

Therapeutic Communication in Trauma Recovery for Students Surviving of Sexual Violence

Citra Orwela

IAIN Kediri

citraorwela@iainkediri.ac.id

ABSTRACT

Sexual violence is one of the unfinished issues to be resolved up to now. Government makes some policies to minimize the case in sexual abuse such as protection institution (LPA) and providing safe house. Meanwhile, many cases are still found in Indonesia, especially Kota and Kabupaten Kediri. The author uses a multi-case study approach through interviews, documentation, personal recordings and direct observation or using online meeting technology tools for survivors of sexual violence and companions from the NGO Association KIBAR (Kediri Bersama Rakyat) and Woman Crisis Center (WCC) Kilisuci. This study found two stages of therapeutic communication were used, namely verbal and non-verbal which were divided into several stages. The first stage, the pre-assistance process is in the form of collecting collective data from reports of survivors, friends of survivors or families of survivors who are assisted by the two institutions. The second stage, the assistance process is carried out by taking a persuasive approach to build the level of trust of the survivors and their families towards the companion volunteers. The third stage, after the mentoring process for recovery communication after all the case assistance processes have been completed.

Keywords: Sexual Violence, Therapeutic Communication, Trauma Recovery, Assistance.

A. Introduction

The problems related to survivors of sexual violence have not been resolved and even become wider as people also have easier access to the information. According to the data from UNWomen released in March 2021, the number of victims of sexual violence in the world reached 736 million women. Perpetrators of violence including couples, not partners nor couples to a combination of the two types of perpetrators. Ironically, 30% of the victims were 15 years old, the rest were older. (UN Women, 2021).

The condition of Indonesia is not much different in the Record of Violence Against Women (CATAHU) released by National Commission on Women in 2021 which presents data on the high rate of sexual violence against women victims. The number of cases of violence against women during 2020 was 299,911 cases. The data from National Commission on Violence against Women was collected through; Partner services, Religious Courts/District Courts, UPR (Referral Service Unit). From the total data, there were 299,911 cases (Female, 2021). The types of violence experienced by these survivors are categorized into two, namely gender-based and non-gender violence. The data presented by National Commission on Violence against Women can be seen in the graphics below (Women, 2021);

Figure 1.Graphics of Women Victims of Violence

GAMBARAN UMUM:
JUMLAH PEREMPUAN KORBAN KEKERASAN TAHUN 2020 DALAM CATAHU 2021



Grafik 3: Jumlah KTP Tahun 2008 - 2020 CATAHU 2021

Source :Catatan Tahunan (CATAHU) of National Commission on Women in 2021

Referring to the academic text released by National Commission on Women, sexual violence is all acts that insult, demean, attack or otherwise, which are carried out by force against the body or carried out on victims who are unable to give consent due to inequalities in power relations, gender and others resulting in physical, psychological, sexual injury, and causing the victim to suffer social, economic, political and cultural losses. (MaPPIFHUI, 2018)

The results of research on sexual violence that occur in girls in Wonosobo showed that there were several factors that caused these sexual violence cases in the community, including: family factors, environmental factors, value factors and individual factors. (Setiani *et al.*, 2017). Among the four factors, none of them is dominant. All of them are mutually reinforcing for the longer and more lasting acts of violence against women that occur in society, starting from the family, an environment that is still permissive to violence in male and female relations, patriarchal values that are still rooted in society to the mindset of individuals who some still believe that violence is a disgrace.

As a general overview, currently, Indonesia has several relevant laws as a legal protection in handling sexual violence cases, namely: the Criminal Code (Book of Criminal Law), Law Number 23 of 2004 concerning Elimination of Domestic Violence and Law Number 21 of 2007 concerning the Eradication of the Crime of Trafficking in Persons and most recently Law Number 12 of 2022 concerning Tindak Pidana Kekerasan Seksual (TPKS) which was enacted on 9 May 2022.

With the enactment of the TPKS Law, Indonesia already has a legal protection for handling cases of sexual violence. Although, the article specifically discussing online gender-based violence (KBGO) is still limited. In the TPKS Law, it is only stated in article 4 paragraph 1 (i) that the Crime of Sexual Violence consists of, one of which is electronic-based sexual violence. In fact, in line with the development of media digital, KS data

shows an increasing trend related to cases of kekerasanberbasis gender online (KBGO) during the pandemic (Tanjung, 2021).

In addition to the TPKS Law, the Ministry of Religion and the Ministry of Education and Culture have also issued Ministerial Regulations related to the prevention and handling of sexual violence in tertiary institutions which are under the control of two ministries. This ministerial regulation is contained in Permendikbudristek number 30 of 2021 and Minister of Religion Regulation number 73 of 2022. Following up on ministerial regulations, several campuses also issued rector regulations regarding the prevention and handling of sexual violence on their respective campuses.

A study conducted by InjerSkjelsbaek, et al stated that 30-80% of women who have experienced sexual violence will experience Post-traumatic Stress Disorder (PTSD). In fact, this post-traumatic condition can stick with them for a long time. The results of this study showed that the condition of the cerebellum and midbrain in the female survivors led to PTSD or experienced post-trauma (Skjelsbæk *et al.*, 2006). This information further confirms that the victims of sexual violence, although they did not suffer physical injuries, were psychologically injured. Research on the condition of the nerves in the brains of sexual violence survivors is important because many people still do not even care and have empathy for this psychological impact.

Dulwahab in his research revealed that at least several types of psychological injuries or trauma experienced by victims of sexual violence were found, including refusal to communicate, withdrawing from the environment and refusing to leave the room for some times. Based on the counseling data carried out by P2TP2A West Java Province, therapeutic communication was carried out by volunteers to restore trauma experienced after sexual violence occurred (Dulwahab *et al.*, 2020). The counseling provided by P2TP2A is considered to accelerate the process of recovering trauma experienced by the victim.

According to Knapp and Hall, in a book describing Textbook of Psychiatry, they describe therapeutic communication techniques. They divide into several stages, namely 1). Repeat messages to patients, 2). Completion of steps and actions, 3). Take an approach therefore the patient is not bored and afraid, and 4). Emphasize certain points so that patients pay more attention (Sotiri, F., Elezi, S., Tomorri, E., & Dobi, 2012). The stages of therapeutic communication can not only be applied in relationships in the world of health. With these stages, whatever conditions in society that show the relationship between the caregiver and the person being cared for, the point of view of therapeutic communication can be applied.

In other studies, therapeutic communication is also used to examine the communication relationship between caregivers and the elderly they care for. Fitriya Ayuningtyas and Witanti Prihatiningsih explained the results of their observations at Graha Werdha Aussi Kusuma Lestari. The results of the study indicated that people with the condition of the elderly need sufficient communication in duration and full of empathy. Although there will be many obstacles, researchers recommend that this therapeutic communication be applied to the elderly. (Ayuningtyas & Prihatiningsih, 2017)

The case of sexual violence experienced by students in the City and District of Kediri is interesting to be explored further. Not only about their position as students who are considered academically educated, but also the courage to speak up to hidden trauma which is partly untouched by universities. Although several universities have provided integrated service units related to reporting acts of sexual violence, in reality, not all students dare to report their problems to campus institutions.

Referring to data released by Indonesian Child Protection Commission (KPAI), there were 18 cases of sexual violence in the educational environment during 2021. 4 cases (22.2%) occurred in schools under the auspices of the Ministry of Education and

Culture. Meanwhile, the other 14 cases (77.78%) occurred in educational institutions under the Ministry of Religion with 55.55% of the perpetrators from educators/teachers. (Tim detik.com, 2021). University students are not included in the age of children, however the process of recovering acts of sexual violence that occur in the educational environment is interesting to study.

In addition to research with subjects and objects from abroad, the authors found several research results regarding therapeutic communication carried out within the scope of Indonesia, including; Diana Ross. F and Kusnarto entitled "Komunikasi Terapeutik dalam " (Roos&Kusnarto, 2015), Ajeng Nurida Prameilia entitled "Tahapan Komunikasi Terapeutik dalam Penyembuhan PasienDepres" (Prameilia, 2019), Myrtati D. Artaria in her research with the title "Upaya Preventif Kekerasan Seksual di Kampus" (Nikmatullah *et al.*, 2020).

In a study written by Jerker Edstrom, *et al.*, their research focused on therapeutic activities for male rape victims in Uganda. Meanwhile, the stages and series of communication are not the main points in this research. Likewise, with the one written by Diana Roos.F and Kusnarto. Although they research on therapeutic communication, the object of research focuses on drug addicts. The discussion is limited to the principles of therapeutic communication used. There are at least, found 5 principles, namely; respecting patients, showing sincerity in helping, promoting empathy, building self-confidence in patients and maintaining patient privacy.

Based on the above reasons, the researchers focused on looking at the stages of therapeutic communication carried out by volunteers at the NGOs WCC Kilisuci and Kibar (Kediri bersama Rakyat) in helping the trauma recovery process experienced by survivors of sexual violence. This recovery process is the highlight of this research. It is hoped that the results of this study can strengthen and add data related to sexual violence

which has implications for the development of science regarding therapeutic communication in Indonesia.

This qualitative research used a multi-case study approach by taking samples of students from several universities and different cases of sexual violence they experienced. Researchers obtained data through observation and mentoring interviews contained in the negotiation agreement (BAP). Researchers are actively involved in the process of assisting survivors (active participatory). This study used several informants of survivors and companions as primary data. Victims of sexual violence included in the primary data were survivors who were students in the 2018-2021 period.

According to Yin, the questions in the case study approach are not enough if only the “what” questions are asked. Yin emphasizes the need to ask questions about “how” and “why”. These two questions are the key to digging deeper into the phenomena and problems studied. In the case of studies, the collection of large and detailed data will build an in-depth picture of a case. There are six forms of data collection in the case study method, including (1) documentation which can consist of letters, agendas, memorandums, event reports, proposals, research results, evaluation results, articles, and clippings; (2) archival records which may consist of personal records and notes such as diaries, recorded interviews, recorded activities, survey data, maps, calendars, lists of names, etc.; (3) interviews are usually of the open-ended type which allows the informant to give open answers without being determined by the researcher; (4) direct observation; (5) participant observation and (6) physical or cultural devices, namely technological equipment, tools or instruments, works of art, etc. (Yin, 2006).

The six data collection tools can be maximized if they follow three principles, namely; (1) using multi-source evidence; (2) creating basic case study data, such as case study notes,

case study documents, tabulation materials, narratives; (3) maintaining a series of evidence. (Yin, 2006).

Referring to data Radar Kediri, the number of victims experiencing violence is still high. In 2021, there were 54 cases of sexual violence against women and children, while until July 2022 were 27 cases. That shows sexual violence has almost doubled. (<https://radarkediri.jawapos.com/hukum-kriminal/25/07/2022/kasus-kekerasan-seksual-anak-di-kediri-roya-meroket/>)

In the city of Kediri, there is an official government agency that handles cases of women and children, namely Lembaga Perlindungan Anak (LPA). However, the many cases that have occurred in Kediri require more space that can be accessed freely by survivors. The NGO KIBAR was founded in 2005 with a focus on assisting women victims of sexual violence and assisting women farmers. This institution is recorded as advocating and assisting under a notary decree under the name KIBAR Association. Meanwhile, WCC Kilisuci Kediri was only established in 2018, registered with a notary decree from the Panjalu Institute. One of the sub-activities within the Panjalu Institute is advocacy for women and children under the umbrella of WCC Kilisuci.

The data of student survivors of sexual violence who were under the counseling of WCC Kilisuci and Kibar are used in this study by looking at the therapeutic communication that has been carried out by volunteers from the two NGOs. The selected informants are survivors who are still students and the other one who has graduated as a student but has experienced acts of sexual violence when was a student.

Survivors are willing to provide information as data in this study with a note that personal data information is kept confidential (using the initials X1 and so on to be mentioned). In addition to conducting interviews with survivors, the researcher also conducted interviews with assistants from KIBAR and Kilisuci whose personal data were also kept confidential (using

the initials P1 and so on to be mentioned). In carrying out this research, researchers do not force survivors to share their data and they have the right to stop at any time as informants if they cause inconvenience and there are procedural omissions in maintaining confidentiality.

Survivor	Counselours
X1	P1
X2	P2
	P3

Meanwhile, the researcher was looking for secondary data through several sources, including; journals, books, online news, articles on official government websites, lecturer papers, lecture materials, and so on. Through a comprehensive study, researchers want to get a detailed picture of the therapeutic communication process that is practiced in the relationship of assistance volunteers with students who are victims of sexual violence. From this research, it is hoped that it can show how important the therapeutic communication process is in recovering trauma from victims after experiencing sexual violence.

B. Discussion

In carrying out a series of assisting processes, the first step taken by Kibar and Kilisuci was to carry out open activities for receiving reports that could be done via sms, telephone, e-mail, facebook, messenger to whatsapp. This activity is to help survivors to be the first step to have the courage to speak up when they experience violence. In this case, the form of communication is verbal communication. Verbal therapeutic communication can be classified in the form of questions and suggestions/prohibitions for survivors who have experienced trauma. (Wahyuningsih, 2021). Forms of questions along with suggestions/prohibitions were referred to from Rossiter, et al in Kerps and Thornton

regarding the characteristics of therapeutic communication which include empathy, caring, validation, honesty, and trust.

Table B.1

Verbal Therapeutic Communication Assistants with Survivors

Verbal Therapeutic Communication	
Question Form	Forms of Suggestions/ Prohibitions
What is the name?	Don't forget to have fun and do hobbies
How are you today?	Can be asked to describe the activities that are currently being carried out
Is there a problem you want to talk about?	Don't keep anything to yourself...
What is your relationship with the perpetrator of sexual violence?	Are you guys dating? Or do you just know?
How do you guys get to know each other?	Did you know each other through social media or where did you first meet?
What is the chronology of the harassment/violence that occurred?	When did it happen? Where and how is the story?
What do you expect with this reporting?	Why do you want to report the culprit?
What forms of trauma did you experience?	What was the bad impact on you after the incident of harassment/violence?
What punishment do you expect to be meted out to the perpetrator?	What punishment do you think the perpetrator deserved?

In addition to verbal communication, companions and survivors also carry out non-verbal communication. According to Leathers, non-verbal language is classified into three, namely:

1) Visual non-verbal messages, including; kinesthetic, proxemic, and artifactual, 2) Auditive non-verbal messages, namely paralinguistic messages, 3) Non-auditive non-visual non-verbal messages include touch and smell. (Neneng Tia AtiYanti, 2020).

Table B.2 Non-Verbal Therapeutic Communication Assistants with Survivors

Non-Verbal Therapeutic Communication	Silence <ul style="list-style-type: none"> • Silence and listening from companions and survivors
	Paralanguage <ul style="list-style-type: none"> • Aspects of sound other than speech, for example; tone, speed of speech, voice volume, intonation, broken voice, shaky voice, etc. (DeddyMulyana, 2016)
	Eye contact <ul style="list-style-type: none"> • The attitude of staring, glancing, crying, teary eyed, a sharp look full of anger, etc.
	Kinesthetic <ul style="list-style-type: none"> • This term was coined by Ray L. Bridwhistell that any body part can be used as a symbolic gesture. Kinesthetic messages use body movements. (Neneng Tia AtiYanti, 2020)
	Smile <ul style="list-style-type: none"> • Small smile, big smile, bitter smile, etc.
	Proxemic <ul style="list-style-type: none"> • Setting the distance when communicating shows the extent of a person's closeness and familiarity.
	<i>Touch</i> (Sentuhan) <ul style="list-style-type: none"> • Holding hands, hugs, etc

At the beginning of the establishment of KIBAR (2005-2010), the assistant said that there was no screening form for that year. Therefore, every time there is a report, the counselor will manually type in 3 things, namely: personal data, case data and chronology. As a follow-up to the report, the assistant will communicate to the survivors in the form of intensive counseling (once a week), communication to the family as a support system for the survivors and approach the local community leaders through communication and discussion. To speed up recovery, during the mentoring process, counseling for survivors was also carried out so that little by little it could change the victim's mindset about sexual violence, women's rights and how to become empowered women. After the mentoring process is complete, survivors sometimes still remember bad memories of harassment when they read news related to sexual violence in the media so that they communicate with their companion again. However, on the whole, when the mentoring process is complete, the recovery is also considered to have been completed.

In addition to verbal communication, companions also carry out non-verbal communication activities. According to Sri Wahyuningsih, there are several forms of non-verbal therapeutic communication in patient therapy with health workers, including; silence, paralanguage, facial expressions with eye contact, kinesthetic, smile, proxemics, and touch. (Sri Wahyuningsih, 2021)

Kilisuci also applies the same model of communication when carrying out the assisting process for survivors. All series of assisting processes apply therapeutic communication both to survivors and to families. In cases of sexual violence, education and understanding to families is also an important part. This is because, the decision of the survivors in deciding to choose the litigation or non-litigation path mostly involves the family.

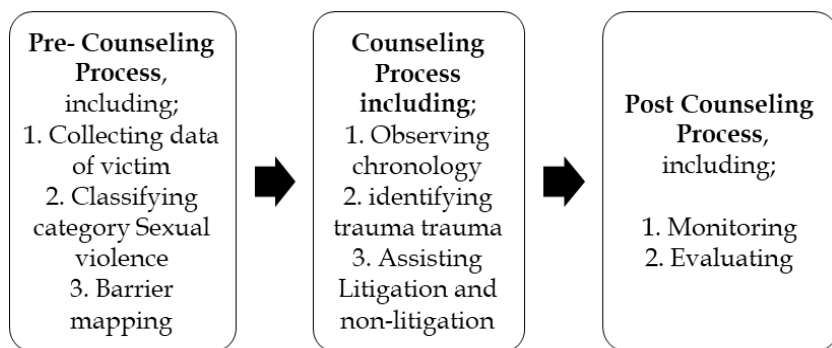
The limited number of accompanying volunteers that are not in line with the number of victims often makes this decision

taken. When the recovery process is considered complete, it is not certain that the survivors have truly recovered. For example, survivors X1 and X2 no longer communicate intensively after 3 months. When communicating again, the companion can still see the trauma of past events influencing his life decisions, such as fear of having a relationship with the opposite sex again.

Referring to Joseph A. Devito, humans have a tendency to quickly judge something they have already seen or heard at a glance. (Devito, 1996). Those who are assistants in the recovery process as much as possible are not quickly to judge the condition of the victims and provide understanding to the families and local community leaders to minimize the judgment. This attitude will help survivors to be more confident in conveying the trauma they experienced.

From a series of interviews conducted by researchers with mentoring, the researchers found the following patterns of therapeutic communication.

Figure 2;Stage of Therapeutic Communication Volunteer Assistance for student survivors of sexual violence at Universities in Kediri.



Source :Research Result 2021

The Success in therapeutic communication can occur with good communication. According to Dimiyati in Dulwahab, in a

therapeutic context, those who become assistant should indeed be able to be seen and present, both in physical and psychological forms when communicating with survivors of sexual violence (Dulwahab *et al.*, 2020).

Sexual Violence survivors who are traumatized by the sexual violence they have experienced, one of them X1 revealed that even though he or she had experienced sexual violence several years ago, he or she was still often scared when he was alone or remembered the thing. Not much different from X1, another Sexual Violence victim, X2, said that whenever she remembered the incident several years ago, she felt disgusted. This prolonged trauma has the potential to disrupt the future of Sexual Violence survivors.

In therapeutic communication, the assistant communicates with the client verbally and nonverbally. Non-verbal communication is important to show the seriousness of the companion. The form of communication that can be done can be through patient and relaxed expressions when listening, maintaining eye contact to stay focused on the survivor, smiling facial expressions, sighing and other forms of expression that can show that the companion has empathy and feelings. Dewi Retasari in her article states that a therapeutic relationship is a relationship that is built on purpose and prioritizes the counselor's skills in interacting. This relationship process aims to encourage and provide support for a person's self-change. (Dewi, 2015).

Verbal and non-verbal attitudes will minimize fear, help survivors to dare to tell stories and help trauma recovery. It has to be admitted, in the context of sexual violence, obstacles have started since the student became a victim of sexual violence. Volunteers face many obstacles because of the stigma attached to the community regarding sexual violence. Some of them, the stigma of women being flirtatious, like to tease, enjoy being forced,

to cornering questions that are often thrown by society, such as, "Why don't you fight back? It means you enjoy." The walls are high to open communication, so volunteers before conducting in-depth interviews should approach the survivors first.

The burden is multiplied when cases of sexual violence experienced by students' surface in the media. This causes, like it or not, also involves large families of survivors who live socially in the surrounding community. When the news in the media is quiet and starting to be rare, most people have forgotten, sexual violence survivors are still struggling to recover from the trauma they experienced.

One of the assistances (P2) said that there were several things that caused the survivors to not be able to get out of the toxic relationship even though they had carried out counseling activities with the companion, namely (1) economic dependence/ resources, (2) psychological dependence. In the educator-student relationship, there is a dependence on resources because the lecturer has the power to determine the student's passing grade. This condition also causes psychological dependence, such as the fear of repeating the course again with the same lecturer.

The researcher explains a series of stages of the process of therapeutic communication activities, as follows:

The first stage is the Pre-Assistance Process. In this stage, the authors found that there are at least 3 steps that be taken by companion volunteers for sexual violence survivors, namely; Collecting data of victim, classifying of sexual violence categories and barrier mapping. There are 3 categories listed in the screening form, as follows;

KDRT (Domestic Violence)	KDP (Dating Violence)	KS (Sexual Violence)
<ul style="list-style-type: none"> • Physical, Psychological, Domestic neglect, Sexual violence 	<ul style="list-style-type: none"> • Physical, Psychological, Domestic neglect, Sexual violence 	<ul style="list-style-type: none"> • pelecehan seksual • sexual harassment • sexual exploitation • forced contraception • forced abortion • rape • forced marriage • forced prostitution • sexual torture • et cetera

The P2 assistant revealed that in the period before entering the internet and digital era, the average cases he handled were domestic violence with victims at least 25 years old and had economic independence. However, after the spread of the internet, the trend of cases handled changed. From what was originally domestic violence to Dating Violence (KDP) and Online Gender-Based Violence (KBGO). The age of the victim also changed, from the initial average age of adult women to students with economic backgrounds who still depend on their parents. This background change also affects the therapeutic communication that is built. According to his admission, the age of students and college students is more difficult in the recovery process and even has to be handled by a professional psychologist. This is because the victim's mind is still co-opted by the perpetrator due to psychological dependence, such as not wanting to leave a toxic relationship because their feeling of love still exist.

In all types of case assistance (KS, KDP and KDRT), the facilitator will usually move to find data, who is the victim. Volunteers are picking up the ball, offering help if the victim really needs help. This is because, usually, victims of sexual violence do not know where to go and who to ask for help. Moreover, if there is a power relation factor behind it. By offering first aid through a complaint service via social media to WhatsApp messages, the companion hopes that the victim does not feel alone and has a support system to deal with the harassment case she experienced. LiviaIstania DF Iskandar, deputy head of the Witness and Victim Protection Agency (LPSK) in an interview with tempo.com explained the importance of support from the surrounding environment for those who are survivors of sexual violence. Judgment from the community will slow down the process of healing the trauma that is undergoing. (Ayuk, 2021)

The assistant approaches parents/families and community leaders as well as provide education to them about sexual violence. Community leaders are considered to be able to assist assistants in providing explanations to the community around the survivors' domicile so as not to judge the survivors and their families.

Research conducted by Sri Wahyuningsih regarding therapeutic communication with ODGJ (People with Mental Disorders) shows that continuous communication delivered to caregivers is also able to reduce the stigma of ODGJ in society (Wahyuningsih, 2019). In cases of sexual violence, continuous communication with family and community leaders can reduce the stigma in society that experiencing sexual violence is a disgrace.

In the process of collecting data, the facilitators listened a lot to stories from survivors. One of the important skills that should be possessed by an assistance is listening skills. Quoting Rankin in Devito, humans at least spend their time in several

categories of activities. Most human activities listen as much as 45%, talk as much as 30%. While the remaining 16% for reading and 9% for writing (Devito, 1996).

However, Devito further divides the listening context into several objectives, namely; 1). Listening for pleasure 2). Listening to find information, and 3). Listening to help. (Devito, 1996). Volunteers accompanying sexual violence survivors who place students as victims should be able to carry out listening activities according to the third objective, namely helping.

With a willingness to listen, the assistants can also get a lot of information regarding any acts of sexual violence that have been experienced to the extent of the trauma that should be healed. According to the counsellor, P1, he or she revealed that the most important thing in dealing with cases of sexual violence is to strengthen survivors so that they are brave and open in conveying the chronology. However, the follow-up actions to be taken by the facilitators depend on the openness of the survivors. The more closed and build the gap and the high fort, the more difficult it will be for the assistance to assist the survivor in recovering from the trauma he has experienced.

The Pre- Counseling Process Stage is the foundation for the continuity of therapeutic communication at the next stage of the counseling process. The oral and written reports serve as the initial basis for obtaining an overview of the trauma victim's condition as well as what recovery steps can be taken so that the sexual violence survivor can quickly get up and recover.

The second stage is the Counseling Process. At this stage, there are at least three steps taken by assistance volunteers, namely; chronological observation, trauma identification, litigation and non-litigation assistance. In the first step, chronological observation, counselor volunteers conduct in-depth and detailed interviews regarding the 5W + 1 H chronology of sexual violence incidents experienced by the victim.

DewiRetasari conveyed the importance of acounselourmastering the technique of asking questions. Counselor should understand when and how to ask questions and respond to statements and confessions made by survivors. (Dewi, 2015). A companion shouldpay attention to how the condition of the survivors he handles. For example, if the survivor looks scared, doubtful or tense, the companion can divert the conversation first by offering a drink or maybe a snack so that the conversation that is taking place with the survivor can proceed in a relaxed manner.

Assistants P1 told that the form of questions to survivors is better delivered in the form of open questions. This will help survivors to talk more without being restricted or cornered. The companion should also pay attention to the choice of words, show a friendly attitude and show empathy. Henry Backrack in DeVito, describes empathy as the ability to know about the conditions experienced by others. Empathy does not only involve sensitivity to feelings but is also shown through verbal facilities. (Devito, 1996). Companion shows an empathetic communication. To build closeness, in the second stage, therapeutic communication is carried out intensely or about once a week to communicate.

The companion continues to strengthen during the process of recovering from the trauma they experienced, without having to constantly remind or bring up past events and hurt survivors. DewiRetasari conveyed the need for assistants to give praise. This complimenting sentence is considered to be able to increase the client's confidence. (Dewi, 2015)

The following is a table of non-verbal therapeutic communication carried out by companions and survivors in the therapeutic communication process.

**Table B.3 Companion Non Verbal Therapeutic
Communication Table in KIBAR and WCC Kilisuci**

Non Verbal Therapeutic Communication	Event Description
Silent	Listen and listen to what survivors say
Paralanguage	Speak to the survivor using a soft, slow voice. Sometimes survivors are firm when they are pessimistic about life in the future.
Eye contact	Looking at survivors when survivors speak
Kinesthetic (Nods head)	Understand what survivors are saying
Smile	Giving smiles to survivors when conducting therapeutic communication
Proxemic	The talking distance between companion and survivor is about one meter
<i>Touch (touch)</i>	Companion shakes hands, strokes hands, embraces, hugs survivors in therapeutic communication activities

Source: Author, 2022

Non-verbal therapeutic communication of survivors takes place in mentoring activities in the form of silence, hand gestures, shaking hands, nodding, shaking hands, reacting when receiving a companion's touch and speaking with low, high, vibrating intonations. The following is a table of non-verbal therapeutic communication as a form of survivor response.

Table B.4 Table of Survivor Non Verbal Therapeutic Communication

Non Verbal Therapeutic Communication	Event Description
Silent	Thinking or not understanding what is being asked or conveyed to the companion
Paralanguage	Speaking to the companion in a low voice, sometimes holding crying or shaking voice.
Eye contact	Looking at the companion to hear what they are saying
Kinesthetic (Nods head)	Nodding his head to show that he is listening and understanding what the companion is saying. Look down and shake your head when answering or thinking about questions and statements from the companion.
Smile	Smile at the companion when the therapeutic communication takes place. This shows that the survivor has trusted the companion and is ready to tell stories.
Proxemic	The communication distance with the companion is about one meter
<i>Touch (touch)</i>	Survivors shake hands, receive touches from companions before and after conducting therapeutic communication

Source: Author, 2022

The initial stage in showing empathy is to refrain from evaluating, interpreting, assessing or criticizing whatever is conveyed by the sexual violence survivor. For example, a survivor of X2, "I didn't know at that time, ma'am, that he already had a wife and children. He is a soft and kind way of speaking. Whenever I ask about my wife, she always changes the subject." P1 said that it was strictly forbidden for assistants to force the sexual violence survivors when telling stories.

The second stage, the assistants hold the principle that the desire to know the problem of the survivor is to help him. Third, the counsellors try to place the survivors of KS from the victim's point of view who should be protected both psychologically, mentally and data confidentiality. By adhering to this principle, the counsellors can build a feeling of comfort in the survivor of sexual violence so that there are no obstacles in conveying the chronology of the sexual violence they experienced.

The stage of revealing the chronology is important. In the interview process related to this matter, at least it contains the following question points;

Table B.5.
Types of Questions in verbal therapeutic communication

NO	Types of Questions
1.	What kind of violence occurred?
2.	When did it happen?
3.	Where did it happen?
4.	Why does violence occur?
5.	How does violence occur?
6.	What effect did the violence have on the victim?

Source;KIBAR andWCC Kilisuci

After knowing the chronology, the counsellorvolunteer identified any trauma experienced by the victim. The counsellor divides losses into 3, namely physical, psychological and economic. The first, physical includes injuries that are seen or experienced by the body, both externally and internally, as evidenced by a post-mortem. The second is psychological losses, including mental wounds and trauma experienced by sexual violence survivors. For litigation, further diagnosis can be made through Visum et Repertum Psychiatric (VeRP). This visa is carried out when the survivor chooses to take legal action by reporting the perpetrator to the police. And the last is economic loss. This impact usually occurs in cases of

violence with a background of inequality in power relations. For example, the victim lost her job because she reported her boss for sexual violence.

The assistants aware that it is the survivors of sexual violence who receive the most mental, psychological and physical burdens in facing judgment and judgment from the community. This mutual understanding will let the companion know how far he has to take into account the best survivor-oriented steps. The freedom to choose the path they take (litigation or non-litigation) will also help fulfill the victim's sense of justice and speed up the recovery process for the trauma she has experienced.

Cases of Dating Violence (KDP) have become a trend in recent years based on the confession of P3 facilitators. KDP has a shorter mentoring period than domestic violence, which is 1-3 months with an intensity of meetings around 1-2 times a month. This is because apart from the fact that the problem is not as complicated as those who are bound by marriage, in the case of KDP the victim does not depend economically on the perpetrator. However, according to assistant P2, the recovery from trauma is actually slower because there is a psychological dependence on the perpetrator, for example: the belief that later his girlfriend's behavior will change. The P2 conselourconsidered that in the case of the student's age, the students had a high dependence on their parents. If the parents decide not to take the case to court, the survivor will usually comply with the parent's request.

This is the reason the P2 assistant stated that this data mapping is important because it will affect the recovery time mapping. The informant said that there are 2 factors that can be made to identify how long or short the survivor will experience trauma. The 2 factors are: (1) economic background, (2) educational background. The more independent economically, the easier it is for survivors to recover from their trauma. Meanwhile, educational background does not refer to formal education, but at the literacy level. Those who have a higher

literacy level tend to be faster in the trauma recovery process because they have sufficient mindset and knowledge about sexual violence, toxic relationships and their rights as human beings have not been fulfilled.

The therapeutic communication activity in this second stage is in the form of dialogue and discussion about sexual violence and is carried out simultaneously during the case assistance process. This stage can usually last 1 year according to the length of the legal process or the family path chosen by the survivor. At this stage, every time they have a chat, the facilitator also provides education to survivors regarding sexual violence so that they are motivated to immediately rise from adversity. Reducing trauma is one of the goals of the therapeutic communication process.

The last stage is Post-Counseling Process. This is the culmination of the practice of therapeutic communication between KIBAR and WCC Kilisuci NGOs with survivors. Assistant volunteers no longer engage in regular therapeutic communication like the intense second stage. In the post-mentoring stage, the companion will communicate again after the mentoring process is complete but suddenly remembers the sexual violence he has experienced. Usually, the memory of the trauma that has been experienced will reappear when the survivor gets a trigger, for example when there are many rape cases in the mass media.

At this stage, the assistant only provides positive messages that help the survivor feel comfortable again and slowly forget the triggers they experienced. Positive words in the form of support need to be done continuously until the trauma is completely gone. When the trauma is gone, survivors will not easily experience triggers when reading or hearing cases of sexual violence in the mass media.

In accordance with the principles of therapeutic communication, Mundakir in his book explains that therapeutic communication includes consciously planned interpersonal communication with the aim of healing. (Mundakir, 2006). In this case, persuasive and understanding actions need to be carried out continuously so that there is strengthening in the survivors.

C. Conclusion

NGO KIBAR and WCC Kilisuci in Kediri carried out three stages of therapeutic communication by the starting from the pre-counseling stage to the post-counseling process. At the first stage, pre-counseling process, therapeutic communication occurs in the form of sentences that can bring up courage. At this stage, survivors are helped to have the courage to recognize the acts of sexual violence they have experienced. The courage of the victim to speak will make it easier for the next stage, namely the counseling process. The second stage is the counseling process, therapeutic communication is carried out continuously. Communication at this stage is routinely established once a week and is carried out in a period of about 1 year depending on the path taken by the survivors. If the case is resolved by litigation, then therapeutic communication activities are carried out until the court's decision. However, if the path used is non-litigation, therapeutic communication is carried out during the amicable or familial path of counseling between the survivor and the perpetrator. In the last stage, after the counseling process, assistants and survivors began to rarely communicate about trauma recovery. Even if it occurs, it is usually caused by the condition of the survivors who get triggers from the mass media regarding cases of violence or sexual harassment. At this stage, the conversation is lighter by giving positive words to survivors who suddenly remember their old wounds.

As a suggestion to add data and research related to therapeutic communication and sexual violence survivor

students, it is necessary to conduct further and in-depth research both in psychology, economics, social and religious sciences. This is also related to how the 3 stages of therapeutic communication for recovery of student survivors of sexual violence can be carried out optimally. For example, the role of the state in protecting and assisting KS survivors through technical guidelines and policy derivatives of the TPKS Law so that all legal instruments related to cases of sexual violence can understand and implement the points contained in the law.

REFERENCE

- Ayuk. (2021). Yang Bisa Dilakukan untuk Dukung Penyintas Kekerasan Seksual. *Tempo.Com*, 1. <https://gaya.tempo.co/read/1502114/yang-bisa-dilakukan-untuk-dukung-penyintas-kekerasan-seksual/full&view=ok>
- Ayuningtyas, F., & Prihatiningsih, W. (2017). Komunikasi Terapeutik pada Lansia di Graha Werdha AUSSI Kusuma Lestari, Depok. *Mediator: Jurnal Komunikasi*, 10(2), 201–215. <https://doi.org/10.29313/mediator.v10i2.2911>
- Deddy Mulyana. (2016). *Ilmu Komunikasi Suatu Pengantar*. Remaja Rosdakarya.
- Devito, J. A. (1996). *Komunikasi Antar Manusia* (Terjemahan). Professional Books.
- Dewi, R. (2015). Komunikasi Terapeutik Konselor Laktasi Terhadap Klien Relaktasi. *Jurnal Kajian Komunikasi*, 3(2), 192–211. <https://doi.org/10.24198/jkk.vol3n2.9>
- Dulwahab, E., Huriyani, Y., & Muhtadi, A. S. (2020). Strategi komunikasi terapeutik dalam pengobatan korban kekerasan seksual. *Jurnal Kajian Komunikasi*, 8(1), 72–84. <https://doi.org/10.24198/jkk.v8i1.21878>
- MaPPIFHUI. (2018). Apa sih perbedaan Kekerasan Seksual & Pelecehan Seksual? In *Mappifhui.Org*. <http://mappifhui.org/2018/10/30/serba-serbi-kekerasan-seksual-terhadap-perempuan/>
- Mundakir. (2006). *Komunikasi Keperawatan: Aplikasi dalam Pelayanan*. Graha Ilmu.
- Neneng Tia Ati Yanti. (2020). *Pemakaian Bahasa Verbal dan Non Verbal Sebagai Manifestasi Kesantunan Masyarakat Sunda di*

Kabupaten Ciamis: Kajian Etnopragmatik. Universitas Sanata Dharma.

- Nikmatullah, Rusyidi, B., Bintari, A., Wibowo, H., Artaria, M. D., dari Pelecehan Seksual di Lingkungan Kampung, E., Preliminer, S., Artaria Dosen Departemen Antropologi FISIP Unair, M. D., Effendi, D. I., Rohmaniyah, I., Literate, S., Indonesia, J. I., Rofidah, Z., Baroya, N., & Wati, D. M. (2020). Upaya Preventif Kekerasan Seksual di Kampus. *Jurnal Pustaka Kesehatan*, 9(1), 33. <https://doi.org/10.24198/share.v9i1.21685>
- Nugroho, A. (2019). Kekerasan Pada Anak dan Perempuan di Kediri Masih Tinggi. *Radarkediri*, 1. <https://radarkediri.jawapos.com/hukum-kriminal/29/04/2019/kekerasan-pada-anak-dan-perempuan-di-kediri-masih-tinggi>
- Perempuan, K. (2021). Catatan Kekerasan Terhadap Perempuan Tahun 2020. In *Perempuan Dalam Himpitan Pandemi* (Vol. 138, Issue 9). <https://komnasperempuan.go.id/uploadedFiles/1466.1614933645.pdf>
- Prameilia, A. . (2019). *Tahapan Komunikasi Terapeutik dalam Penyembuhan Pasien Depresi*.
- Roos, D., & Kusnarto, F. (2015). Komunikasi Terapeutik Dalam Penyembuhan Pecandu Narkoba. *Jurnal Ilmu Komunikasi*, 7(2), 71-78. http://eprints.upnjatim.ac.id/7025/1/9._JURNAL_kusnarto.pdf
- Setiani, F. T., Handayani, S., & Warsiti. (2017). Studi Fenomenologi Faktor Faktor Yang Mempengaruhi Terjadinya. *Jurnal PPKM II*, 122-128.
- Skjelsbæk, I., Narendran, R., Tollefson, S., Fassenmyer, K., Paris, J., Himes, M. L., Lopresti, B., Ciccocioppo, R., & Mason, N. S. (2006). Therapeutic work with victims of sexual violence

- in war and postwar: A discourse analysis of Bosnian experiences. *Biological Psychiatry*, 12(12), 93–118. https://doi.org/10.1207/s15327949pac1202_1
- Sotiri, F., Elezi, S., Tomorri, E., & Dobi, F. (2012). *Textbook of Psychiatry*. Tirane.
- Sri Wahyuningsih. (2021). *Komunikasi Terapeutik*. Intrans Publishing.
- Tanjung, E. (2021). Kekerasan Berbasis Gender Meningkat 63 Persen di Masa Pandemi. *Suara.Com*. <https://www.suara.com/news/2021/02/11/052500/kekerasan-berbasis-gender-meningkat-63-persen-di-masa-pandemi?page=all>
- Tim detik.com. (2021). Kekerasan Seksual di Lingkungan Pendidikan 2021, KPAI: Pelaku 55% Guru Kekerasan Seksual di Lingkungan Pendidikan 2021, KPAI: Pelaku 55% Guru. 28 Desember.
- UNWomen. (2021). *Facts and figures: Ending violence against women*. Unwomen.Org. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
- Wahyuningsih, S. (2019). Komunikasi Terapeutik Orang dengan Gangguan Jiwa Wonorejo. In *Disertasi Unpad*.
- Yin, R. . (2006). *Studi Kasus (Desain dan Metode)*. Raja Grafindo Perkasa.

