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Article

Enhancing resilience in sexual harassment victims using narrative exposure therapy: a single case research

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ABSTRACT

Victims of sexual harassment often experience deep trauma, such as feelings of shame, fear, anger, and loss of self-worth. Intervention using Narrative Exposure Therapy (NET) aims to enhance resilience in victims of sexual harassment and reduce the trauma symptoms they endure. The subject chosen for this study is a female college student who has been a victim of sexual harassment and met the study criteria. This research was designed using a single-case study approach with an A-B-A model. Using the Adolescent Resilience Scale, the participant showed a reduction of (d = 5.7); and using the PTSD Checklist-5 (PCL-5), the participant showed a reduction of (d = 4.87). These results indicate that resilience scores increased, and PTSD scores decreased from the baseline phase (A1) to the follow-up baseline phase (A2) using NET. The findings demonstrate that the NET approach is highly beneficial and necessary for counselors and school guidance teachers to help victims reduce PTSD symptoms and enhance resilience.

Keywords:

Post-Traumatic Stress Disorder (PTSD)
Narrative Exposure Therapy (NET)
Single Case Research Design
Post-Traumatic Stress Disorder Checklist-5 (PCL-5)

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Introduction

Sexual harassment is a significant issue that occurs frequently across various regions globally, including Indonesia. According to the 2019 Annual Report from the National Commission on Violence Against Women, sexual violence ranked first in the public sphere, with 2,521 reported cases (64%). Among the types of sexual violence most prevalent in this realm, molestation accounted for 1,136 cases, rape for 762 cases, and sexual harassment for 394 cases. Victims of sexual harassment were predominantly adolescents and school-age individuals compared to adults (Nugrami et al., 2022). Additionally, data from the Ministry of Women' s Empowerment and Child Protection (Kemen PPPA) revealed that individuals aged 13– 17 years are particularly vulnerable to becoming victims of harassment. Socio-cultural factors in Indonesia indicate an imbalance in power relations between men and women, positioning women as objects of sexuality and fostering the perception that victims should neither refuse nor report incidents (Soejoeti & Susanti, 2020). Additionally, a portion of society still views sex education as taboo (Ningsih, 2018).

In low- to middle-income countries, cultural environments, gender inequality, and limited resources result in women who experience harassment often losing access to legal, social, and psychological support (Leonardsson & San Sebastian, 2017; Liang, Goodman, Tummala-Narra, & Weintraub, 2005; Paul, 2016; Umubyeyi, Persson, Mogren, & Krantz, 2016). Furthermore, many victims perceive harassment as deeply shameful, leading many to keep their experiences secret (Gutek & Koss, 1993). However, sexual harassment is considered a form of sexual violence (Mathews

& Collin-Vézina, 2019) and constitutes a moral violation that undermines an individual's dignity (Wijaya & Widiastuti, 2019). It is commonly defined as unwanted and inappropriate sexual remarks or actions (Collier, 1998). Robinson (2005) further describes sexual harassment as any physical, verbal, or visual sexual behavior directed at an individual by another, resulting in feelings of shame, fear, discomfort, insult, or humiliation for the victim.

Dahlan (2020) explains that sexual harassment can leave deep traumatic effects, with victims often experiencing post-traumatic stress disorder (PTSD). As noted by Asalgoo et al. (2015), PTSD is typically characterized by anxiety, emotional instability, autonomic dysregulation, and distressing flashbacks. This condition results from traumatic experiences that exceed typical resilience levels, following exposure to extreme physical and psychological stress beyond the human body' s usual endurance (Hansen et al., 2014). Sexual harassment causes individuals to feel significant anxiety, fear, and distress, which can profoundly impact brain function and structure, leading to PTSD, depression, and other psychiatric disorders (Wu et al., 2013). Moreover, victims may exhibit behavioral disruptions in social interactions, including panic attacks, social withdrawal, feelings of isolation and betrayal, heightened irritability, and a perception that these disturbances are constant in daily life (Nothling et al., 2016).

The negative impacts resulting from sexual harassment are undeniably substantial. However, an individual's resilience plays a critical role in enabling victims of sexual harassment to recover and continue functioning (Fahiroh, 2019). Although not all victims exhibit immediate symptoms after experiencing sexual harassment, the potential for long-term adverse effects is significant and often unavoidable (Sanjeevi et al., 2018). Nevertheless, individuals possess the capacity to recover, a process encapsulated in the concept of 'resilience' (Ford & Ivancic, 2020). The stress caused by sexual harassment is one of the key factors influencing an individual's resilience (Theofani & Herdiana, 2020). Resilience is a psychological construct referring to an individual's ability to recover constructively after trauma, with the key to this resilience being the restoration of normalcy following the traumatic event (Buzzanell, 2010; Rutten et al., 2013). Reivich and Shatte (2002) describe resilience as the capacity to respond to adversity healthily and productively, even under conditions of psychological stress. This ability is a composite of psychological and physical factors that enable positive coping after traumatic experiences (Ford et al., 2021). From a constructivist perspective, resilience is shaped by the interaction between individuals and their environment, wherein individuals draw on available resources to sustain well-being in challenging circumstances (Ungar, 2004). A key component of resilience is the ability to re-establish a sense of normalcy (Buzzanell, 2010). Resilience is also considered a dynamic process by which individuals adapt to stressors and adversities while maintaining normal psychological and physical functioning (Russo et al., 2012; Rutter, 2012b; Southwick & Charney, 2012).

Resilience plays a crucial role in helping individuals manage psychological issues, overcome medical challenges, enhance well-being, and foster mental, emotional, physical, social, and spiritual development. Individuals with resilience tend to be calmer, more productive, and experience greater enjoyment in life (Schiraldi, 2017). Research by Schiraldi (2007b) and others, such as Werner (1992), suggests that resilient adults and children are better able to navigate difficulties, while others may struggle before eventually recovering. Resilience does not imply that individuals are immune to disappointment; rather, it allows them to maintain their overall level of functioning (Mancini & Bonanno, 2006). Those with high resilience typically experience only temporary disruptions and can meet both personal and social needs (Bonanno et al., 2005). Studies show that higher resilience levels are associated with lower levels of distress (Barbarosa et al., 2021b; Setiawan & Pratitis, 2015). A study by Tugade and Fredrickson (2004) found that resilience enables individuals with traumatic experiences of sexual harassment to reframe distressing and unpleasant events as manageable aspects of life. Strong resilience supports victims of sexual harassment in remaining calm, thinking carefully, staying focused, exercising self-control, and adjusting their way of life, thereby allowing them to adapt to both present and future changes (Azzahra, 2017; Siebert, 2005).

Not all victims of sexual abuse possess sufficient resilience to cope with life following traumatic events. Thus, specific interventions are necessary to help victims enhance their resilience. Counseling has been widely employed as a means to assist sexual abuse victims in building resilience. It serves as a critical tool for addressing conflicts, overcoming difficulties, and improving mental health (Awaliyah et al., 2021). Given the complex nature of trauma recovery, which requires a high degree of skill, compassion, and awareness, effective and ethical interventions are essential (Ford & Courtois, 2020). Additionally, regular clinical consultation and supervision can support victims in strengthening their resilience (Gil & Weinberg, 2015).

Several trauma-focused counseling approaches exist, including *Prolonged Exposure Therapy* (Foa et al., 1980), *Cognitive Processing Therapy* (Resick et al., 1980), *Eye Movement Desensitization and Reprocessing Therapy* (Shapiro, 1987), and *Narrative Exposure Therapy* (Schauer, Neuner & Elbert). Among these, Narrative Exposure Therapy (NET) has been recognized as one of the most effective models for treating victims of sexual abuse (Lely, 2019). The fear networks from such events overlap with one another, making it difficult to discern their origins. In this context, compared to other approaches, Narrative Exposure Therapy (NET) effectively addresses this challenge by constructing a comprehensive life narrative (Gwozdziewycz & Mehl-Madrona, 2013), unlike other counseling models that focus solely on individual traumatic incidents (Schauer et al., 2011). NET is a short-term intervention developed by Schauer, Neuner, and Elbert, grounded in cognitive behavioral therapy (CBT) principles and testimony therapy (Cienfuegos & Monelli, 1983). It aims to help individuals construct consistent and coherent narratives of their traumatic experiences, whether stemming from war, rape, sexual abuse, natural disasters, or other life-threatening events (Schauer et al., 2011). NET has also been found effective in addressing psychological manifestations of trauma, such as post-traumatic stress disorder (PTSD), in individuals who have experienced various traumatic events (Schauer, Neuner & Elbert, 2017), including survivors of conflict and organized violence (Neuner et al., 2002; Schauer et al., 2011). Furthermore, NET facilitates changes in how individuals think, feel, and behave based on their narratives (Schauer et al., 2011), and is known to reduce trauma symptoms and enhance resilience (Peltonen & Kangaslampi, 2019).

Numerous studies have demonstrated the efficacy of Narrative Exposure Therapy (NET) in treating victims with trauma-related symptoms. For example, NET has been used successfully to treat earthquake survivors (Zang et al., 2013), to help adolescent sexual abuse survivors with PTSD disclose their painful experiences (Vaaranen-Valkonen, 2017), and has been considered both effective and safe for elderly individuals with PTSD (Lely et al., 2019). NET has also been adapted for treating adolescents with autism spectrum disorders who have experienced physical and sexual abuse (Haruvi-Lamdan et al., 2018) and adolescents who were victims of long-term sexual abuse during childhood (Glaser, 2000).

In the concept of Narrative Exposure Therapy (NET), individuals with a history of complex trauma are often confronted with triggers of traumatic stress, commonly stemming from experiences such as sexual abuse, neglect, exploitation, relational betrayal, and physical violence (Schauer et al., 2011). However, the NET approach posits that before, during, and after such traumatic events, there exists a broader life story filled with sources of strength, joy, mastery, happiness, and love. The adverse effects of negative, stressful, and traumatic experiences are mitigated by individual resilience factors (Schauer, Neuner & Elbert, 2005). Victims of complex trauma, while enduring significant emotional distress, often display resilience and empathy towards others. Reivich and Shatte (2002) describe resilience as a mindset that enables individuals to seek new experiences and shift their perspectives on life. NET provides an effective means for individuals to adapt positively to life' s challenges, emphasizing that each person can recover and learn, even in the face of persistent depression, fear, and uncertainty (Meichenbaum, 2017). Resilience, as a process, helps individuals better manage their traumatic experiences (Atkinson, 2015; Masten, 2001), suggesting that with appropriate interventions, an individual's resilience can be cultivated and enhanced (Connor & Davidson, 2003).

NET serves as an intervention to help individuals with trauma symptoms, such as those resulting from sexual abuse, to strengthen their resilience (Leli et al., 2022). It offers a structured means of

transforming thoughts, emotions, and behaviors by focusing on the clear documentation of traumatic events (Schauer et al., 2005; 2011). In doing so, NET allows victims of sexual abuse to process and integrate their traumatic experiences, thereby reducing symptoms of post-traumatic stress, enhancing resilience, and bolstering their adaptive capacity to face future challenges (Peltonen & Kangaslampi, 2019). However, research on NET in Indonesia remains limited, despite this approach' s significant contributions to the field of trauma counseling. Therefore, this study aims to assess the effectiveness of Narrative Exposure Therapy (NET) in enhancing the resilience of sexual abuse victims.

Methods

Ethical

Before commencing the counseling session, a preliminary meeting was held between the counselor and the client to identify the client' s issues and establish a counseling contract. This contract outlined the client' s details and the schedule for the counseling sessions. The contract ensured that both parties mutually agreed upon and approved the terms of the counseling process, including its duration and objectives, for the course of the research.

Participants

The participant in this study was a female university student who had experienced sexual harassment and exhibited trauma symptoms, leading to a diagnosis of Post-Traumatic Stress Disorder (PTSD). She was also identified as having moderate resilience. The participant approached the researcher to disclose her traumatic experience, as she was unable to share it with others. After thoroughly assessing her condition, the participant was selected based on her eligibility as a research subject and her willingness to undergo counseling intervention across several future sessions. To protect the participant's privacy, her identity will remain anonymous.

Participant RF is a 21-year-old female university student who had experienced traumatic events since the age of nine when she was harassed by a classmate. Additionally, she encountered a similar traumatic experience, involving harassment by a close friend, which nearly violated her integrity as a woman. These experiences have strained her relationship with her parents and led her to withdraw socially. She is often troubled by persistent memories of these incidents and frequently experiences disturbing flashbacks. She also suffers from nightmares that disrupt her sleep, frequent episodes of intense anger, and actively avoids places or individuals associated with the trauma. These symptoms have significantly hindered her ability to engage in daily activities. Furthermore, she continuously blames herself and struggles with feelings of worthlessness.

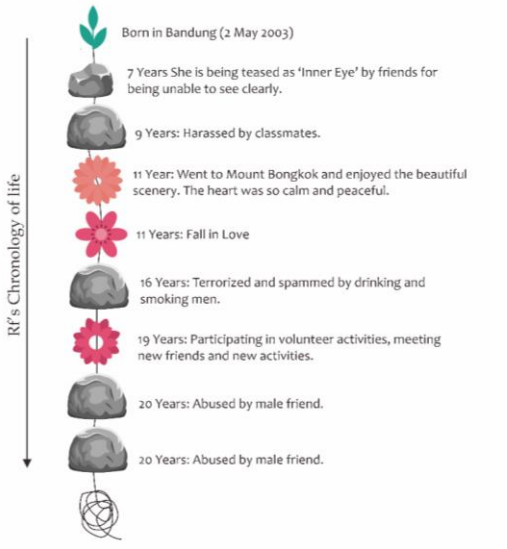

Figure 1 Participant Lifeline

Prosedur

This study employed an experimental research design aimed at examining the effects of specific controlled treatments (Creswell, 2012). The research method involved intervention or treatment applied to a subject. The type of experiment used in this study was Single Subject Research (SSR). SSR is a form of experimental research conducted with a relatively small number of subjects, focusing on analyzing behavioral changes that occur as a result of an intervention (Sunanto et al., 2006), and determining the magnitude of the intervention' s effects when applied repeatedly (Creswell, 2013b). The research design utilized in this study was the A-B-A design, an extension of the basic A-B design. In this A-B-A design, a second baseline condition (A2) is introduced as a control to the intervention, which allows for the identification of a functional relationship between the independent and dependent variables (Sunanto et al., 2005).

The study subject is a university student who reported to the researcher that he had been harassed by a male friend. After conducting a structured, in-depth interview, the researcher performed an initial assessment to evaluate the subject's resilience and trauma symptoms as a basis for intervention. Following three rounds of baseline assessments (A1), consistent results confirmed that the subject met the criteria for PTSD and demonstrated moderate resilience. Resilience scoring was categorized as follows: 16– 26 indicating low resilience; 37– 59 indicating moderate resilience; and 60– 80 indicating high resilience. The subject scored 37 in the first assessment, 40 in the second, and 31 in the third. These three initial assessments demonstrated stable resilience scores in the moderate category. For PTSD, a diagnostic threshold of 33/80 was applied, with the subject scoring 71/80 in the first assessment and 78/80 in both the second and third assessments, indicating stable scores that confirm a PTSD diagnosis.

The next step involved scheduling measurements during the baseline phase (A1). Three baseline measurements were taken for this phase (A1). Once stable baseline data were obtained, the participant underwent an intervention consisting of 8 sessions conducted over 8 weeks. Several days after each session, the participant was reassessed to evaluate any changes that occurred following the session. The intervention followed the Narrative Exposure Therapy (NET) protocol, and each face-to-face session lasted 90 minutes. At the start of each session, the narrative created in the previous session was revisited, and an evaluation was conducted after each session. To monitor the participant' s progress, measurements were taken every three days after each session, allowing the counselor to track changes in resilience and reductions in PTSD symptoms.

The NET stages used to enhance the resilience of victims of sexual abuse were based on the procedures described by Raghuraman (2022) and Smaik et al. (2023). Following the intervention, the participant underwent a second baseline measurement (A2) three times to assess her condition after the NET intervention. The results from this second baseline (A2) were compared with those from the initial baseline (A1) to evaluate the changes that occurred and to assess the effectiveness of Narrative Exposure Therapy in improving the resilience of the participant, a victim of sexual abuse.

Narrative Exposure Therapy (NET)

The implementation of Narrative Exposure Therapy (NET) follows a structured procedure rooted in the encoding of emotional episodes (Lang, 1977, 1993), where consolidated memories of traumatic events are reactivated through repeated discussion. This process involves recalling each traumatic event in detail, including the emotional, cognitive, physiological, behavioral, sensory, and meaningful aspects of the experience (Schauer et al., 2000; Nader et al., 2000). Initially, re-experiencing these memories can be uncomfortable and distressing for the client. However, the purpose of this exposure is to help the client understand that discussing the trauma is safe and does not equate to re-living the event (Foa & Meadows, 1997). The techniques employed in NET interventions to enhance resilience in victims of sexual abuse are consistent with those outlined by Raghuraman (2022) and Smaik et al. (2023).

The intervention begins with an initial session focused on diagnosis and psychoeducation. This session involves building rapport with the client, conducting pre-treatment diagnostics, and providing psychoeducation. The psychoeducation component includes normalizing the client' s

responses, legitimizing their experience, describing trauma reactions, and explaining the overall intervention process. In the second session, the client is guided in creating a lifeline, a hallmark feature of NET. This lifeline is represented by a rope, symbolizing the continuous flow of time in the client's life. The client places flowers along the lifeline to represent major positive events, which serve as sources of strength. Conversely, stones are placed to symbolize traumatic events and life-threatening experiences such as abuse, violence, or accidents. This visual representation helps the client contextualize the emotional highs and lows throughout their life. The third session focuses on the client narrating their lifeline, starting from their background and childhood, followed by the first traumatic event in detail. This session also includes a brief recounting of life post-trauma, a denser narrative of life thereafter, and a brief outlook on the future. The primary aim of this session is exposure through imagination. The counselor writes a summary of the client's narrative, which is then read aloud in subsequent sessions, facilitating the processing of traumatic memories and the reinforcement of resilience through structured narrative reconstruction. The following is the schedule for implementing the Narrative Exposure Therapy intervention in each session,

Table 1. Procedures and Stages of Implementing the Narrative Exposure Therapy Intervention

Session	Phase	Activity
1	Explanation and agreement	Building voluntary agreement, good relationships and gaining trust.
2	Psychoeducation	a. Normalization: it is normal/natural and understandable if some reactions occur after a traumatic event. b. Legitimacy: the symptoms currently experienced are the result of a response to a traumatic event. c. Description of trauma reactions (including related symptoms. d. Explanation of intervention procedures (Exposure & imaginative habituation, narrative, and step-by-step explanation of the intervention process).
3	*Lifeline*	Building a physical life story to highlight the most uplifting, positive as well as negative/traumatic events along the lifeline, chronologically.
4	*Narration Exposure*	a. Focus on context, details, emotional involvement, chronology, and description of sensory, emotional, physiological and behavioral experiences. b. Compiling and recording testimonies by the counselor between sessions. c. Exposure through re-reading the narrative from the previous session and correcting by the client to refine details and reprocessing. d. This procedure is repeated throughout the sessions along the timeline until the final version is achieved.
Second last session	*Future*	Positive discussion about future hopes and aspirations.
Closing session	*Testimony*	Reread and sign the full statement after correcting any inaccuracies/making changes.

Adolescent Resilience Scale

The Adolescent Resilience Scale (ARS), developed by Oshio, Kaneko, Nagamine, and Nakaya (2003), was utilized to measure the resilience of the participants. This scale consists of 21 items with five response categories: 1 = definitely no, 2 = no, 3 = uncertain, 4 = yes, and 5 = definitely yes. According

to Oshio et al. (2003), the instrument assesses three key aspects of resilience: Novelty Seeking, Emotional Regulation, and Positive Future Orientation. The reliability of the ARS is reported as α = 0.67, indicating a high level of reliability for this scale.

Post-Traumatic Stress Disorder Checklist-5 (PCL-5)

The Post-Traumatic Stress Disorder Checklist-5 (PCL-5), developed by Weathers (2018), was used to assess PTSD symptoms. This instrument comprises 20 items that evaluate the 20 symptoms of PTSD as outlined in the DSM-5. It is also used to track changes in PTSD symptoms during and after an intervention and to support provisional PTSD diagnoses. According to Weathers et al. (2013), respondents rate the frequency of each symptom on a scale from 0 to 4, with higher scores indicating a greater frequency of PTSD symptoms. An item will be considered validated if a score of 2 or higher is selected in the checklist. The validity and reliability tests, including the Cronbach' s Alpha reliability test, were conducted with the assistance of Winstep software. The PCL-5 demonstrated a high-reliability score of α = 0.91, signifying very good internal consistency and placing it in the very high-reliability category.

Social Validation

Social Validation data were collected post-intervention to explore the client's perceptions and emotional responses following the treatment. Social validation serves as a tool to gather qualitative data that aids in understanding the perceived effectiveness and impact of the intervention (Turner et al., 2014). The client was asked to openly discuss their thoughts, feelings, and the overall influence of Narrative Exposure Therapy (NET) on their cognitive and behavioral patterns, thus providing insight into the usefulness and relevance of the intervention.

Data Analysis

This single-case research study employs an A-B-A design, consisting of three phases: initial measurements or baseline (A1), intervention (B), and final measurements following the intervention session or baseline (A2). The purpose of this study is to evaluate the relationship between the intervention and the dependent variable, with the client or individual serving as the subject (Lenz, 2015). The study also aims to examine the effect of the intervention by comparing score changes between the baseline (A1) and intervention (B) phases (Kinugasa et al., 2004; Sunanto et al., 2005). Data collected from these phases are visually presented in graphs, enabling analysis and drawing conclusions about behavioral changes based on the data' s characteristics (Ledford et al., 2018). Visual analysis further helps determine the presence and extent of the intervention's impact (Harrington & Vellicer, 2015). The effectiveness of the intervention is assessed by examining changes in the trend or direction of the data after the intervention is administered. This can be observed through an upward or downward trend in the data over time (Tankersley et al., 2008).

To quantify the intervention effect, the Non-overlap of All Pairs (NAP) method is employed. Changes in the data trend, whether an increase or decrease, serve as evidence of the intervention's effect (Tankersley et al., 2008). The NAP is calculated by determining the number of possible data pairs, which is obtained by multiplying the number of data points in the baseline (A1) by the number of data points in the intervention (B). The number of points above, below, or parallel to the line is then subtracted, and the result is divided by the total number of possible pairs (Vannest & Ninci, 2015). NAP scores are classified as follows: weak (0.0 - 0.65), moderate (0.66 - 0.92), and strong (0.93 - 1.0) (Parker & Vannest, 2009).

The magnitude of the changes experienced by participants can be assessed using the Reliable Change Index (RCI), as proposed by Jacobson and Truax (1991). The RCI is calculated by determining the difference between the pretest and post-test scores (gain), which is then divided by the Standard Error of Difference (Jacobson & Truax, 1991). If the RCI value exceeds 1.96, the changes in participants are considered statistically significant (Cunningham & Turner, 2016).

To evaluate the effect size of the intervention, Cohen's formula is applied. According to this method, if the result is less than 0.87, the intervention effect is categorized as small. If the result falls

between 0.87 and 2.67, the intervention is classified as having a medium effect. A result greater than 2.67 indicates a large effect size (Parker & Vannest, 2009).

Results and Discussion

Total PTSD

The results of the PTSD Checklist data across all phases of the study, as presented in Figure (2), demonstrate a significant reduction in PTSD symptoms. Participants showed a decline of d = 4.87 in total PTSD scores, from the pretest phase (M = 75.00, SD = 5.19), to the intervention phase (M = 49.70, SD = 15.60), and further in the post-intervention phase (M = 17.30, SD = 4.50). This indicates a clear decrease in PTSD scores from the baseline phase (A1) to the post-intervention baseline (A2). To evaluate the effectiveness of the intervention, the Non-overlap of All Pairs (NAP) was calculated. The results indicate that the intervention had a 100% effect on the participant, demonstrating that the Narrative Exposure Therapy intervention falls into the strong category and is highly effective in reducing PTSD symptoms in victims of sexual harassment. Additionally, the Reliable Change Index (RCI) calculation confirmed a significant reduction in total PTSD scores from the pretest to the post-intervention phase for the participant.

The results for the intrusion dimension are presented in Table (2). Participants experienced a substantial decrease in intrusion symptoms, with an effect size of d = 3.90, starting from the pretest phase (M = 19.00, SD = 1.00), to the intervention phase (M = 15.10, SD = 3.87), and further reduction in the post-intervention phase (M = 6.33, SD = 1.53). The RCI calculations indicated significant changes in the intrusion dimension.

Regarding the avoidance dimension, data in Table (2) reveal a notable reduction in avoidance scores. The participants exhibited a decrease of d = 2.25, from the pretest phase (M = 7.00, SD = 1.00) to the intervention phase (M = 4.75, SD = 1.39), and finally in the post-intervention phase (M = 2.33, SD = 0.58). The RCI calculations also confirmed significant changes in this dimension.

In the cognitive dimension, data from all study phases are displayed in Table (2). Participants demonstrated a marked reduction in cognitive symptoms, with an effect size of d = 6.41, moving from the pretest phase (M = 26.70, SD = 1.53) to the intervention phase (M = 16.90, SD = 5.64), and post-intervention (M = 6.00, SD = 2.65). The RCI results revealed significant improvements in the cognitive dimension as well.

Finally, the results for the arousal dimension are detailed in Table (2). Participants showed a substantial reduction in arousal symptoms, with an effect size of d = 10.00, beginning from the pretest phase (M = 23.00, SD = 1), through the intervention phase (M = 13.00, SD = 5.95), and concluding in the post-intervention phase (M = 4.00, SD = 1.73). The RCI calculations indicated a significant reduction in this dimension as well.

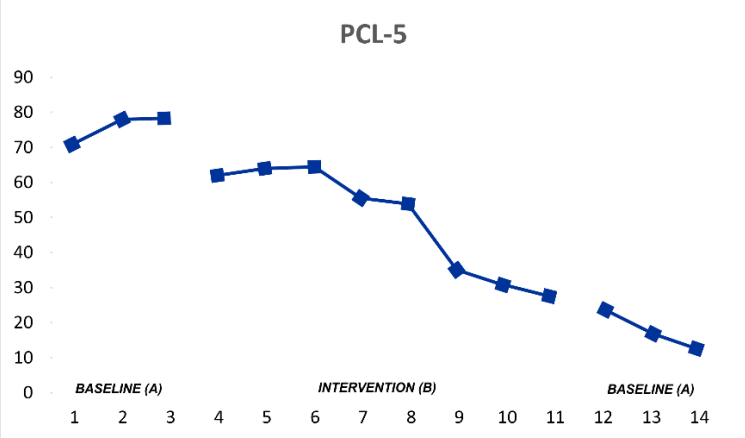

Figure 2 Participant changes in PTSD symptoms

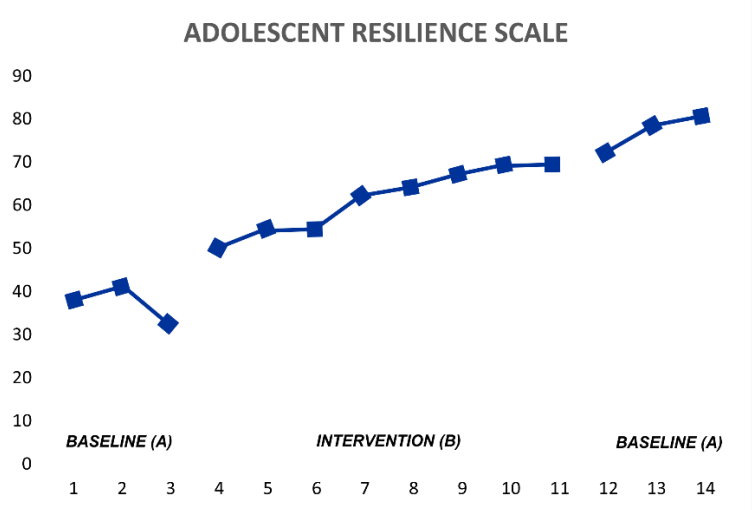

Figure 3 Changes In Participants' Adolescent Resilience Scale

Total Resilience

The results of the adolescent resilience data across all phases of the study, as presented in Figure (3), indicate a significant increase in resilience. Participants exhibited an increase in total resilience, with an effect size of d = 5.70, from the pretest phase (M = 36.00, SD = 4.58) to the intervention phase (M = 62.10, SD = 7.43), and further improvement during the post-intervention phase (M = 76.00, SD = 4.35). This demonstrates that resilience scores increased from the initial baseline phase (A1) to the post-intervention baseline phase (A2). To assess the intervention's effectiveness, the Percentage of Non-Overlapping Data (PND) was calculated, showing a 100% impact of the intervention. This suggests that the Narrative Exposure Therapy (NET) intervention was highly effective in enhancing the resilience of sexual abuse survivors. Additionally, the Reliable Change Index (RCI) calculations confirm a significant improvement in overall resilience from the pretest to the post-intervention phase of NET.

The results from the novelty-seeking dimension across all study phases are presented in Table (2). Participants experienced a moderate increase in novelty-seeking, with an effect size of d = 1.79, from the pretest phase (M = 15.33, SD = 3.06) to the intervention phase (M = 20.80, SD = 3.15), and further improvement in the post-intervention phase (M = 23.70, SD = 0.58). The results of the RCI calculation indicate an insignificant change among participants in the novelty-seeking dimension.

The results from the Emotional Regulation dimension in all study phases are also presented in Table (2). Participants showed a substantial improvement in emotional regulation, with an effect size of d = 21.8, from the pretest phase (M = 11.67, SD = 0.58) to the intervention phase (M = 24.30, SD = 5.57), and an even greater increase during the post-intervention phase (M = 32.00, SD = 3). The RCI calculations indicated a significant improvement in emotional regulation among participants.

Finally, the results from the Positive Future Orientation dimension are displayed in Table (2). Participants experienced a significant increase in future orientation, with an effect size of d = 4.05, moving from the pretest phase (M = 9.00, SD = 2.00) to the intervention phase (M = 17.10, SD = 3.00), and further improvement in the post-intervention phase (M = 22.00, SD = 1). The RCI calculations confirmed a significant change in future orientation among participants.

Table 2. PCL-5 total score, total resilience scale score, PCL-5 dimensions and resilience scale dimensions during Baseline Phase (A1), Intervention Phase (B), and Baseline Phase (A2)

	Pra-NET		During-NET		Post-NET		GAIN	RCI	Effect Size
	M	SD	M	SD	M	SD			
	PCL-5								
Total PCL-5	75,00	5,19	49,70	15,6	17,30	4,50	25,30	11,49	4,87
Intrusi	19,00	1,00	15,10	3,87	6,33	1,53	3,90	9,19	3,90

	Pra-NET		During-NET		Post-NET		GAIN	RCI	Effect Size
	M	SD	M	SD	M	SD			
			PCL-5						
Avoidance	7,00	1,00	4,75	1,39	2,33	0,58	2,25	5,30	2,25
Kognisi	26,70	1,53	16,90	5,64	6,00	2,65	9,80	15,1	6,41
Arousal	23,00	1,00	13,00	5,95	4,00	1,73	10,00	23,6	10,00
			Resilience Scale						
Total Resilience Scale	36,00	4,58	62,10	7,43	76,00	4,35	26,10	7,01	5,70
Novelty Seeking	15,33	3,06	20,80	3,15	23,70	0,58	5,42	1,47	1,79
Emotional Regulation	11,67	0,58	24,30	5,57	32,00	3,00	12,60	17,9	21,8
Positive Future Orientation	9,00	2,00	17,10	3,00	22,00	1,00	8,13	6,40	4,05

Social Validation

Social validation data collected after the intervention sessions revealed that participants gained a new perspective on themselves, beginning to view challenges in their lives as obstacles to be faced and overcome. Participants reported that the Narrative Exposure Therapy (NET) intervention helped reduce trauma-related symptoms that frequently surfaced. This was demonstrated by a shift in the participant's self-perception. Prior to the intervention, the participant expressed feelings of worthlessness, stating, *"I am no longer pure, no one will accept me."* However, after the intervention, the participant reported a significant change in self-view, stating, *"I accept myself, and I am valuable."*

Overall, the social validation data indicate that the NET intervention was effective in reducing trauma symptoms and enhancing resilience, as evidenced by increased scores on the resilience scale. Beyond changes in self-perception, the participant also noted improvements in emotional regulation, reporting the ability to manage feelings of anger, confront fears, and no longer avoid reminders of the traumatic event. The participant recognized the event as a life experience that provided valuable lessons. This supports the conclusion that the NET intervention not only mitigated trauma symptoms but also fostered personal growth and resilience.

Discussion

This study aims to evaluate the effectiveness of Narrative Exposure Therapy (NET) counseling in enhancing resilience among victims of sexual harassment. The findings indicate that NET counseling is effective in increasing resilience and reducing PTSD symptoms in victims/participants. Visual analysis shows a consistent increase in resilience scores and a decrease in PTSD symptoms from the pre-intervention phase, throughout the intervention, and into the post-intervention phase. The effectiveness of NET counseling is further supported by improvements in specific resilience dimensions, including consistent gains in emotional regulation and a positive future orientation. Meanwhile, the novelty-seeking dimension only showed a moderate level of improvement. Additionally, visual analysis reveals a decrease in PTSD symptoms, particularly in the dimensions of avoidance, cognition, and arousal. The intrusion dimension shows a steady decline towards the end of the sessions and post-intervention. Initially, reductions in PTSD symptoms were minimal, with a more substantial decrease occurring after the session that addressed the participant' s most significant traumatic event. Overall, changes observed in the post-intervention phase indicate stable improvements in both resilience and PTSD scores. These findings are reinforced by follow-up interviews using the Client Change Interview Schedule: Follow-up Version (Elliot, 2008), which demonstrates that the participant has developed better emotional regulation, is increasingly focused on preparing for her future and is experiencing a reduction in PTSD symptoms. Specifically, she reports a decline in avoidance of past-related stimuli, negative beliefs about herself and others (cognition), and intense anger (arousal), all of which she now feels more capable of managing.

The observed increase in resilience scores suggests that individuals can adapt to adverse and threatening situations, where challenges and crises contribute to the dynamic process of individual development (Oshio et al., 2003). As explained by Schauer, Neuner, and Elbert (2005; 2011), negative, stressful, and traumatic experiences are mitigated by an individual's resilience factors, while positive life experiences strengthen their coping resources. This confirms prior research on the efficacy of NET

in addressing survivors of severe violence and torture, which has shown substantial effects (Hensel-Dittmann et al., 2011; Neuner et al., 2010). Additionally, NET interventions, even when applied over a short period, can produce significant long-term changes in self-perception, emotional regulation, and quality of life (Schauer et al., 2011).

Traumatic experiences are deeply distressing and unwelcome events that negatively impact an individual's well-being (Sugara, 2017). The capacity to cope with trauma varies from person to person, often influenced by the intensity with which one confronts life's challenges (Grotberg, 1995). Thus, resilience plays a critical role in helping individuals endure and recover (Fahiroh, 2019). Resilience is the process through which individuals bounce back from adversity and begin facing new challenges (Rusmana & Budiman, 2019). This resilience is especially crucial for those who have undergone traumatic experiences, as the aftermath often brings challenges such as anger, sadness, alienation, low self-confidence, confusion, low self-esteem, loneliness, shame, and even self-hatred (Schauer et al., 2011)

Narrative Exposure Therapy (NET) aids victims or clients in exploring emotions such as fear, sadness, and loss (Schauer et al., 2004). Given that every individual seeks well-being, comfort, and fulfillment through the goals they achieve (Sugara et al., 2023), this intervention aims to guide clients in re-experiencing the emotions they felt during traumatic events and in constructing coherent, detailed narratives of these experiences (Schauer et al., 2004). According to Emotional Processing Theory (Foa & Riggs, 1993; Foa & Rothbaum, 1998; Foa, Steketee, & Rothbaum, 1989), habituation, facilitated through exposure during this intervention, plays a crucial role in alleviating post-traumatic symptoms. Furthermore, clients are supported in confronting their fears by narrating each chronological detail of their traumatic experiences (Bichescu et al., 2007).

Our findings indicate that Narrative Exposure Therapy (NET) effectively helps participants improve the emotional regulation and future orientation dimensions on the adolescent resilience scale. However, the novelty-seeking dimension only exhibited a moderate increase, as NET primarily focuses on the emotional processing of traumatic memories to address emotional, cognitive, and behavioral trauma symptoms (Schauer et al., 2011). Emotional regulation, specifically, is reinforced by research suggesting that NET can effectively reduce PTSD symptoms and mitigate anger outbursts (Lely, 2022). Anger, often a manifestation of unprocessed emotions, particularly arises when individuals feel overwhelmed by difficult situations (Sugara, 2017). Post-intervention, participants were able to exercise better self-control, and their emotional well-being improved. Additionally, prior to the intervention, PTSD symptoms frequently hindered participants' ability to form healthy bonds with family and others, disrupting their daily functioning (Schauer et al., 2011; Sugara, 2020). After the intervention, participants began rebuilding these crucial relationships.

The NET intervention integrates elements of an individual' s raw experience with the meaning they attribute to their life, ultimately resulting in a coherent narrative (Holmes, 1999). During the intervention, individuals are guided to reactivate their emotions, cognition, physiological responses, and sensory experiences from the time of the traumatic event (Lang, 1997; 1993). This process of habituation, which involves re-activating traumatic memories, reduces their emotional and physiological impact (Schauer et al., 2011). Such an approach helps individuals become more attuned to their life stories, recognizing positive experiences that contribute to their personal growth (Nader et al., 2000; Sugara et al., 2023). Traumatic events, over time, can be re-framed as part of one's history, survival, and resilience, ultimately empowering individuals to face the future with greater strength (Schauer et al., 2011). Post-intervention, participants demonstrated positive changes, such as renewed interests, improved relationships, and the initiation of thoughtful future planning.

Conclusion

The purpose of this study is to examine the effectiveness of Narrative Exposure Therapy (NET) counseling in enhancing resilience among victims of sexual harassment. After completing the counseling sessions, the participant demonstrated a significant reduction in PTSD symptoms (d =

4.87) and a substantial increase in resilience (d = 5.7). Additionally, NAP scores for resilience and PCL-5 showed a 100% effectiveness rate, indicating that NET counseling is highly effective in improving resilience and reducing PTSD symptoms in sexual harassment victims. Post-counseling, the participant exhibited better emotional regulation, developed an interest in new activities, and began focusing on future planning. PTSD symptoms, such as avoidance of past-related triggers, negative beliefs about herself and others (cognition), and intense anger (arousal), gradually diminished and became more manageable. This study supports the notion that NET counseling can be effectively utilized to enhance resilience and alleviate PTSD symptoms. Consequently, it is recommended that counselors adopt and further develop NET counseling, particularly to assist victims with trauma histories or symptoms, thereby fostering improved resilience in affected individuals.

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