainty* from the perspective of *Trauma-Informed Care* in the city of Bekasi. This focus is important considering that previous studies have primarily positioned TIC as an approach for victims, while the psychological dynamics of counselors—particularly regarding uncertainty—remain relatively unexplored in the context of child protection in Indonesia.

Method

This research uses a qualitative approach with a case study design to gain an in-depth understanding of the meaning *of Intolerance of Uncertainty* among child advocates for victims of sexual violence from a *Trauma-Informed Care* perspective. The research context is located in Bekasi City, an area with an increase in reported cases of sexual violence against children and the involvement of various advocates, including families, clinical psychologists, and child protection agencies. This case study is positioned as *a single case study* with a unit of analysis focused on the experiences of advocates in assisting child victims, in line with the characteristics of exploratory case studies that emphasize understanding the process and meaning of "(2018). The research participants were selected **purposively**, consisting of companions of child victims of sexual violence who were directly involved in the assistance process, including the victims' parents, clinical psychologists, and representatives of the Bekasi City Regional Child Protection Commission (KPAD). The criteria for selecting participants were based on their active involvement in handling cases and their experience of dealing with emotional dynamics and uncertainty during the assistance process.

Data collection was conducted through semi-structured interviews, which allowed researchers to explore participants' subjective experiences in depth while maintaining focus on the research issue. Semi-structured interviews were chosen because they provide flexibility to explore the meaning, emotional reflections, and dynamics of the participants' experiences, while maintaining a consistent framework of questions across informants (Kallio *et al*., 2016) [13]. The interview questions focused on experiences of facing uncertainty, emotional responses in counseling, and the practice and meaning of the principles *of Trauma-Informed Care*. Supporting data was obtained through field notes to enrich the context and interpretation of the data. Data analysis was performed using thematic analysis as described by (Braun & Clarke, 2008). The analysis process followed six stages, namely: (1) familiarization with the data through repeated reading of interview transcripts; (2) initial coding to identify relevant units of meaning; (3) theme search by grouping codes with similar patterns; (4) theme review to ensure internal coherence and interrelationships between themes; (5) defining and naming themes; and (6) compiling an analysis report that systematically links themes to the research focus.

Results and Discussion

Results

Based on thematic analysis of transcripts of interviews with companions of child victims of sexual violence in Bekasi City, three main themes were found that represent the meaning *of Intolerance of Uncertainty* in the assistance process, namely: (1) the experience of uncertainty among companions of child victims of sexual violence, (2) the psychological impact of uncertainty on companions, and (3) Trauma-Informed Care as a strategy for managing uncertainty.

Theme 1: Experiences of Uncertainty among Child Victims of Sexual Abuse Supporters

Child advocates for victims of sexual violence experience uncertainty from the early stages when they begin to notice irregularities in the child's condition. This uncertainty manifests itself in the form of confusion in interpreting the early signs and hesitation in concluding what actually happened, especially due to the lack of clear evidence at the beginning of the incident. This is illustrated by the experience of parents who noticed physical irregularities but did not dare to draw conclusions or take further action.

> "I saw it, but I didn't dare to say anything." (Grandmother of Victim, Interview, August 2025).

This uncertainty is reinforced by the fear of making a mistake. Caregivers feel they are in a dilemma between the desire to protect the child and the concern that their actions could lead to conflict or greater consequences. The fear of "making a mistake" causes caregivers to choose to hold back even though suspicions have arisen.

> "I still don't dare to say anything, I just tell her to be careful with her child." (Grandmother of Victim, Interview, August 2025).

The uncertainty also persisted over a long period of time due to the lack of systemic certainty. The guardian realized that suspicions had existed for a long time, but the decision to report was repeatedly postponed due to mental unpreparedness and fear of facing legal proceedings. This shows that the uncertainty was not momentary, but cumulative.

> "We've been suspicious for a year, but I'm reluctant to deal with the police." (Grandmother of Victim, Interview, August 2025).

The reporting process, which did not run smoothly, further deepened the caregiver's experience of uncertainty. When the report was not immediately followed up, the caregiver faced new confusion about the effectiveness of the child protection system. This situation created a feeling of helplessness and raised questions about whether the decision to report was the right step.

> "At the police station, they didn't respond for three months, saying that the data was lost." (Grandmother of Victim, Interview, August 2025).

Uncertainty also arises in the form of fear of social repercussions. Caregivers must face pressure from their surroundings, including the perpetrator's family and neighbors, who question the truth of the report and label the case as slander. This social pressure makes caregivers even more doubtful and emotional.

> "They said it was slander, but it's impossible that it's slander." (Grandmother of Victim, Interview, August 2025).

In an institutional context, the uncertainty of the companion is also influenced by the reality that sexual violence is still considered a taboo issue. Informants from KPAD emphasized that fear and social stigma are the main obstacles for families to report, leaving the companion in a situation of complete ambiguity.

> "There is a lot of fear that reporting this will bring shame." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

The uncertainty becomes even more complex when support workers have to deal with the unstable emotional responses of children. Support workers find it difficult to understand the emotional changes in children and feel confused about determining the appropriate response, so they often choose passive strategies as a form of protection.

> "Yes, it's really difficult. It seems like they can't accept it." (Grandmother of the Victim, Interview, August 2025).

Supporters also face uncertainty regarding the child's readiness to disclose traumatic experiences. Clinical psychologists emphasize that prematurely exploring the chronology risks triggering re-traumatization, so supporters must remain in a state of waiting without certainty about the timing.

> "We must empathize because discussing the chronology is highly likely to trigger trauma." (Clinical Psychologist, Interview, August 2025).

This situation places the caregiver in an emotionally unstable state, especially when the legal process continues while the child is not yet psychologically ready. This uncertainty creates layered anxiety as the caregiver must choose between the needs of the system and the needs of the child.

> "Sometimes the child is not ready to talk, but the process continues." (Clinical Psychologist, Interview, August 2025).

Overall, the experience of uncertainty among caregivers of child victims of sexual violence stems not only from the child's condition, but also from the legal system, social pressure, and limited environmental support. Uncertainty becomes an emotional experience that caregivers continuously experience throughout the caregiving process.

> "This case of sexual violence is indeed complex… many end up confused when making decisions." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

Theme 2: The Psychological Impact of Uncertainty on Supporters

The uncertainty experienced by caregivers creates emotional pressure from the very beginning of the caregiving process. When the companion does not have clarity about what actually happened and what steps to take, psychological responses such as shock, confusion, and anxiety arise. This condition shows that uncertainty not only affects decision-making but also directly affects the emotional stability of the companion. This is illustrated by the statement of the victim's parents who were shocked and chose to remain silent for fear of taking the wrong step.

> "I was shocked, so I didn't dare to say anything, I just told them to be careful with their child." (Grandmother of the Victim, Interview, August 2025).

Over a longer period of time, uncertainty develops into a permanent emotional burden. Caregivers face internal conflict between the urge to protect their children and the fear of social and legal consequences. This burden becomes even heavier when caregivers feel that they cannot obtain certainty from their surroundings. This uncertainty triggers feelings of constant pressure.

> "We've been suspicious for a year, but I'm reluctant to deal with the police." (Grandmother of the Victim, Interview, August 2025).

Psychological pressure also manifests in the form of emotional stress, which is directly acknowledged by the caregivers. The inability to predict changes in the child's emotions keeps caregivers in a constant state of alertness, which ultimately leads to mental exhaustion. This stress does not exist in isolation but is intertwined with feelings of helplessness in the face of an uncontrollable situation.

> "Mom seems stressed like that" (Grandmother of the Victim, Interview, August 2025).

Uncertainty also causes confusion in responding to children's emotions. Caregivers admit that they find it difficult to understand sudden changes in children's behavior, such as anger and aggression. When children's responses are unpredictable, caregivers lose a sense of control, which exacerbates psychological distress.

> "It seems really difficult to accept that" (Grandmother of Victim, Interview, August 2025).

In certain conditions, uncertainty encourages caregivers to choose passive strategies as a form of coping mechanism. Caregivers tend to let children's emotions explode without intervention for fear of worsening the situation. This strategy indicates emotional confusion stemming from uncertainty about the safest course of action.

> "When they're angry, I just ignore and don't say anything" (Grandmother of Victim, Interview, August 2025).

Clinical psychologists emphasize that caregivers, especially parents, also experience psychological effects from indirect exposure to trauma. Uncertainty about the child's psychological condition and the long recovery process contribute to the emotional exhaustion of caregivers. Repeated exposure to traumatic stories increases the risk of secondary stress.

> "Parents are also affected, they're emotionally exhausted" (Clinical Psychologist, Interview, August 2025).

The uncertainty increases when caregivers have to face a long and repetitive legal process. This situation often triggers intense emotional reactions, especially when caregivers have to recall and recount traumatic events. This condition shows that structural processes also contribute to the psychological pressure on caregivers.

> "The mother vented her feelings outside until she was screaming; this often happens during the Police Investigation Report process." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

In addition to stress and fatigue, uncertainty creates an empathetic dilemma for the companion. The companion is in a difficult position between protecting the child from retraumatization and the system's demand for complete information. The uncertainty of when the child is ready to speak is a source of anxiety for the companion.

> "If the psychologist says they're not ready, we can't force them." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

The psychological pressure on caregivers is also exacerbated by social stigma from the surrounding community. Uncertainty about social acceptance makes caregivers feel isolated and forces them to deal with conflicts with family or society. This stigma deepens the emotional burden felt by caregivers.

> "They say it's slander, but they won't accept it." (Grandmother of the Victim, Interview, August 2025).

Overall, the psychological impact of uncertainty on caregivers manifests in the form of emotional stress, fatigue, confusion, and layered empathic dilemmas. This experience shows that caregivers are not only supporters, but also subjects who are psychologically affected by the child's traumatic situation. These findings emphasize the importance of viewing caregivers as part of the trauma system that requires psychological attention and support.

> "We also provide counseling to the family so that the mother or parents can accept the situation." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

Theme 3: Trauma-Informed Care as a Strategy for Managing Uncertainty

Assisting children who are victims of sexual violence shows that creating a sense of security is a key strategy in dealing with uncertainty. When violence is revealed, the first action taken by the assistant is to separate the child from the perpetrator and move them to an environment that is

considered safer. This step is not only intended to protect the child physically, but also as an initial effort to reduce the anxiety of the assistant who is faced with an unexpected and high-risk situation.

> "Immediately move to my house, to her grandmother's house. Separate them immediately." (Grandmother of Victim, Interview, August 2025).

The effort to create a sense of security also serves as a way for caregivers to manage their own emotional uncertainty. When children show extreme fear of male figures, caregivers choose a protective strategy by limiting interactions that could potentially trigger anxiety in children. This decision shows that TIC is interpreted as a practical action that is responsive to the child's condition, not just a theoretical concept.

> "The child is like depressed and fearful, afraid of men." (Grandmother of Victim, Interview, August 2025).

In addition to physical protection, caregivers also apply the principles of TIC by regulating their emotional responses to the child's post-traumatic behavior. Caregivers choose not to force the child to control their emotions instantly, but rather to give the child space to express their emotions. This strategy shows acceptance of the uncertainty of the child's behavior as part of the recovery process.

> "If the child is angry and crying, I just ignore it and listen." (Grandmother of Victim, Interview, August 2025).

A similar approach was also described by a clinical psychologist, who emphasized that the initial phase of trauma support does not focus on chronological exploration, but rather on stabilizing the child's psychological condition. This is because prematurely delving into the events risks triggering retraumatization and increasing emotional uncertainty for both the child and the caregiver.

> “What we need to do is strengthen stabilization first, not force it.” (Clinical Psychologist, Interview, August 2025).

The principle of not forcing children to talk is an important part of TIC in managing uncertainty. Caregivers accept that a child's readiness cannot be predicted with certainty and requires time. This uncertainty is not seen as an obstacle, but rather as a condition that must be respected in order to maintain the child's sense of security.

> "If the psychologist says they're not ready, we can't force them." (Clinical Psychologist, Interview, August 2025).

Trauma-Informed Care is also interpreted as an effort to create a symbolically safe environment through spatial arrangements and interactions. Psychologists explain that using child-friendly spaces, avoiding unwanted physical contact, and building equal interactions are ways to reduce emotional tension in both children and caregivers.

> "When dealing with sexual violence trauma, avoid physical contact and make the room child-friendly." (Clinical Psychologist, Interview, August 2025).

In an institutional context, TIC is implemented through an empathetic approach by KPAD to build trust with the victim's family. This approach is carried out by adjusting the language, literacy level, and emotional condition of the family so that they dare to get involved in the assistance process even though they are in a situation full of uncertainty.

> "With an empathetic approach, we assure them that we don't want to reopen old wounds, but to help." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

Support is also extended not only to children, but also to parents and families. This shows that TIC is understood as a systemic approach to reducing emotional uncertainty in the families of victims. By providing counseling to parents, counselors help families become more stable in supporting their children.

> "We at KPAD not only provide counseling to the victims, but also to their families." (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

Cross-institutional collaboration is an important strategy in managing the uncertainty that arises during the legal process and recovery. Counselors feel more confident when decisions are not made individually ( ) but through coordination between psychologists, KPAD, and relevant authorities.

> “We don’t work alone; there are psychologists, UPTD, and KPAD.” (Vice Chair of the Bekasi City Child Protection Agency, Interview, August 2025).

Overall, Trauma-Informed Care is understood by advocates as an adaptive framework that allows them to continue their advocacy role even in uncertain conditions. By emphasizing safety, empathy, flexibility, and collaboration, TIC helps advocates tolerate uncertainty without compromising the psychological well-being of children or themselves. This finding confirms that TIC is not only an approach to victim recovery but also a psychological regulation strategy for caregivers in the context of sexual violence against children.

Discussion

The research findings show that uncertainty is not merely "ignorance," but an active and stressful psychological experience for caregivers of child victims of sexual violence. In the literature, *intolerance of uncertainty* (IU) is understood as an emotional cognitive vulnerability that makes it difficult for individuals to tolerate the absence of information that is considered important, thus giving rise to aversive responses such as anxiety and a strong urge to seek certainty (Angehrn *et al*., 2020; Sun *et al*., 2025) [2, 24]. Your transcript findings show a consistent pattern: caregivers "think repeatedly," hesitate to act, and fear making mistakes because the situation feels unpredictable. In Theme 1,

uncertainty was most apparent from the early stages when caregivers "suspected" a problem but were unable to confirm what was happening. Theoretically, IU is associated with a tendency to perceive uncertainty as a threat, leading to cognitive *hypervigilance* and persistent anxiety (Angehrn *et al*., 2020) [2]. This is relevant to the interview data from parents describing initial hesitation and fear of taking action, as initial decisions (reporting, seeking medical examination, separating the child) were perceived as risky and socially consequential.

The uncertainty among caregivers is also reinforced by the social context surrounding child sexual abuse: stigma, a sense of "shame," and concerns about social labeling. Empirically, reports of child abuse cases in Indonesia show an increasing trend in reporting and the dominance of sexual violence in recent years, indicating that the cases are massive and that the social-institutional response process has become an arena of uncertainty for families (Kinanthi & Dian, 2025) [15]. In such situations, uncertainty is not only about the "facts of the incident" but also about the reactions of the environment, the protection provided by the system, and the child's psychological safety.

Theme 1 also appears in procedural uncertainty: advocates must navigate service pathways (reporting, psychological assessment, institutional advocacy) that are not always clear and can be lengthy. IU literature emphasizes that prolonged uncertainty tends to increase *worry* and distress because individuals find it difficult to "close" negative possibilities (Angehrn *et al*., 2020) [2]. The KPAD data in your transcript describes barriers to reporting due to fear and stigma, conditions that prolong the "uncertain phase" for support providers. In Theme 2, the psychological impact of uncertainty on support providers is evident in the form of emotional stress, fatigue, and confusion in responding to children's erratic behavior. Clinically, the impact of sexual violence on children is strongly associated with trauma symptoms such as PTSD and emotional disorders that can make children's behavior more reactive and unstable, thereby triggering additional pressure on caregivers (Alves *et al*., 2024) [1]. Thus, caregivers' uncertainty is partly triggered by the "uncertainty of symptoms" in children: when children are safe, when children are triggered, when children are able to speak.

Denkinger (2018) [8] found that *secondary traumatization* in caregivers working with child and female trauma victims often produces symptoms of intrusion, avoidance, and emotional and cognitive disturbances, similar to the post-traumatic stress experienced by direct victims. This is consistent with clinical psychologist data in your transcripts about the emotional exhaustion of parents when they have to "repeat the story" in various processes.

Uncertainty also creates an empathetic dilemma for caregivers: on one hand, they want to protect children from retraumatization, but on the other hand, systemic demands (legal/administrative) often require chronology and repetition of narratives. Neuropsychologically and clinically, repeated exposure to trauma triggers can exacerbate symptoms, so the companion's fear of "making a mistake" has a strong clinical basis (Alves *et al*., 2024) [1]. Therefore, the companion's distress is not merely an "emotional reaction," but a consequence of a real conflict of values between the child's psychological protection and procedural requirements.

Findings from Theme 2 also confirm that IU is transdiagnostic: IU is associated with various forms of psychological distress (e.g., anxiety, general distress) and can worsen emotional regulation when individuals feel they lack control or sufficient information. In the parent transcripts, confusion in dealing with the child's explosive emotions and a sense of "fear of being wrong" indicate a pattern of IU operating as a maintainer of distress, not just a result of distress.

Moving to Theme 3, the data show that caregivers use Trauma-Informed Care (TIC) principles as a strategy to "manage uncertainty" in practical ways. The TIC framework emphasizes safety, trust, collaboration, empowerment, peer support, and cultural/gender sensitivity principles that are relevant when companions face situations fraught with uncertainty and the risk of retraumatization (Avery *et al*., 2021; Edelman, 2023) [4, 9]. This means that TIC is not only an approach for victims, but also a framework that reduces the "need for instant certainty" in advocates. At the practical level, strategies that often emerge in the data are prioritizing safety: separating children from perpetrators, reducing exposure to triggers, and building a more stable environment. TIC literature emphasizes that safety and stabilization are the foundation before further intervention, as trauma makes individuals more sensitive to threats and loss of control (Edelman, 2023) [9]. This parallels the quotes from parents and psychologists in your transcripts that place "safety first" as a priority.

The next strategy is to "not force the child to talk" and wait for the child's emotional readiness. This practice aligns with TIC principles to prevent retraumatization minimizing procedures that trigger feelings of helplessness in victims, and respecting *voice and choice* (Edelman, 2023) [9]. In the context of IU, this approach helps companions accept that certainty about chronology and recovery progress cannot always be obtained quickly; certainty is replaced with more realistic "indicators of safety and stabilization." The cross-party collaboration (family–psychologist–KPAD) that emerges in the transcript can also be read as a strategy to reduce the burden of IU and STS. Research on STS in the context of child services shows that organizational factors and system support can influence the risk of STS/burnout when support is poor and personal burden increases; when support is good, caregivers are better able to cope (Denkinger *et al*., 2018) [8]. Thus, collaboration is not merely administrative coordination, but a protective intervention for caregivers' mental health.

These findings reinforce the argument that TIC also needs to be applied "to the way the system works," not just to child counseling sessions. The literature emphasizes the importance of trauma-informed trauma work, such as training, safe communication, and awareness of the impact of trauma on caregivers because without it, the system can increase sources of uncertainty and trigger retraumatization (Edelman, 2023) [9]. In your data, the fear of reporting due to stigma and uncertainty about the system's response indicates the need for more consistent and victim-friendly governance. When put together, the relationship between the themes can be explained as follows: (Theme 1) uncertainty arises from a combination of children's trauma symptoms, social stigma, and service processes; (Theme 2) this uncertainty causes distress and the risk of secondary trauma in caregivers; (Theme 3) TIC becomes a regulatory strategy

that shifts the focus from "pursuing total certainty" to "strengthening safety, control, and collaboration" that can be pursued even if the final outcome is uncertain. Theoretically, this shift in focus is relevant to IU literature, which shows that the ability to tolerate uncertainty (rather than eliminate it) is an important mechanism for reducing distress (Angehrn *et al*., 2020; Sun *et al*., 2025) [2, 24].

The practical implication of this discussion is the need for a support protocol that is both trauma-informed for children and "supportive" for caregivers. Trauma-informed parenting/support programs have been reported to help caregivers understand children's trauma responses, improve communication, and reduce pressure on caregivers through a clearer support structure (Zak *et al*., 2024) [26]. In the context of Bekasi, this can be translated into: family-friendly reporting guidelines, interview protocols that minimize repetition, psychoeducation for parents about trauma responses, and psychological support mechanisms for caregivers to reduce distress caused by IU and STS.

Conclusion

This study shows that *Intolerance of Uncertainty* is a real and ongoing psychological experience for caregivers of child victims of sexual violence in Bekasi City. Uncertainty does not only arise from initial ignorance of the violent event, but develops into a complex emotional experience due to a combination of changes in the child's behavior, social pressure, stigma, and the ambiguity of the legal and protection systems. Caregivers are in a constant dilemma, where every decision is perceived as posing a risk to the child's psychological well-being and broader social consequences. The psychological impact of this uncertainty manifests itself in the form of emotional stress, fatigue, confusion, and empathetic dilemmas for the advocates. Repeated exposure to the child's traumatic situation and the demands of a system that is not always aligned with the child's psychological readiness increases the risk of secondary stress for the advocates.

These findings confirm that caregivers are not merely supporters, but also subjects who are psychologically affected by the dynamics of child sexual abuse. In this context, *Trauma-Informed Care* is interpreted by caregivers as an adaptive strategy for managing uncertainty. TIC principles, such as creating a sense of security, an empathetic approach, respect for the child's readiness, and cross-agency collaboration, help caregivers tolerate uncertainty without imposing certainty that could potentially harm the child. TIC not only functions as a framework for the recovery of victims, but also as a psychological regulation mechanism for caregivers in dealing with ambiguous situations. Overall, this study expands the understanding of the application of *Trauma-Informed Care* by placing caregivers as part of the trauma system whose psychological well-being needs to be considered. The practical implications of these findings are the need to strengthen a trauma-informed approach that not only focuses on children but also provides emotional support, psychoeducation, and a collaborative system for caregivers so that the recovery process can take place in a safer, more sustainable, and more humane manner.

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