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Adolescents' Narratives of Trauma, Violence, and Identity Development: A descriptive–exploratory approach

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Abstract

Background: Past traumatic experiences are associated with psychosocial challenges and mental health outcomes. In nursing practice, trauma particularly sexual violence may have long-term psychological effects that shape individuals' well-being and self-perception, including aspects of identity. Concurrently, sexual orientation diversity has become increasingly visible within Indonesian society, underscoring the need for trauma-informed, non-judgmental nursing care that supports psychological health without pathologizing sexual orientation

Objective: This study aims to explore adolescents lived experiences of trauma and violent behavior and how these experiences influence their perceptions and understanding of sexual orientation.

Methods: This qualitative study used a descriptive–exploratory approach. Data were collected through in depth interviews with 6 informants selected using snowball sampling. Data analysis was conducted using the Colaizzi's method to identify emerging themes from participants lived experiences

Results: Participants described past traumatic experiences, including loss of loved ones, parental separation, sexual violence, and perceived lack of parental support, as important contexts shaping their psychological well-being, interpersonal relationships, and self-understanding during adolescence. These findings reflect participants' personal perceptions and lived experiences rather than causal changes in sexual orientation.

Conclusion: This study highlights adolescents' narratives of how traumatic experiences inform their psychosocial well-being and identity-related reflections. The findings underscore the importance of trauma-informed, non-pathologizing nursing care that acknowledges adolescents' lived experiences and supports holistic psychological development.

Keywords: Traumatic Experience; LGBT; Violent Behaviour; Sexual Orientation; Nursing

INTRODUCTION

In recent years, public visibility of Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals in Indonesia has increased, particularly through social media platforms where many people openly disclose their identities (1). This growing visibility has stimulated widespread public discussion, reflecting diverse social attitudes toward sexual and gender diversity. From a legal perspective, Indonesia does not have explicit regulations supporting the rights of LGBT individuals. National law recognizes marriage only between a man and a woman, as stated in Law No. 1 of 1974 Article 1, and formally acknowledges only two genders: male and female. As a result, public perceptions of LGBT communities remain divided. While some groups emphasize respect and human rights, others frame sexual diversity as incompatible with cultural or religious values.

Adolescence represents a critical developmental period characterized by identity exploration, emotional maturation, and social role formation. During this stage, individuals actively negotiate their self-concept, relationships, and future aspirations. Indonesia is reported to rank among the largest contributors to the global LGBT population, with an estimated 3% of the population, approximately 7.5 million people identifying as LGBT (1). As social visibility increases, the presence of LGBT-identifying individuals has become more noticeable among adolescents (2).

Some perspectives suggest that past traumatic experiences, particularly sexual violence, may influence adolescents' psychosocial development and identity-related experiences (3). Classical psychoanalytic and psychosocial theories, including those proposed by Sigmund Freud and Erik Erikson, emphasize the role of early childhood experiences in shaping emotional development, coping patterns, and interpersonal behavior in later life (4). Trauma related to sexual abuse, emotional distress, or family disharmony may contribute to psychological vulnerability, emotional dysregulation, and difficulties in social relationships. However, contemporary trauma-informed frameworks caution against interpreting these experiences as deterministic causes of sexual orientation.

The consequences of trauma-related distress may include health risks such as sexually transmitted infections, as well as social and educational challenges, including stigma, discrimination, and reduced access to supportive services (5). In Indonesia, some sociopolitical narratives frame LGBTQ-related issues as cultural or moral threats, particularly within the context of globalization and the perceived influence of secular human rights discourse (6). These perspectives highlight the complex interaction between cultural values, social norms, and adolescent psychosocial development.

Prior to this study, the researchers conducted a scoping review to examine existing evidence on traumatic experiences, sexual violence, child abuse, parenting styles, and their associations with adolescents' psychological well-being, identity development, and social experiences. The review identified consistent associations between early trauma, exposure to violence, and psychosocial outcomes such as emotional distress, identity-related challenges, and difficulties in interpersonal relationships (1).

However, the reviewed studies were primarily interpretive and correlational in nature and did not establish causal or etiological explanations for sexual orientation. Furthermore, few studies explored in depth how adolescents themselves perceive, narrate, and make meaning of experiences of sexual violence within their personal and social contexts. Most existing research has focused on outcomes rather than lived experiences, leaving limited understanding of how trauma is integrated into adolescents' identity narratives. This gap highlights the need for qualitative research that centers adolescents' voices, explores subjective meaning-making processes, and adopts a trauma-informed, non-pathologizing perspective. Rather than seeking causal explanations for sexual orientation, this study focuses on how adolescents interpret and describe their experiences of sexual violence and how these experiences relate to their emotional, social, and identity development.

This study aimed to explore adolescents' traumatic experiences related to sexual violence and to examine how these experiences are associated with the emergence of violent behavior toward individuals perceived as having "deviant" sexual orientations. The study also sought to understand the social, emotional, and environmental contexts surrounding these behaviors from the adolescents' perspectives. This study contributes to mental health and adolescent behavioral research by providing an

in-depth qualitative understanding of how traumatic experiences shape adolescents' emotional responses, social interactions, and engagement in violence toward individuals perceived as sexually diverse. Unlike quantitative studies that focus on prevalence or risk factors, this research offers rich contextual insights into the psychosocial, familial, and cultural influences surrounding trauma-related aggression. The findings support the development of trauma-informed and violence-prevention frameworks by highlighting the importance of early psychological support, family engagement, and culturally sensitive mental health interventions. By emphasizing adolescents' lived experiences, this study informs nursing practice, education, and policy initiatives aimed at reducing stigma, preventing violence, and promoting inclusive, supportive environments for vulnerable youth.

METHODS

Study Design

This study explored adolescents' traumatic experiences related to violent behavior associated with perceived sexual orientation deviation using a descriptive qualitative research design. A descriptive–exploratory approach was employed to generate in-depth understanding, address existing gaps, and inform the development of appropriate psychosocial interventions for specific population groups. This approach is particularly suitable for investigating emerging or sensitive phenomena that require rich contextual descriptions (7). A phenomenological methodological framework guided the study, aiming to capture and interpret participants' lived experiences of trauma and violence related to perceived sexual orientation. Phenomenology emphasizes understanding subjective meaning, personal narratives, and the essence of human experiences as perceived by individuals themselves.

Participants

Six participants were recruited using snowball sampling through social media platforms. Recruitment and interview arrangements were conducted based on mutual agreement between the researchers and participants. All informants self-identified as LGBT and reported lived experiences relevant to the study focus. The sample size was determined by data saturation, which was achieved when no new themes or insights emerged during the analysis. The researchers acknowledge that recruiting self-identified LGBT individuals willing to share their experiences may introduce selection bias. Therefore, the findings reflect subjective lived experiences and personal narratives and should not be interpreted as generalizable or as etiological explanations of sexual orientation development.

Interview Guidelines

The primary research instrument was the researcher, who conducted all interviews. Semi-structured, open-ended probing questions were used to explore participants' experiences in depth. Three core guiding questions were developed and further expanded during the interview process to allow flexibility and responsiveness to participants' narratives. Prior to data collection, expert consultation was conducted to review and refine the interview guide to ensure content relevance, clarity, and sensitivity. All questions were open-ended, enabling participants to freely express and elaborate on their lived experiences without restriction.

Data Collection Procedures

Data collection began with the identification of informants who met the study's inclusion criteria. The researcher contacted colleagues and acquaintances who were familiar with individuals from LGBT backgrounds to initiate recruitment. After obtaining written informed consent, in-depth interviews were conducted in one to four sessions per informant until no new information emerged. Additional participants were recruited through referrals from previous informants, forming a snowball sampling process. Data were collected through both online and face-to-face interviews. Three participants were interviewed online due to geographical distance and confidentiality preferences, while the remaining three participated in in-person interviews. All interviews were audio-recorded using a mobile phone. A research assistant supported the process by documenting contextual observations and interview dynamics in detailed field notes.

Data Analysis

Data analysis followed Colaizzi's phenomenological method (1978). First, the researcher familiarized themselves with the phenomenon through literature review. Second, interviews were conducted and audio-recorded, then transcribed verbatim. Third, transcripts

were read repeatedly to gain a comprehensive understanding of participants' experiences. Significant statements were identified and coded using keywords and color labels. Meanings were then formulated from these statements and organized into themes and sub-themes. A comprehensive narrative description of the findings was developed. Finally, member checking was conducted by returning the findings to participants to verify accuracy and credibility (8). All analyses were performed manually without the use of qualitative data analysis software.

Ethical Considerations

Ethical principles were rigorously applied throughout the study in accordance with Polit and Beck (9). The principles of beneficence and non-maleficence guided the research to maximize benefits and minimize potential harm. The study aimed to contribute to public awareness of the psychological impacts of violence, particularly for adolescents. The principle of autonomy was upheld by ensuring voluntary participation without coercion. Participants were fully informed about the study objectives and procedures before signing written consent forms. Anonymity and confidentiality were maintained by removing identifiable information from transcripts and reports. The principle of justice ensured that all participants were treated fairly and respectfully throughout the research process.

RESULTS

Participant Characteristics

Six male adolescents participated in this study, aged between 19 and 21 years. All participants had completed senior high school and were currently enrolled in undergraduate programs. They were geographically distributed across Bandung City, Bekasi, and Garut. Five participants identified as Muslim and one identified as Catholic. All informants self-identified as LGBT and reported personal experiences relevant to the study focus.

Table 1. Demographic Characteristics of Participants (n = 6)

Participant	Age (years)	Place of Origin	Current Residence	Education Level	Religion	Family Background
P1	20	Garut	Bandung	Undergraduate	Muslim	Youngest of three siblings; father deceased
P2	20	Bandung	Bandung	Undergraduate	Muslim	First of two siblings
P3	21	Banten	Bandung	Undergraduate	Muslim	Second of two siblings
P4	20	Garut	Garut	Undergraduate	Muslim	First of two siblings
P5	19	Bandung	Bandung	Undergraduate	Muslim	Only child; raised by single mother
P6	21	Magetan	Bandung	Undergraduate	Catholic	Second of four siblings

Table 2. Themes, Categories, Codes, and Illustrative Quotes

Theme	Category	Codes	Illustrative Quotes
Childhood and Adolescent Sexual Victimization	Experiences of Sexual Harassment and Abuse	Teacher-perpetrated harassment; Family member abuse; Peer sexual harassment; Coerced sexual acts; Exposure to pornography	"He used to touch my private parts. It happened often, but I didn't report it because I was afraid." (P1) "My cousin invited me to watch pornographic videos and touched my private parts." (P5) "He asked me to watch pornographic videos while touching my body." (P3)
Bullying, Stigmatization, and Gender Nonconformity	Social Rejection Due to Feminine Expression	Effeminate labeling; Verbal humiliation; Peer exclusion; Teacher bullying; Gender-based teasing	"I was bullied because I was feminine… they said I liked men." (P4) "Even a teacher once bullied me, calling me 'effeminate.'" (P6)
Emotional Vulnerability and Attachment to Male Figures	Seeking Comfort and Validation from Men	Emotional reliance on male friends; Feeling understood by men; Calmness with male figures; Emotional bonding	"I often shared my feelings with a male friend. Eventually, I felt comfortable." (P1) "He was very attentive and calming. I felt comfortable." (P3)
Traumatic Family Dynamics	Parental Absence and Abuse	Father absence; Maternal abuse; Lack of emotional support; Resentment toward parents	"My father passed away during my elementary school years." (I1) "I was constantly abused by my mother, being hit and yelled at." (P3)
Identity Confusion and Self-Reflection	Questioning Sexual Identity	Confusion about attraction; Self-doubt; Internal conflict; Searching for normality	"I felt confused, wondering if this was normal." (I1) "At first, I felt strange—why was I attracted to men?" (P2)
Influence of Peer Environment	LGBT Social Circles and Identity Reinforcement	LGBT peer groups; Social normalization; Community influence; Difficulty disengaging	"We had our own community among LGBT friends." (P5)
Perceived Origins of Same-Sex Attraction	Personal Interpretations of Attraction Development	Trauma-linked attraction; Environmental influence; Natural emergence; Family structure influence	"Maybe it's because I was harassed back then." (P1) "There wasn't any trigger. I just suddenly felt attracted to men." (P4) "All my siblings are female, and my parents spoiled me." (P6)

Thematic findings

The thematic analysis identified seven major themes that reflect the participants' lived experiences related to trauma, social stigma, emotional vulnerability, family dynamics, identity exploration, and peer influences.

Theme 1: Childhood and Adolescent Sexual Victimization

Participants reported experiencing various forms of sexual harassment and abuse during childhood and adolescence, including inappropriate contact by teachers, family members, and peers. These incidents often occurred repeatedly and were accompanied by fear, confusion, and silence. Several participants described being exposed to pornography or being coerced into sexual acts without understanding their meaning. The absence of disclosure was commonly attributed to fear of consequences and lack of awareness.

Theme 2: Bullying, Stigmatization, and Gender Nonconformity

Many participants experienced bullying due to perceived feminine behavior or gender nonconformity. They were labeled as "effeminate," socially excluded, and verbally humiliated by peers and, in some cases, teachers. This stigmatization reinforced feelings of marginalization and negatively affected their self-esteem and sense of belonging.

Theme 3: Emotional Vulnerability and Attachment to Male Figures

Several participants described forming close emotional bonds with male figures who provided comfort, attention, and emotional safety. These relationships often emerged in contexts where participants felt misunderstood or unsupported by family members or peers. Emotional connection and validation were described as key elements in these attachments.

Theme 4: Traumatic Family Dynamics

Participants reported family-related challenges, including parental absence, maternal abuse, emotional neglect, and strained parent–child relationships. These experiences contributed to feelings of resentment, emotional insecurity, and unmet attachment needs, which shaped participants' emotional development and coping strategies.

Theme 5: Identity Confusion and Self-Reflection

Identity exploration was characterized by confusion, self-doubt, and internal conflict. Participants questioned their feelings and sought to understand their personal identities within the context of social expectations and past experiences. Identity development was described as a complex, non-linear process.

Theme 6: Influence of Peer Environment

LGBT peer groups played an important role in providing social support, validation, and a sense of belonging. However, participants also reported difficulty disengaging from these social circles once they became embedded within them, highlighting the strong influence of peer environments on identity formation.

Theme 7: Perceived Origins of Same-Sex Attraction

Participants expressed diverse interpretations regarding how their attractions developed. Some associated their experiences with past trauma, others with environmental or family factors, while some described their feelings as emerging naturally without a specific triggering event. These varied narratives emphasize the complexity of identity experiences and caution against simplified explanations.

DISCUSSION

This qualitative study explored adolescents' lived experiences related to sexual violence, family parenting dynamics, and environmental influences. Analysis of in-depth interviews with six informants revealed three overarching themes: experiences of sexual violence, family parenting dynamics, and environmental or social influences. Together, these themes illustrate how traumatic experiences and social contexts shape adolescents' psychosocial well-being, emotional security, and identity development, without implying deterministic or causal pathways regarding sexual orientation. Experiences of sexual violence were a dominant theme across all participant narratives. All informants reported having encountered sexual harassment, including both verbal and non-verbal forms, during childhood or adolescence. Previous studies have shown that exposure to sexual trauma and interpersonal violence is commonly associated with emotional distress, mistrust, resentment, and avoidance in relationships, which may influence identity development and interpersonal functioning over time (10).

Psychological trauma can leave enduring emotional and somatic memories that persist into adulthood, shaping how individuals interpret experiences and construct personal meaning (11).

Childhood exposure to violence has been linked to increased vulnerability to post-traumatic stress symptoms, emotional dysregulation, and psychosocial difficulties, including engagement in risky sexual behaviors later in life (12). These outcomes reflect the complex effects of early trauma on coping strategies and relational patterns rather than changes in sexual orientation. Consistent with this, several participants in the present study described long-lasting emotional distress, fear, and confusion following experiences of harassment or abuse. Informants P1 and P6 reported harassment involving authority figures during their school years. Such experiences were perceived as particularly confusing and distressing during periods of identity formation. Informant I1 described physiological reactions such as a rapid heartbeat, which he later interpreted through a personal lens of attraction. These interpretations represent subjective meaning-making processes rather than objective causal explanations. Exposure to sexual violence has been consistently associated with increased risks of anxiety, depression, and post-traumatic stress disorder (PTSD) (13).

Participants also reported experiencing multiple forms of violence, including verbal, physical, and sexual across home, school, and community environments. These experiences contributed to heightened psychological distress and influenced perceptions of safety, trust, and self-understanding. Finkelhor and Browne's trauma framework emphasizes that abuse may disrupt emotional security, self-concept, and interpersonal boundaries, shaping how individuals narrate and process their experiences without attributing specific identity outcomes to trauma exposure (1,14). Informants P2, P3, and P5 described harassment by neighbors or extended family members. Some reported that repeated exposure altered their emotional responses to physical contact, which they retrospectively perceived as becoming normalized, while others described persistent fear and discomfort in forming close relationships. Two informants also reported coercive exposure to sexually explicit material during childhood, which they experienced as confusing and distressing. From a trauma-informed and ethical perspective, such experiences represent violations of developmental boundaries rather than determinants of sexual orientation (15,16).

Family parenting dynamics

Family dynamics played an important role in shaping participants' emotional security, self-concept, and relational experiences. From a trauma-informed perspective, variations in parental presence, caregiving patterns, and family interactions are understood as contextual influences on attachment, emotional regulation, and self-understanding rather than determinants of sexual orientation or behavior. Informant P1 described the loss of a father figure during elementary school, which he perceived as leaving an emotional gap in protection and guidance. He reported seeking emotional closeness from male figures in his environment, later interpreting these experiences as part of his personal understanding of relational attraction. These reflections illustrate subjective meaning-making processes rather than objective explanations of identity formation. Similarly, Informant P6 described growing up in a family dominated by female caregivers, which he perceived as shaping certain aspects of his behavior and self-expression. Such narratives highlight how family environments may influence gender expression, emotional regulation, and social learning without implying abnormality or deviation.

Participants also described permissive or inconsistent parenting styles, which they associated with uncertainty in emotional boundaries and role expectations. Parenting patterns, including the provision of emotional support, protection, guidance, and structure vary widely across families. Within a trauma-informed framework, these experiences are interpreted as contextual influences on psychosocial development and coping strategies rather than causes of specific sexual identities (17,18). Some literature emphasizes the role of families in transmitting values related to gender and sexuality (19). However, contemporary developmental and nursing perspectives caution against framing family influence in deterministic or moralistic terms. Instead, family environments are best understood as shaping emotional security, socialization processes, and identity exploration without prescribing uniform outcomes for gender expression or sexual orientation. Consistent with research conducted

in Middle Eastern contexts, participants reported cumulative exposure to sexual violence across the life course, which was associated with ongoing psychosocial challenges, perceived discrimination, and vulnerability to high-risk behaviors (20). These findings highlight the long-term impact of trauma on well-being rather than causal explanations of sexual identity.

The social environment emerged as a key contextual factor shaping participants' self-perceptions and identity experiences. Several informants reported peer bullying related to gender expression, which influenced how they understood and interpreted themselves over time. Repeated labeling and social responses contributed to the internalization of certain identities. Some participants also described distressing interactions with individuals of the opposite sex, which reduced their sense of emotional safety in heterosexual relationships (20). From a trauma-informed perspective, these responses can be understood as adaptive coping strategies related to emotional regulation, attachment, and the search for psychological security rather than as determinants of sexual orientation. A global systematic review indicates that stigma contributes to psychological distress, healthcare avoidance, and engagement in health-risk behaviors among sexual and gender minorities (21). Internalized stigma and societal rejection further negatively affect well-being and access to supportive services (22). Participants also discussed the influence of peer and community environments, including LGBTQ social spaces, which provided social support and a sense of belonging. While some informants perceived these environments as reinforcing existing identity perceptions, exposure to diverse social norms should be interpreted as shaping social experiences and identity navigation rather than externally determining sexual orientation (23,24).

Social media and digital platforms were described as important spaces for accessing information, sharing experiences, and building social connections. Exposure to diverse identity narratives may coincide with periods of exploration or uncertainty, reflecting normal psychosocial processes rather than dysfunction or pathology (25). Overall, environmental contexts, peer interactions, and digital spaces shape adolescents' social experiences, sense of belonging, and emotional safety. These influences operate within broader structural and cultural systems that affect identity exploration without implying causation or deviation from normative development.

Implications for Nursing Practice, Education, and Policy

The findings of this study highlight the critical role of trauma-informed nursing care in addressing the complex psychosocial needs of adolescents who have experienced sexual violence. Consistent with prior research, exposure to sexual violence is associated with long-term emotional distress, impaired interpersonal trust, and heightened vulnerability to mental health problems such as anxiety, depression, and post-traumatic stress disorder (10,13). Nurses working in school, community, emergency, and mental health settings are often the first point of contact for adolescents affected by such experiences. Therefore, strengthening nurses' competencies in trauma-sensitive assessment, communication, and referral is essential. Family-centered nursing interventions are also strongly indicated. Parenting dynamics, caregiver availability, and emotional responsiveness influence adolescents' coping capacity and sense of safety (17,18). Nurses can play a key role in educating parents about supportive communication, emotional validation, and non-judgmental guidance. Such approaches may help families become protective environments that foster resilience rather than sources of additional stress. The influence of social environments, including peer relationships and digital platforms, further underscores the need for inclusive, stigma-free healthcare services. Adolescents who experience bullying, discrimination, or social rejection often avoid healthcare and support services, increasing their risk of ongoing psychological distress and risky behaviors (21,22). Nurses should advocate for adolescent-friendly services that respect sexual diversity, protect confidentiality, and promote psychological safety. At the policy level, the findings support the integration of trauma-informed care principles into adolescent health programs, school health services, and community nursing protocols. Multisectoral collaboration between healthcare providers, educators, social services, and child protection systems is necessary to ensure early identification of sexual violence and timely psychosocial support.

Limitations

This study has several limitations. First,

recruiting participants who met the inclusion criteria was challenging due to the sensitive nature of the topic, which may have limited the diversity of perspectives represented. Some adolescents may have been reluctant to disclose their experiences because of fear, stigma, or emotional distress. Second, the limited availability of literature specifically examining the relationship between sexual violence, family dynamics, and identity development constrained the depth of theoretical comparison. While existing studies support the psychological and social impacts of trauma, fewer provide trauma-informed, non-pathologizing interpretations relevant to nursing practice. Third, as a qualitative study with a small sample size, the findings are not intended to be generalized to all adolescent populations. Instead, they provide in-depth insights into participants' lived experiences within a specific cultural and social context. Finally, the study relied on retrospective self-reports, which may be influenced by memory bias or evolving personal interpretations over time. Future research using longitudinal designs and mixed methods could provide a more comprehensive understanding of how trauma, family dynamics, and social environments interact across developmental stages.

CONCLUSION

This study explored adolescents' lived experiences related to sexual violence, family parenting dynamics, and environmental influences. The findings demonstrate that sexual violence represents a significant traumatic experience that affects adolescents' psychosocial well-being, emotional security, and sense of safety. Family relationships and social environments further shape adolescents' coping strategies, identity narratives, and access to support. Rather than implying causal explanations regarding sexual orientation, the results highlight how trauma and social contexts influence emotional development, relational trust, and help-seeking behaviors. These insights emphasize the importance of trauma-informed, family-centered, and inclusive nursing care in supporting adolescent survivors. For nursing practice, education, and policy, the findings underscore the need to strengthen trauma-sensitive competencies, promote supportive family engagement, and ensure access to stigma-free healthcare services. By addressing sexual violence within a compassionate and rights-based framework, nurses can contribute to improved adolescent resilience, well-being, and long-term health outcomes.

Author Contributors

All authors contributed substantially to this study. V.A conceptualized and designed the study, conducted data collection, performed data analysis, and drafted the initial manuscript. All authors critically reviewed and revised the manuscript for important intellectual content. All authors approved the final version of the manuscript and agree to be accountable for all aspects of the work.

Conflict of Interest

The authors declare that they have no financial, personal, or professional conflicts of interest that could have influenced the work reported in this study

Data Availability Statement

The data supporting the findings of this study, including participants names, addresses, marital status, and occupations, are not publicly available due to ethical considerations and the sensitive nature of the research topic. Data may be made available from the corresponding author upon reasonable request and with permission from the study participants

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