

**Therapeutic Communication For Children Victims of Sexual Violence
 In Citra Tepian-Samarinda**



**Komunikasi Terapeutik Untuk Anak Korban Kekerasan Seksual di
 Citra Tepian, Samarinda**

Rina Juwita¹, Kadek Dristiana Dwivayani², Najahatul Hananah


¹²³ Communication Science Dept., FISIP-Universitas Mulawarman

¹²³ Jl. Muara Muntai, Kampus Gn. Kelua, Samarinda, East Borneo 75119 Indonesia

¹rinajuwita@fisip.unmul.ac.id; ²kadekdristiana@gmail.com; ³Hanahan1002@gmail.com

Corresponding Author : rinajuwita@fisip.unmul.ac.id

ARTICLE INFORMATION	
<p>Keywords <i>Children;</i> <i>Sexual Violence;</i> <i>Therapeutic Communication;</i></p>	<p>ABSTRACT The phenomenon of sexual violence against children shows an increase trend from year to year so it requires special handling to not cause psychological trauma that might affect their future. This was the reason behind the establishment of the Protection of Women and Children Unit by the government to handle cases relate to sexual violence which one of it is against children. By using a narrative qualitative approach, this research is conducted at the UPTD PPA Citra Tepian in Samarinda City to analyse the children trauma healing process psychologists must go through therapeutic communication which divided into 4 stages; namely pre-interaction, orientation, problem solving, and termination to get maximum results. This is very important fully help restoring a sense of security within the victim so that it will be easier for the child victim to re-enter and re-interact with their social environment. Therapeutic communication that emphasizes the interpersonal approach carried out by accompanying psychologists is believed to be an important key that determines the success of the 'trauma healing' process. However, it is necessary to pay more attention to the aspects of ethnicity, race, economy and culture of the victims so that the process can be more effective and efficient in the future.</p>
<p>Kata Kunci <i>Anak;</i> <i>Kekerasan Seksual;</i> <i>Komunikasi Terapeutik;</i></p>	<p>ABSTRAK Fenomena kekerasan seksual terhadap anak menunjukkan peningkatan dari tahun ke tahun sehingga memerlukan penanganan khusus agar tidak menimbulkan trauma psikologis yang bisa mempengaruhi masa depan mereka. Inilah alasan penirian Unit Perlindungan Perempuan dan Anak oleh pemerintah untuk menangani kasus terkait kekerasan seksual, salah satunya terhadap anak-anak. Dengan menggunakan pendekatan kualitatif naratif, penelitian ini dilaksanakan di UPTD PPA Citra Tepian di Kota Samarinda, untuk menganalisis proses penanganan trauma pada anak yang dilaksanakan oleh para psikolog pendamping. Melalui pendekatan komunikasi terapeutik, terdapat empat tahapan yang harus dilalui, yakni tahap pra-interaksi, tahap orientasi, tahap penyelesaian masalah, dan tahap penyelesaian untuk memaksimalkan hasil. Hal ini sangatlah penting untuk dipenuhi agar dapat mengembalikan rasa aman dalam diri korban sehingga lebih mudah bagi mereka untuk masuk dan berinteraksi kembali dengan lingkungan sosialnya. Komunikasi terapeutik yang menekankan pada pendekatan interpersonal yang dilakukan oleh psikolog</p>

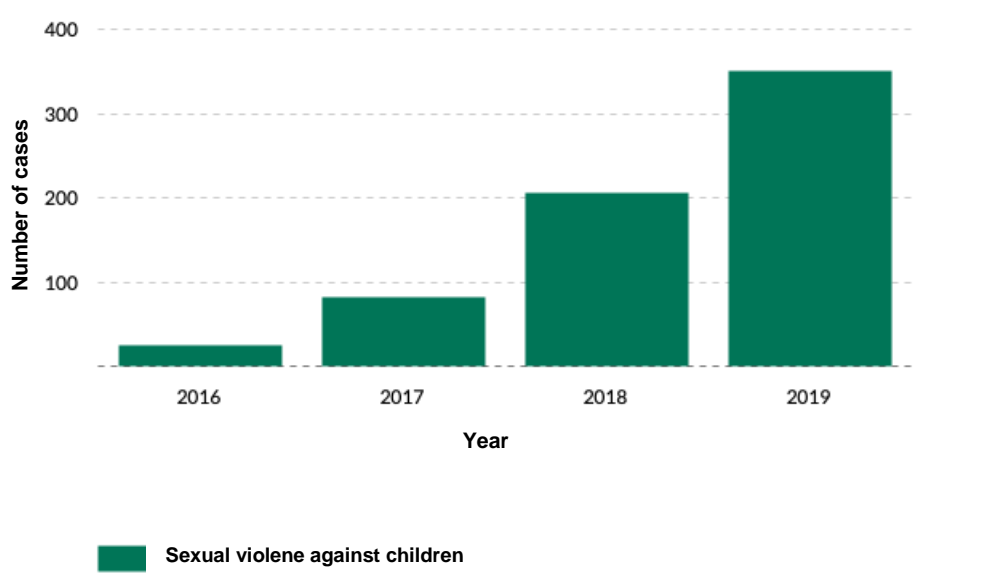
	<p>pendamping dipercaya merupakan kunci yang menentukan keberhasilan proses ‘penyembuhan trauma’ tersebut. Namun demikian, penting kiranya untuk memberi perhatian lebih terhadap sejumlah aspek seperti latar belakang etnis, ras, ekonomi dan budaya korban sehingga proses tersebut bisa lebih efektif dan efisien di masa mendatang.</p>
<p>Article History Send 31th May 2021 Review 2th November 2021 Accepted 21th March 2022</p>	<p>Copyright ©2022 Jurnal Aristo (Social, Politic, Humaniora) This is an open access article under the CC-BY-NC-SA license. Akses artikel terbuka dengan model CC-BY-NC-SA sebagai lisensinya.</p> 

Introduction

Children are the sustenance if parents treat and educate according to their proportions. Children are also the forerunner of the next generation of a nation and the valuable human resources to build the country. Since children are regarded as an asset to the nation, it can be said that the better the child's personality, the better the future life of the nation and state. So that every child must get the protection of their rights.

However, UNICEF strongly warns many grave incidents that violate children's rights rise around the world (UNICEF, 2021). In Indonesia, violence against children increases every year. According to data from the Indonesian Child Protection Commission (KPAI), from 2011 to 2020 there was a significant increase in cases of violence against children in Indonesia and there was even no sign of a decline in this trend (Pinandhita, 2020). In addition, the data shown in Table 1 of the Witness and Victim Protection Agency (LPSK) also shows a similar trend, and shows there were 350 cases of sexual violence against children reported in 2019 (Humas LPSK, 2021). This means that the number that occurred could be higher than the reported cases.

Table 1. Cases of Sexual Violence Against Children



Source: Data from The Witness and Victim Protection Agency (LPSK) (Pinandhita, 2020)

Violence and sexual harassment are indeed happening everywhere, so this is not only a national legal problem of a country but it is a global issue that required an immediate action (WHO, 2012). In East Kalimantan itself, data from the Online Information System (SIMFONI) the Ministry of Women's Empowerment and Child Protection (Kementrian PPPA) noted that from January 2020 to August 24, 2020 there were 144 cases of violence against children, which 47% occurred in Samarinda, the capital city (SIMFONI-PPA, 2022). The data shows that

Samarinda occupies the highest position in East Kalimantan with the number of cases of violence against children, namely 68 cases, where the most types of violence experienced by children are sexual violence and physical violence which reaches 20 cases.

Samarinda City's Regional Technical Implementation Unit (UPTD) for the Protection and Empowerment of Children (PPA) is an institution that is appointed to assist violence' victims during the process. Whether it's when checking and recovering the victim' health; accompanying during the mediation process; assisting during the examination process at the police, prosecutors and courts; monitor the interests and rights of victims in the investigation process of the police; maintaining the privacy and confidentiality of victims from all unauthorized parties, including from the mass media; carrying out coordination between relevant stakeholders; as well as providing continuous treatment up to the rehabilitation stage. All these processes are certainly not easy for the victim to go through if they are not accompanied by the right party.

In addition, in cases of sexual violence, victims also need to undergo rehabilitation and other recovery processes. In this case, one of the tasks of the UPTD PPA is to provide psychological assistance to victims in terms of recovery for the trauma they have experienced. This assistance is very important to do with the aim of creating a sense of security in the victim so that it will be more helpful in the trauma recovery process they are experiencing. When carrying out this psychological assistance process, one of the things that is considered important in this process is being able to understand the characteristics of the victim. This is not easy to do, so it requires good interpersonal communication skills. According to DeVito (2012) interpersonal communication is one of the most effective communication techniques because it is carried out directly between the communicator and the communicant so that it can influence each other. Even Munawarah & Novianty (2020) stated that interpersonal communication is considered the most effective in changing someone's attitude, opinion or behavior because it is dialogical process. Thus, one of the studies of interpersonal communication that emphasizes psychological trauma recovery is therapeutic communication.

Wachtel (2013) define therapeutic communication as communication that is conscious, purposeful, and centered for the patient's healing process. According to (M. C. Townsend, 2015) the purpose of therapeutic communication is to help patients to clarify and reduce the burden on feelings and thoughts, then the victim later may take action to change the existing situation if this is needed. In cases of sexual violence against children according to (Kurniawati, 2014), this can be done through a personal approach between the companion (or psychologist) and the victim. Therefore, the assistants who assist at the UPTD PPA need to have good

communication skills so that they can enter the personal space of the victim. So that the victim further may feel that he/she is protected by various parties, and is also cared personally. This would be able to help preventing unwanted impacts on victims internally and from their immediate environment. So that it is hoped that later it can be easier for the psychologist when carrying out the process of mentoring trauma recovery for victims of sexual violence.

Interpersonal communication is a process of sending and receiving a message between two persons or among a small group of people directly and dialogically to share information or to change attitudes, opinions, perceptions, and individuals. In the trauma healing process, there is a study of interpersonal communication that focuses on psychological trauma recovery. Based on (M. Townsend & Morgan, 2018), therapeutic communication in this context can be interpreted as an interpersonal relationship that occurs between psychologists and child victims of sexual violence, wherein this relationship the psychologist and child victims of sexual violence gain shared learning experiences to improve the emotional experience of the child victim. Kazaleh & Bashtawy (2019) further concluded that the mentoring approach taken allows communicants (in this context, child victims of sexual violence) to find who they are, which is the focus of therapeutic communication. It can be concluded that therapeutic communication is communication designed for therapeutic purposes.

Therapeutic communication aims to develop the victim's personality in a more positive or adaptive direction. Kazaleh & Bashtawy (2019) describe the goals of therapeutic communication include:

1. Self-realization, self-acceptance, and increased respect. Therapeutic communication is expected to change the attitude and behavior of the victim, where the victim, who feels inferior after going through this therapeutic communication process, will accept her/himself again.
2. Cultivate the ability to build interpersonal relationships that are not superficial and interdependent with others. Through therapeutic communication, the victim is expected to learn how to accept and be accepted by others. With open, honest communication, and acceptance as it is, it is hoped that psychologists can improve the ability of child victims of sexual violence to build relationships and foster trust again with others.
3. Increasing the function and ability to satisfy needs and achieve realistic goals. Here, victims of violence sometimes set self-standards too high for themselves without measuring their abilities, so that when their goals are not achieved, victims often feel inferior, which then worsens the conditions they face. Being emotionally unhealthy too long also causes victims

to experience impaired identity and self-integrity so that they do not have self-confidence and feel inferior, that further creates difficulty taking part in social life.

This article then tries to see how the context of dialogical communication has a therapeutic element that is closely related to the psychological recovery process for child victims of sexual violence. Where in this process, both parties exchange information, inspire, and encourage so they can change thoughts, feelings, and attitudes that were previously negative, towards positive ones again. In this dialogical communication process, there are efforts from the actors of communication to create mutual understanding, empathy, and mutual respect for the achievement of the objectives that have been set. This will be conducted by analyzing how the process of therapeutic communication is carried out in assisting the child victims of sexual violence by accompanied psychologists at UPTD PPA Citra Tepian in Samarinda as an effort to psychological recovery for post-traumatic children so they can be re-optimistic about their future life.

Method

This research uses a descriptive qualitative approach, where the researcher constructs the results of research related to fact-finding, which is then interpreted to describe the object properly. According to Sugiyono (2014), qualitative research is used to examine the conditions of natural objects (as opposed to experiments) where the researcher is a key instrument; data collected by triangulation (combined); data analysis is inductive, and the results emphasize on the meaning. Here, the data were collected purposively by interviewing and observations with two psychologists and one companion at the UPTD PPA Citra Tepian Kota Samarinda which was later processed to find results that illustrate how the therapeutic communication process was carried out with assisting children victims of sexual violence.

Results and Discussion

This study shows that psychologists who accompany child victims of sexual violence carry out a therapeutic communication process based on the stages. This process shows that these communication stages are operational standards that must be carried out to understand the psychological dilemmas experienced by these child victims so that they can find the right way to help their recovery process.

Pre-Interaction Stage

Based on the research, in the pre-interaction stage, the communication process has not occurred yet with the victim. However, the psychologist has to well-prepared with any information from the identity of the victim, supporting facilities, to the psychologist's mental or mood because it will be needed in the direct communication process later when meeting the victim. This is pictured by the process of the pre-interaction stages according to the following figure.



Figure 1. Pre-Interaction Phase in Therapeutic Communication Process between the Psychologist and the victim in UPTD PPA Citra Kasih Kota Samarinda

Source: Processed by authors

The pre-interaction stage is the first stage in the mentoring process carried out by psychologists at the UPTD PPA Samarinda City. This stage is a period of preparation before the psychologist interacts in person with the victim. At this stage, the psychologist will collect all relevant information, such as the identity of the victim. Identity, in this case, is the identification of the victim related to the name, age, address, gender, and other identification information required for administrative purposes and the identification of the child's identity as a victim of sexual violence. This identity is needed to get to know the condition of the victim better to facilitate the subsequent process.

At the beginning of extracting information process, the psychologist will read the written form provided by the institution. The psychologist in charge will summon the parents or guardians of the reported victim to gain more detailed information available in the written and unwritten report form, such as; a detailed chronology of the incident, the victim's habits before and after the incident, changes in the attitude, emotional changes, educational background, the victim's environment, and so on. At this stage, there is interpersonal communication, which in Littlejohn's terms (Suranto, 2014) is defined as individual-to-individual communication. Interpersonal communication is a face-to-face interaction between two or more people, where the sender can convey the message directly and the message recipient can also receive and respond to the message directly. Here, the psychologist and the victim's parents or guardians exchange information in person privately. Both parties become communicators who play a role in providing messages, both as questions and answers, and also play the role of communicants who are the recipients of the messages sent.

In addition, in this process, the environment is also an important element that needs to be considered for the continuity of the communication process. In this case, the environment element is as a comfortable place; various games such as puzzles that are loved by children, picture books, storybooks; and various snacks are provided to make children more comfortable with the interaction process. This was revealed by the psychologists interviewed that at the pre-interaction stage, the UPTD PPA Kota Samarinda did its best to meet basic needs and provide facilities that support the trauma healing process. This is necessary with the assumption that there are a variety of characters of children, so it is necessary to provide various types of things.

Supporting facilities prepared by UPTD PPA Citra Tepian in the pre-interaction stage are classified according to the age of the victim, gender, hobbies, the level of trauma experienced. This is important, as Keyton (2017) stated that interpersonal communication is very much needed in establishing interactions and relationships with other people to help social processes and find individual identities. What psychologists do in this case by using and

seeking further information regarding the preferences of victims is part of the purpose of interpersonal communication.

In addition, according to the psychologists interviewed, communication strategies also need to be prepared, so the victim gets the treatment she/he needs. As previously described by Kazaleh & Bashtawy (2019) that in the pre-interaction stage the communicator, or psychologists needs to identify the strengths and weaknesses of the target communicant. Then the psychologist needs to find information about the victim and then design a strategy according to the first meeting with the victim. This is also in line with the use of interpersonal communication, one of which is counseling and therapy help to individuals in need. Counseling or more familiar with parables or commonly known as confiding solves easing individual problems. These findings are per the communication process that delivers messages right in the intended field, so it requires a good way so that the message conveyed or sent by the communicator can be well received by the communicant with no misunderstanding in communicating so that in this case it requires a right channel in its delivery. The toys and facilities that have been mentioned are media in conveying messages by psychologists to victims in the communication process so that messages are easier to understand.

The level of trauma experienced by the victim needs to be identified by collecting information from the guardian regarding the victim's aim condition during the pre-interaction process. This is important to note, considering that different trauma level classifications will differentiate communication strategies to be taken. For example, in the level of moderate trauma, communication strategies can be carried out by using casual clothes without uniforms and inviting the victim to play. In terms of severe trauma, the psychologists both state that it is necessary to prepare environmental observations and surveys and prepare an assessment form. Trauma can be identified through facial expression or facial expression, which describes the child's mood.

Psychologists also need to prepare mentally before interacting with victims. According to the key informants, as a psychologist, they need to be mentally prepared as best and as calm as possible so that later, when interacting with children, children do not feel anxious about people they meet for sharing. This is under the characteristics of effective communication, according to DeVito (2017) who stated that communicators must have the ability to create conducive communication through positive feelings within themselves. This will affect the effectiveness of communication received by the communicant in capturing messages. Here, the psychologists are mentally prepared so they can positively influence the attitudes and behavior of the communicant, which in this case is the victim of sexual violence. Such as the mood,

which can easily change according to personal conditions or interference from outside the individual. Then according to the informants, as a person, their mood also sometimes cannot be predicted when they communicate with children, sometimes they also show their moods either saturated, tired, fussy. Therefore, to overcome it, it needs to be well prepared by a psychologist.

Orientation Stage

Based on the research, at this introductory stage, after receiving basic information regarding the victim, the communication process between the child and the psychologist begins. This process emphasizing interpersonal communication to create a harmonious and agreeable relationship between the child victim and the psychologist. In this communication process, the child and psychologist enter a two-way communication model, which is explained by Potter and Perry (1993) (in Hammond et al., 2020) as an active communication process that providing direct feedback to minimize disturbance that might affect the set goals. The infographic shown below may help clearly describe the process.

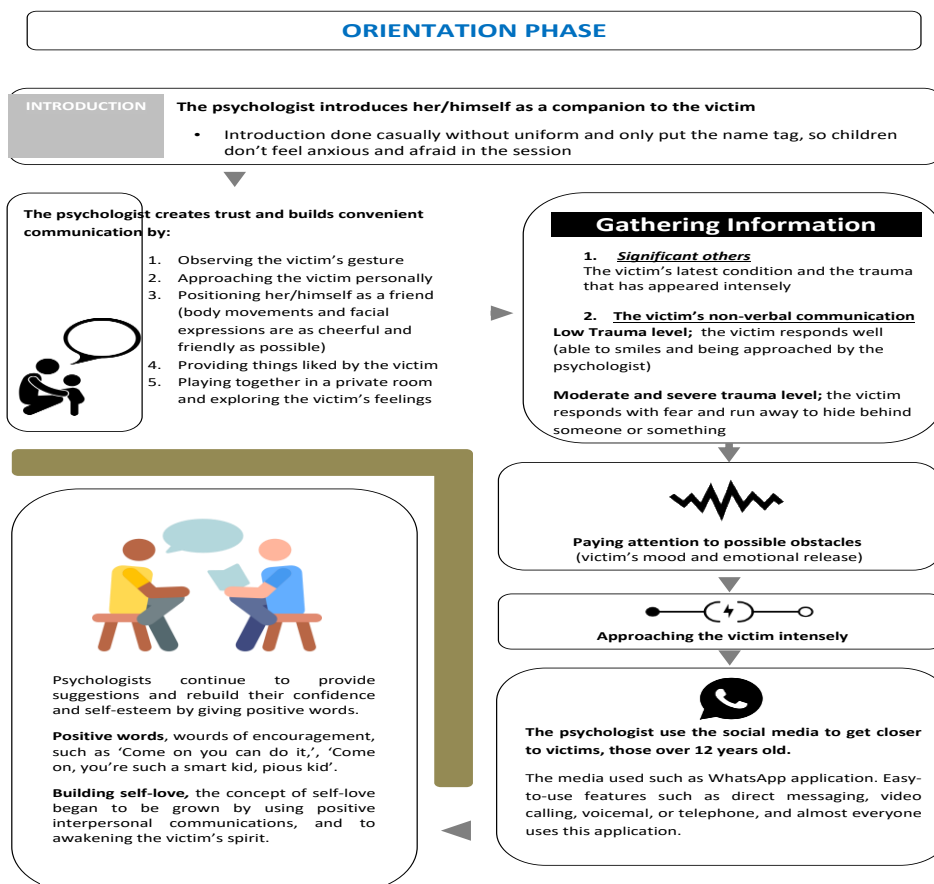


Figure 2. Therapeutic Communication Orientation Stage' Process

Source: Processed by authors

In this orientation stage, the psychologist introduces him/herself to the victim and family by not wearing any uniform and only using a name tag. The victim identification process begins by observing the victim's body movements, then slowly approaching the victim individually, playing with the victim, giving things they like, and not directly discussing the main problems that happened to the victim to build a comfortable communication so the child feels relax and being more open to communicating. This finding for communication to build and maintains a harmonious relationship between the communicator and the communicant. This is also in line with the aim of therapeutic communication to build good interpersonal relationships and a sense of openness to each other.

At this stage, psychologists sometimes use particular media to get closer to the victims, especially those who are over 12 years of age whose conditions allow it. The media used is social media, such as WhatsApp, Instagram, or other media applications close to the victim's habit. Since young people sometimes can uncover their emotional feeling in this digital era. The informants also stated that as psychologists, in this orientation stage they pose out therapeutic communication by behaving like their friends, making facial expressions as friendly as possible, used specific popular youth jargon so the victim expected to be more open. If this process has been through, then they accept and appreciate themselves. This is following the aim of therapeutic communication, namely self-realization, self-acceptance, and increasing their low self-respect.

In delivering messages there are encoding symbols used so the children can understand what the psychologist is trying to communicate. According to Krcmar et al. (2016), encoding is a process of internal activity for communicators to create messages that are easy for communicants to respond in verbal or non-verbal symbols to match the characteristics of the communicant. These symbols are like the use of a psychologist's body language using expressive mimics that the child hopes will understand comfortably. After the child captures the encoding or message that has been symbolized to the victim, the decoding process is carried out on the victim. According to Krcmar et al. (2016), decoding is understanding the meaning created from messages carried out within the recipient of the message with various experiences that have been received. In this process, after children receive stimulated messages through gesture or body language from psychologists, their brains then process and interpret in their sensory brains. The message that has been delivered will also be accepted and the results of the interpretation will be seen from the movements and expressions on the face of the victim. This facial expression is one of the vital instruments studied by psychologists.

According to the informants, interpersonal communication can also reveal out the extent of trauma experienced by child victims of violence. There are several categories of trauma levels, which are mild, moderate, and severe sexual violence. Some children experience it once, some were twice, and some even suffered sexual violence many times. The level of trauma can be seen from the victim's interaction with the psychologist, as well as how they behave in the surrounding environment. In his study, Friedman (2010) has explained that the effects of sexual violence on children can be categorized into 4 types; the first is betrayal, which makes children less confident about their surroundings and themselves. Second, traumatic sexualization which results when victim refuses sexual relations when they're adult because of such trauma. Third, powerlessness (feeling helpless), the fear which shadows the victim's life. Here, the victim experiences nightmares, phobias, and anxiety, even sometimes accompanied by physical pain. This feeling of helplessness results in individuals feeling weak and helpless, as well as inadequate and ineffective at work. The last one is stigmatization, where the victim often feels guilty, ashamed, and has a negative self-image. The guilt and shame are the results of helplessness and the feeling of not having any power to control themselves. Victims often feel different from other people, and some victims are even angry about what happened to them.

Through intensive interpersonal communication at this orientation stage, the child victims usually are more intimate in their conversation and awaken their spirit. So implementing interpersonal communication itself is very important to persuasively the other persons. As Khosaba (in Koenig, 2012) ever states that self-love is a dynamic state of self-appreciation, which grows from actions that support our physical, psychological, and spiritual growth that make people mature. In interpersonal communication, a person can usually persuade other people by employing a positive self-image. By doing this, the victim will learn more and try to re-love him/herself, then later the positive traits in the victim will grow.

According to the informants, some characteristics of self-love are to realizing personal strengths and weaknesses, stop blaming ourselves, be grateful and appreciate more, be ourselves, stop comparing ourselves with others, giving "reward" to ourselves appropriately, to realize that we are not alone, as well as to forgive ourselves for the mistakes we made. The concept of self-love has to be cultivated for the victims so they can learn to love themselves more and having respect for themselves again. By loving themselves, they will think more positively and able to recover from their trauma. The concept of self-love was cultivated by psychologists to victims by saying positive things and being able to awaken their spirits by communicating interpersonally.

Problem Solving Stage

The problem-solving stage carried out by the UPTD PPA Kota Samarinda psychologists begins at the third stage. At this stage, a team of appointed psychologists design to assist child victims in recovering their trauma soon after the incident being reported. In this process, the team will first explore the level of trauma experienced by the victim. Some media are used by the psychologists, such as story puppets while telling a similar story to the victim to help them to disclose the story by themselves. Yati et al. (2017) state that playing and storytelling therapy has a reducing effect on children's anxiety levels, personal pain, and also stress. In addition, this therapy helps the psychologists and victims to increase their intimacy as they become familiar and having good interpersonal relationships according to Suranto (2014).

However, there are contrasting techniques used on victims in the 12-18 year children, the two psychologists interviewed explore trauma by positioning themselves as friends to the victim. This is because children over 12 years of age need friends who can be trusted to share their stories or problems than other parties Kriyantono (2014). So that psychologists who position themselves as equal to the victim, such as a confidant friend, will be more effective in exploring the trauma felt by the victim. In building a closer relationship, psychologists occasionally use social media, such as WhatsApp or Instagram, to increase closeness and comfort to victims who are assumed to need further treatment.

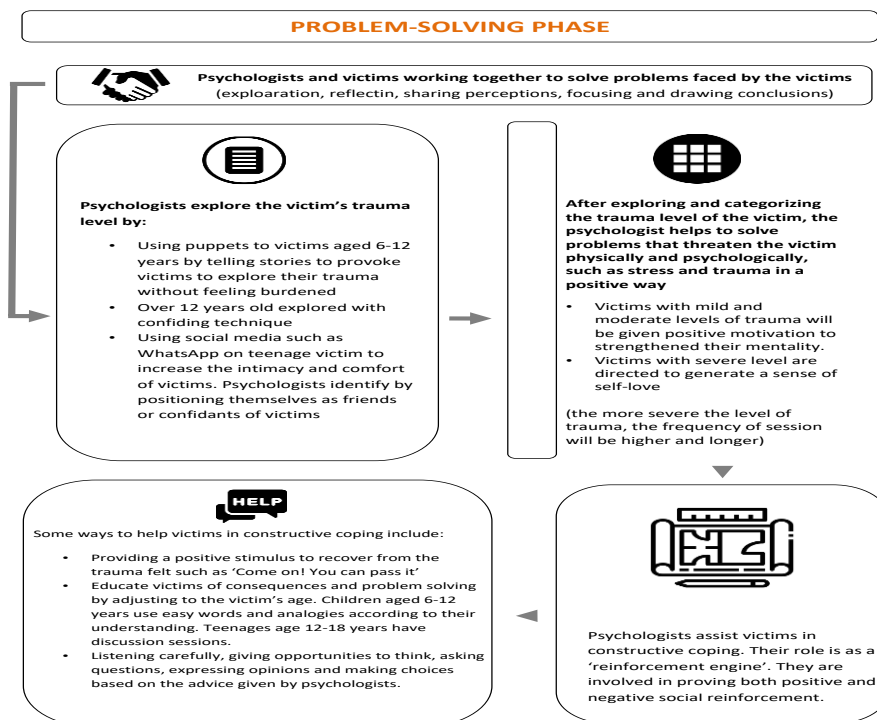


Figure 3. Problem-Solving Stage' Process

Source: processed by authors

After exploring and categorizing the level of trauma the victim felt, the psychologists assisted the victim in their constructive coping process. According to Karel et al. (2014), constructive coping is an individual's response to solve a problem that threatens physically and psychologically, such as stress, trauma, and so on. Some methods to assist the victim in carrying out personal constructive coping can be divided based on the category of trauma felt. The children victims under and over 12 years of age with mild or moderate levels of trauma will be given motivation and positive remarks to strengthen them mentally as ever stated by Corey (2013). Here, the psychologists play their role as "reinforcement machines". Whatever the psychologist does is involved in providing social reinforcement, both positive and negative. Such as positive communication messages like "come on! You can do it". In addition, the psychologists also point out the consequences shortly if the victim does not dare to change their current condition. Thus, the psychologists help stimulate the victims to do positive things so they may recover from the trauma as soon as they can. The way to explain this scenario also be adapted to the age of the victim to get a better understanding.

Educating victims in this problem-solving stage is also psychologists dealing with internal resistance. According to Baroroh (2018), resistance can be defined as the victim's unwillingness to change out of his/her trauma. Usually, victims have a high level of resistance because of their fear of facing the future so they already have given up, have no hope, and so on. According to the psychologists interviewed, this situation comes from the high level of trauma the victim has, and environmental factors that are less supportive. Therefore, according to psychologists, three things are required in this process, namely active listening during the tasks, provide emotional protection, and other strong affirmative actions. Since in therapeutic communication, listening with empathy is essential to do by the volunteer team. Listening with empathy between a victim and a psychologist is important in extracting information from child victims of sexual violence.

Hence, therapeutic communication is carried thoroughly, namely by fulfilling all the needs of the victim. At the time she/he wants to talk, we must listen carefully, respecting their attitude and opinion, accepting their decision, and having neutral judgment. This is per one principle of therapeutic communication, according to Baroroh (2018) that communication must be characterized by mutual acceptance, mutual trust, and mutual respect. So, by giving praise or positive words, it is hoped might re-increase the child's self-esteem and dignity so they may live their life more vigorously as before.

Termination (Final) Stage

The termination stage is the last stage of the therapeutic communication process. This last stage begins with the observation process to find out whether the victim has reached a mentally stable condition or not. As stated by Sherko et al. (2013) the success criteria of therapeutic communication are closely related to things that help to end the negative victim's condition. Such as the symptoms of emotional relief, increased social functioning, a greater sense of identity, and the development of more adaptive behaviors. So that later when they return to the community, these children are expected to be ready and not experience such trauma anymore. At this termination stage, when the child is declared to be recovering, usually the child will show symptoms that he or she/he understands and accept what they have experienced and think positively to forget about the bad incident, and their attitude will gradually be good as before.

The Termination Stage also ends the therapeutic meeting informally between psychologists and child victims. This stage is divided into two sessions, which are temporary termination and final termination Townsend & Morgan (2018) Temporary termination is the end of each meeting between the psychologist team and the victim and then will meet again at a different time under a mutually agreed time contract. Usually, it takes 1-2 weeks until 6 months after being declared recovered by a psychologist. The process of this stage is described in the following figure:

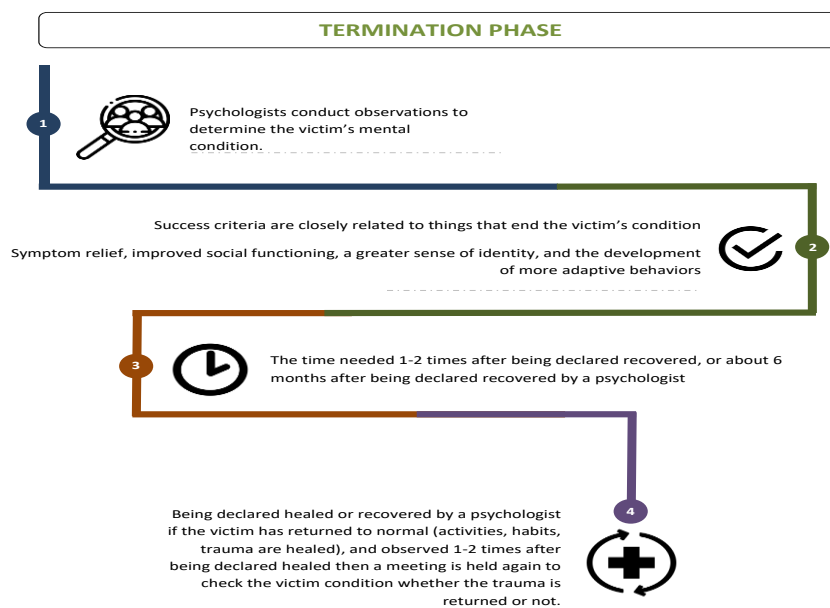


Figure 4. Termination (Final) Stage

Source: processed by authors

Conclusion

Based on the previous discussion, it can be concluded the 4 stages in the therapeutic communication process that are important for children of sexual violence victim in healing their trauma; namely the pre-interaction stage, the introductory stage, the problem-solving stage, and the termination stage. The pre-interaction stage is the phase in which the team carries out several activities from collecting the various information and extracting data on the identity of children victims of sexual violence from families and other related parties who can provide accurate data so that they gain accurate information on the victim's condition. At this stage, the psychologists' team classifies the level of the trauma of the child victims to facilitate the right treatment. At the orientation stage, the psychologists prepare a specific strategy by positioning him/herself as a friend of the victim as this is classified as very important at this stage. This is true so that children will not feel as interrogated but seemed to just play and chat with friends. At this stage, intense interpersonal communication is carried out by the psychologists with the children victim. The third stage takes action according to the trauma condition of each victim. The team later approached the victim by setting frequent meeting, to communicate intensely with various communication channels, to show their concern, to explain the position and the purpose of the team's existence to the family and victims, and to provide moral support and other help necessary for the victim. Finally, in the termination stage, the psychologists carry out remote monitoring to see the progressive development of the child victims of sexual violence.

From the study conducted, there are some recommendations proposed, which are (1) It is important for communicators, or psychologists in this context to pay more attention to ethnic, racial, economic, and cultural backgrounds since not all victims come from common race, ethnicity, or culture, which of course may also have a different influence in the interaction process. This is very important to minimize the potential of miss-communication or different perceptions in both parties, the psychologists and the victim. (2) It is also important for parents to provide sex education to children from an early age to protect children from the possibility of sexual violence. In addition, parents are expected to increase their sensitivity and supervision of children to avoid sexual harassment from people in children's inner circle. If there are signs of sexual violence against children, parents are advised to report to relevant parties such as the UPTD PPA, authorities, or local community leaders to prevent the unexpected. What is no less important is for the government to disseminate information regarding sex education; on how to prevent and recover victims, as well as giving the maximum punishment for sexual

perpetrators. For future research, it would be interesting to examine more on various sources and references related to therapeutic communication strategies for victims of sexual violence, so that the treatment given to victims would be more effective.

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References

- Baroroh, M. (2018). A Comparison of Types of Domestic Violence in Zora Neale Hurston's 'Sweat' and in Sandra Cisneros's 'Woman Hollering Creek'. *Anaphora: Journal of Language, Literary, and Cultural Studies*, 1(2), 39–49.
- Corey, G. (2013). *Teori dan Praktek Konseling & Psikoterapi. Terjemah E. Koswara*. Refika Aditama.
- DeVito, J. A. (2017). *Essentials of Human Communication, 9th Edition*. Harper Collinc Colege Publisher.
- Friedman, K. (2010). *Early Childhood Abuse and Neglect: Exploring the consequences, effects, and treatment*. California Polytechnic State University.
- Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2020). Implication for Educational Practice of the Science of Learning and Development. *Applied Developmental Science*, 24(2). <https://doi.org/https://doi.org/10.1080/10888691.2018.1537791>
- Humas LPSK. (2021). *LPSK Dukung KSAD TNI Tindak Tegas Oknum Prajurit Pelaku Kekerasan Seksual terhadap Anak*. www.lpsk.go.id.
- Karel, R. S., Sondakh, M., & Pasoreh, Y. (2014). Komunikasi Antar Pribadi pada Pasangan Suami Istri Beda Negara (Studi Pada Beberapa Keluarga Di Kota Manado). *Journal "Acta Diurna," III(4)*.
- Kazaleh, A. Al, & Bashtawy, M. AL. (2019). Therapeutic Communication Skills in Nursing Education and Practice. *EC Psychology and Psychiatry*, 8(12), 01–04.
- Keyton, J. (2017). Communication in Organisation. *Annual Review of Organizational Psychology and Organizational Behavior*, 4(1), 501–526. <https://doi.org/https://doi.org/10.1146/annurev-orgpsych-032516-113341>
- Koenig, H. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 2012. <https://doi.org/https://doi.org/10.5402/2012/278730>

- Krcmar, M., Ewoldsen, D., & Koerner, A. (2016). *Communication Science Theory and Research*. Routledge.
- Kriyantono, R. (2014). *Teknik Praktis Riset Komunikasi*. Pustaka Media Group.
- Kurniawati, A. (2014). Perlindungan Hukum Terhadap Anak Korban Kekerasan Seksual Di Kota Surakarta (Studi Kasus Pelayanan Terpadu Perempuan dan Anak Surakarta). *RECIDIVE*, 3(2).
- Munawarah, M., & Novianty, R. (2020). Interpersonal Communication Between Lecturers And Students In Influencing Student's Learning Motivation. *Mapan: Jurnal Matematika Dan Pembelajaran*, 8(1). <https://doi.org/https://doi.org/10.24252/mapan.2018v8n1a11>
- Pinandhita, V. (2020). *2020 Kekerasan Pada Anak Tak Menurun*. Lokadata.
- Sherko, E., Sotiri, E., & Lika, E. (2013). Therapeutic Communication. *JAHN*, 4(7), 456–466.
- SIMFONI-PPA. (2022). *Peta Sebaran Jumlah Kasus Kekerasan Menurut Provinsi, Tahun 2022*. <https://Kekerasan.Kemenpppa.Go.Id>.
<https://kekerasan.kemenpppa.go.id/ringkasan>
- Sugiyono. (2014). Metode penelitian. *Metode Penelitian*.
- Suranto, A. (2014). *Perkembangan Anak Usia Dini: Pengantar dalam Berbagai Aspeknya*. Kencana Prenada Media Group.
- Townsend, M. C. (2015). *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice* (Eight Edit). F. A. Davis Company. [http://repository.poltekkes-kaltim.ac.id/625/1/Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice by Mary C. Townsend DSN PMHCNS-BC %28z-lib.org%29.pdf](http://repository.poltekkes-kaltim.ac.id/625/1/Psychiatric%20Mental%20Health%20Nursing%20Concepts%20of%20Care%20in%20Evidence-Based%20Practice%20by%20Mary%20C.%20Townsend%20DSN%20PMHCNS-BC%20%28z-lib.org%29.pdf)
- Townsend, M., & Morgan, K. (2018). *Pocket Guide to Psychiatric Nursing, 10th Edition*. F.A. Davis Company.
- UNICEF. (2021). *Grave violations of children's rights in conflict on the rise around the world, warns UNICEF: Less than half of parties to conflict globally have committed to protect children*. www.unicef.org.
- Wachtel, P. L. (2013). *Therapeutic Communication: Knowing What to Say When*. The Guilford Publications, Inc.
- Yati, M., Wahyuni, S., & Pratiwi, D. S. (2017). *The Effect of Storytelling in a Play Therapy on Anxiety Level in Pre-School Children During Hospitalisation in the General Hospital of Buton*. 3(3), 96–101. <https://doi.org/https://doi.org/10.36685/phi.v3i3.134>