

Therapeutic Communication Process of Counselors in Psychological Assistance (Study on Domestic Violence Victims at Damar Association)

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ABSTRACT

This study aims to describe the therapeutic communication process employed by counselors in providing psychological assistance to domestic violence survivors at Damar Association, Lampung. Therapeutic communication serves as a crucial aspect in helping survivors cope with trauma and rebuild their sense of safety and self-confidence. This research employs a qualitative approach within the constructivist paradigm. Data were collected through in-depth interviews and observations involving counselors, advocacy staff, and survivors who had received assistance. The results indicate that counselors implement therapeutic communication through four key phases: pre-interaction, orientation, working, and termination. Techniques utilized include active listening, clarification, reflection, information sharing, and supportive non-verbal communication. The success of therapeutic communication is also influenced by the presence of support systems from the survivor's family and social environment. This study contributes to the development of therapeutic communication practices within NGOs assisting domestic violence survivors and emphasizes the importance of empathy, warmth, and interpersonal communication skills in the psychological recovery process.

Keywords: therapeutic communication, domestic violence, psychological support, trauma counseling, helping relationship

INTRODUCTION

The phenomenon of violence against women remains a social problem that requires serious attention from various parties. Numerous mass media outlets have reported on domestic violence (DV) experienced in various regions, including Lampung Province. ANW, a Lampung celebrity, recently went viral due to experiencing domestic violence perpetrated by her closest person, namely her own husband. ANW suffered injuries from beatings on her body as a result of the domestic violence she experienced. A similar case was experienced by IR in the Pringsewu area, who suffered bruises on her arms and hips as well as injuries to her lips, ears, and head due to violence committed by her husband.

According to data from SIMFONI PPPA (<https://kekerasan.kemenpppa> accessed on January 21, 2025), the number of violence cases in 2024 reached 778 cases. Of the total cases, 154 victims were male, while 723 victims were female. This data shows a fairly significant gender gap in violence cases in Lampung Province. This portrait becomes a sad reality for women as they are classified as a more vulnerable group.

Data on cases obtained by researchers overall in Indonesia, based on CATAHU from the National Commission on Women (2024) launched by the National Commission on Women and the Religious Courts Agency (BADILAG), shows that throughout 2023 the number of cases decreased by around 12% compared to the previous year. The total cases reported in 2022 dropped from 457,895 to 401,975, which

means there was a reduction of 55,920 cases. This decrease does not necessarily indicate that the problem of violence against women has been completely resolved. This is feared to be due to the iceberg phenomenon. The iceberg phenomenon is a situation where what is reported is only a small part of what actually occurs. Where what is visible above the water surface is only a small part, while the largest part is hidden underwater (Khafisoh & Suhairi, 2021).

Based on SIMFONI PPPA 2024 data (<https://kekerasan.kemenpppa> accessed on January 21, 2025), violence cases in Indonesia show 18,007 cases in the household environment. This is followed by other categories with 6,574 cases. Public facilities ranked third with 2,990 cases, followed by cases in school environments with 1,788 cases. Workplaces recorded 467 cases, and accelerated educational institutions recorded the lowest number with 57 cases. This data shows that the domestic or household environment is still the most vulnerable place for violence cases to occur. This becomes a serious concern considering that homes should be safe places for all family members (Naufal et al., 2024).

According to Anindya et al., (2020), this phenomenon is quite concerning because many domestic violence victims choose to remain silent and not report their cases. They tend to keep their suffering to themselves because they consider domestic violence as family shame that must be covered up. Fear of social stigma, pressure from extended family, economic dependence, and concerns about children's future are the main factors that make victims reluctant to speak up. The view that "household matters are private matters" also perpetuates this culture of silence, making victims increasingly trapped in a cycle of continuous violence (Ufran et al., 2022). Therefore, there is a need for institutions that can become safe spaces for victims to report their cases, whether in the form of government institutions or non-governmental organizations.

Damar Women's Advocacy Institution or Damar Association is one of the Non-Governmental Organizations that is active and focuses on handling cases of violence against women in Lampung Province. This institution has actively handled 56 cases over the past 2 years since 2023. In efforts to address this problem, Damar Association Lampung has developed a series of special programs and services, one of which is psychological assistance for victims. Psychological assistance for violence victims is provided by counselors at Damar Association Lampung. Through this explanation, it can be concluded that the psychological assistance provided by Damar Association falls under therapeutic communication.

According to Wahyuningsih (2021), therapeutic communication is a process designed with full awareness, where the main focus is on patient recovery. The recovery process through therapeutic communication cannot be viewed as an instant solution, but rather as a series of structured interventions that require deep consideration of various psychosocial aspects of victims (Dulwahab et al., 2020). In the context of assistance at Damar Association, therapeutic communication is highly dependent on counselors' readiness in designing communication that is adapted to the victims.

The unique aspect of this research continues previous studies by describing the therapeutic communication process in psychological assistance for domestic violence victims. Therefore, this study aims to describe the processes carried out by counselors for violence victims. This research is expected to contribute to the development of more effective therapeutic communication-based psychological assistance models that suit the needs of domestic violence victims.

LITERATURE REVIEW

A. Communication Theory

Communication derives from the Latin word "communicatio" and "communis," meaning "the same." In this context, "the same" refers to shared understanding (Mulyana, 2015). Shared meaning indicates that communicators and recipients possess aligned understanding about topics or subjects being discussed. Both parties involved in this communication process have the ability to understand and interpret messages similarly, demonstrating the communicative nature of both communicators and recipients.

According to (Herlina et al., 2023) communication comprises several interconnected main components. Source refers to the party creating or initiating messages, while communicators are individuals or groups conveying those messages. Message represents information, ideas, or concepts communicated. Channel (medium) refers to tools or media used for message delivery, such as print media, electronic media, or face-to-face interaction. Recipients are message receivers expected to understand conveyed information. Effect reflects impact or changes occurring in recipients after receiving messages. Feedback represents recipient responses indicating message reception or understanding extent. Finally, noise represents barriers or interference that can reduce communication effectiveness, such as loud sounds or incorrect interpretations.

B. Therapeutic Communication

Therapeutic communication stems from the word "therapeutic," which means characteristics related to healing arts (Suryani, 2019). In this context, therapeutic refers to all efforts and actions designed to help and support someone's recovery process, encompassing various aspects facilitating healing. Videbeck (in Yuhansyah, 2024) states that therapeutic communication is an interpersonal interaction process occurring between healthcare providers and patients, where providers actively focus attention on patients' specific needs throughout interactions.

From a psychological perspective, therapeutic communication aims to build mutually trusting and comfortable relationships between counselors and those being assisted (Wahyuningsih, 2021). Based on these definitions, therapeutic communication can be understood as communication conducted or designed for therapeutic purposes. Therapeutic communication success depends on healthcare providers' ability to demonstrate empathy and communicate effectively with patients, while responding

to patient needs. The goal is helping patients develop better behaviors and adapt to their environments (Yuhansyah, 2024).

According to Hananah et al., (2021), counselors use therapeutic communication as a method to assist healing processes. This method combines verbal and non-verbal communication abilities based on counselors' experience and knowledge. Through this approach, counselors can build client trust, subsequently facilitating assistance processes for overcoming emotional problems, improving thought patterns, and encouraging clients to take positive steps in recovery processes.

According to Haloho & Kurniasari (2020) therapeutic relationships generally comprise four phases: pre-interaction, orientation, working, and termination phases. In the pre-interaction phase, counselors establish initial relationships by evaluating their own feelings, imagination, and fears while gathering client-related information. Before planning initial meetings, counselors need to understand cases to be handled and recognize clients requiring assistance. The orientation phase involves counselors recognizing reasons motivating assistance and building relationships based on mutual trust, acceptance, and open communication. This phase includes educational processes where counselors provide clear explanations about counseling purposes, processes, stages, and limitations.

C. Helping Relationship in Therapeutic Communication

Professional relationships between counselors and clients are not merely mutual but constitute "human to human relationships" (Travelbee in Wahyuningsih, 2021). In these relationships, counselors use interpersonal communication skills to understand clients as whole individuals, facilitating positive client changes. Rogers (in Wahyuningsih, 2021) identifies three basic factors in developing these relationships: 1) counselors must demonstrate empathy; 2) clients must feel free to express themselves; and 3) communication must be conducted deeply and attentively. Genuineness refers to counselors' authentic presence and honesty in interactions. Empathy involves counselors' ability to understand and feel clients' emotional experiences accurately. Warmth encompasses unconditional positive regard and acceptance, creating supportive atmospheres for healing and growth.

RESEARCH METHODOLOGY

This research employs a qualitative approach with descriptive characteristics. According to Sugiyono (2019), qualitative research methods are approaches used to study objects in natural conditions, with researchers serving as the primary instrument. The data collection technique utilizes triangulation specifically in-depth interviews, direct observation, and document review to ensure more valid and comprehensive data. Research informants consist of representatives from Damar Association, counselors, and domestic violence victims willing to share information about their experiences.

Data analysis was conducted inductively using Miles and Huberman's model (in Sugiyono, 2019) which includes three stages: data reduction, data presentation, and conclusion drawing or verification. This research is supported by the constructivism paradigm, which emphasizes research subjects' active roles in meaning construction processes, enabling research findings to focus on deep and contextual understanding (Fathurokhmah, 2024). Through this methodology, a more complete and accurate picture of therapeutic communication practices by counselors for domestic violence victims can be obtained.

RESULT AND DISCUSSION

A. The Role of Communication in Assisting Domestic Violence Victims at Damar Association

Communication serves not merely as a tool for information exchange, but also as a means of building understanding, trust, and emotional connections between counselors and victims. This becomes particularly important when assisting domestic violence victims who experience trauma and profound psychological pressure. Communication becomes the primary tool for counselors to break the ice, build security, and help victims identify and recognize their emotions. As counselors explain, communication serves as a tool for both counselors and clients to map victims' feelings more consciously and gradually.

Beyond verbal aspects, non-verbal communication including gestures, facial expressions, and touch also constitute important components of the assistance process (Suryani, 2019). Counselor informants emphasized that non-verbal communication can demonstrate support and create security for victims who are more sensitive to body language than words. The counseling contract communicated from the beginning represents a form of communication that affirms victims' rights and ensures transparency in the assistance process. This proves important because domestic violence victims often feel they have lost control over their lives and require support through open and equitable communication.

The importance of communication in the assistance process is also supported by theory communication therapeutic, who states that effective communication enables counselors to understand victims' needs, fears, and emotional conditions more deeply. Through communication, counselors can build profound relationships with victims, encompassing not only cognitive aspects but also emotional dimensions. Communication becomes the foundation for building trust, creating spaces for expression, and strengthening therapeutic bonds between counselors and victims. The success of the assistance process depends significantly on the quality of communication established from the initial interaction.

B. Therapeutic Communication Process in Assisting Domestic Violence Victims at Damar Association

Before conducting meetings with victims, psychological counselors always gather client information first – this constitutes the pre-interaction phase. Information

collected includes victim identity, background checks, and violence experienced by victims, as these factors influence the counselor's communication style . Understanding the characteristics and history of events experienced by victims helps counselors adjust their attitudes and position themselves according to victim needs.

Based on interviews with psychological counselor Octa Reny Setiawati, counselors must possess general information including victim identity, perpetrators, and violence cases experienced. This ensures counselors can recognize victims and understand the cases requiring assistance. The pre-interaction process represents a crucial stage in preparing psychologists as counselors.

The pre-interaction phase serves as the primary foundation for establishing adaptive therapeutic communication. Counselors can be better prepared emotionally and technically to encounter victims, particularly those still in vulnerable and traumatic conditions. Without this preliminary data, counselors risk experiencing obstacles in understanding victims' psychological conditions and failing to build empathetic relationships from the outset. The success of therapeutic communication depends significantly on the quality of counselor preparation during the pre-interaction phase.

The orientation stage follows, representing the introduction phase between counselors and clients (Setiawan et al., 2024). Domestic violence victims typically seek support from close individuals such as friends or family members. When assistance comes from external parties such as unknown NGO counselors, victims often display closed attitudes due to remaining doubts and uncertainties toward parties offering help. The orientation phase becomes crucial for initiating trust-building, as counselors represent unfamiliar parties who must begin establishing victim trust.

Building trust becomes essential because victims generally carry deep emotional trauma, particularly since violence is perpetrated by close individuals such as spouses or parents. This creates trust issues that make victims reluctant to trust external parties, including counselors. One approach involves building rapport. Damar counselor informants choose not to directly address core problems but rather first establish supportive and empathetic relationships.

During initial meetings, Damar counselors begin by introducing themselves and explaining the purposes and objectives of counseling sessions. Damar counselors also affirm that all information, including victim identities, will remain confidential as part of the counseling code of ethics. This attitude demonstrates respect for victims as individuals in vulnerable situations. This action constitutes an important component of counseling ethical principles while establishing foundations for creating security and mutual trust. For domestic violence victims who generally experience trauma and trust issues with external parties, confidentiality guarantees become crucial aspects encouraging openness in subsequent communication processes.

The working phase represents the core stage of counseling for helping victims address their problems. During this stage, counselors explore victim experiences more deeply, listen actively, and provide intensive emotional support. Interactions aim to help victims identify their feelings, understand their situations, and discover ways to overcome the impacts of violence they experienced.

After trust develops, Damar counselors begin directing the counseling process toward the problem identification stage. During this phase, victims typically begin opening up and sharing their violence experiences. Damar Association counselors apply active listening with non-directive approaches. Questions focus more on descriptive inquiries that allow victims to feel secure in expressing emotions and thoughts without pressure, while enabling counselors to understand victims' psychological conditions more comprehensively. The working phase becomes the core of the therapeutic communication process, where emotional and psychological interventions are actively performed to help victims understand, accept, and gradually recover from their trauma.

Therapeutic communication applied by Damar Association counselors also considers victim family conditions, including children, as demonstrated by victim informant FN, who included her children in counseling. Services addressing family aspects demonstrate comprehensive approaches to the healing process. The working phase in therapeutic communication at Damar Association reflects holistic, empathetic, and adaptive approaches. Counselors not only listen and provide guidance but also serve as companions in long-term recovery processes.

After clients successfully achieve self-acceptance, therapeutic communication continues to the termination stage. The termination phase divides into two types: temporary termination and final termination. Termination occurs when counselors and clients assess that problems can be overcome. At this stage, clients are considered capable of living independently without counseling assistance, indicating that counseling objectives have been comprehensively achieved.

One instrument utilized is the Depression Anxiety Stress Scale (DASS), administered at the beginning and end of counseling sessions. The use of DASS-42 as an evaluation instrument demonstrates Damar Association's commitment to evidence-based approaches in therapeutic communication termination processes. DASS aims to measure overall emotional experiences and, specifically, characteristic differences in depression and anxiety. This instrument consists of 42 statement items measuring three primary psychological dimensions: depression, anxiety, and stress, with assessment scales ranging from 0 (never) to 3 (very often).

DASS measurement procedures conducted at the beginning and end of counseling sessions enable counselors to perform concrete progress evaluations. By comparing pre-test and post-test scores, counselors can identify areas that have improved and aspects that may require further attention. This evaluative approach aligns with therapeutic communication principles that prioritize victim safety and

welfare, where termination occurs only when victims demonstrate adequate emotional stability to live daily life independently.

Counselors must ensure victims are genuinely well, observable through several aspects: ability to manage themselves (emotions or trauma), possessing insight into emotional reactions, absence of physical disturbances, capability to interact, engagement in activities, and effective management skills. Temporary termination occurs when counselors and victims agree to continue counseling sessions at predetermined times. Final termination occurs when the entire counseling series is considered complete and victims demonstrate signs of stable recovery. Interactions continue even after the counseling process ends as part of post-termination monitoring or supervision, where victims can still access counselor assistance in urgent situations or those risking relapse.

Based on these findings, Damar Association counselors apply four closely interconnected therapeutic communication stages, focusing primarily on building trust and active listening to assist domestic violence victims who struggle to trust others. The existence of continued monitoring after counseling completion indicates that domestic violence victim assistance requires ongoing attention considering possible trauma recurrence, reflecting that domestic violence trauma necessitates long-term approaches adapted to victim needs. The following depicts the pattern in the therapeutic communication process.

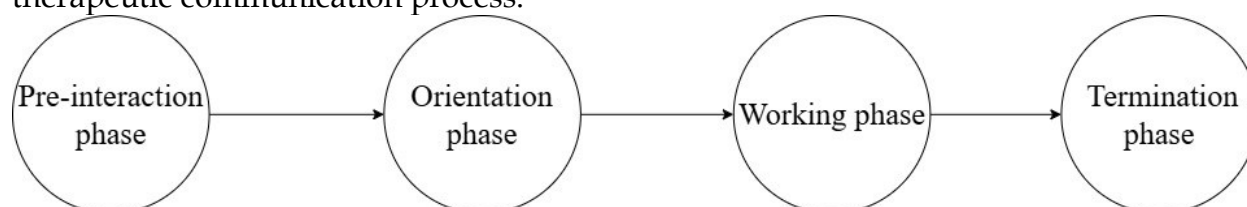


Figure 1. The following depicts the pattern in the therapeutic communication process
Source: Researcher, 2025

C. Therapeutic Communication Techniques of Counselors for Domestic Violence Victims at Damar Association

Therapeutic communication techniques serve as tools helping counselors create empathetic, open, and secure atmospheres for victims to express their feelings and traumatic experiences. Counselors must possess sensitivity to client reactions, accompanied by strong analytical abilities and skills in providing appropriate responses to these reactions. Therefore, applying appropriate communication techniques becomes essential for building therapeutic relationships between counselors and clients.

Counselor informants describe the importance of non-judgmental counselor attitudes and comprehensive active listening technique implementation, encompassing not only words but also body language. Counselors recognize that domestic violence victims tend to have heightened sensitivity to non-verbal expressions, making neutral, open, and supportive gestures or facial expressions

important components of therapeutic communication. Victim feeling validation occurs not only through listening to story content but also by displaying empathetic expressions indicating that counselors truly understand and value victim emotions.

Counselor statements also demonstrate that while counselors must remain empathetic and non-judgmental, clarification processes remain necessary to ensure information conveyed by victims accurately matches experienced conditions. Clarification techniques help counselors verify that client-provided information is correct. Clarification processes in domestic violence contexts become particularly important because victim trauma can affect their ability to remember or convey event details accurately, requiring counselors to validate information without appearing to doubt or blame victims. Therefore, this can be seen and explained from the table below

Table 1. Therapeutic Communication Techniques

| Therapeutic Communication Technique | Description | Purpose/Benefits | Example of Application |
|--|---|---|--|
| <i>Active listening</i> | Listening attentively with full attention without interrupting | Provides a sense of security, makes the victim feel heard and valued | Counselor doesn't direct, listens more |
| Supportive non-verbal gestures | - Using gestures and facial expressions without judging/questioning - Conveying empathy through facial expressions, body posture, and intonation | Avoids the impression of being judgmental and creates a safe atmosphere | Showing expressions like furrowed brows to show empathy |
| Clarification | Asking open-ended questions or restating to ensure understanding | Ensures accuracy and prevents misunderstandings | Repeating the situation to confirm the incident according to facts |
| Non-judgmental acceptance | Being open without giving negative assessments of the victim | Provides a safe space for sharing and openness | Not judging the victim either verbally or non-verbally |

D. Barriers in Therapeutic Communication Process for Domestic Violence Victims at Damar Association

Therapeutic communication, particularly during assistance processes, encounters various barriers that can affect interactions between counselors and victims, stemming from both internal client aspects and external factors. These barriers may include unstable victim psychological conditions, difficulties expressing feelings due to trauma, and limitations in time and meeting frequency. Identifying these barriers becomes important for counselors to adjust approaches and communication strategies used during counseling sessions. Psychological counselors from Damar

Association also encounter barriers during assistance processes, especially with domestic violence victims.

Psychological counselors from Damar Association reveal that one of the most frequently encountered barriers involves closed attitudes from victims. This occurs because domestic violence cases are often considered private marital matters and labeled as "family shame" by both victims and their surrounding environments. Such social perspectives make victims reluctant to open up and share traumatic experiences due to shame, fear of judgment, or concerns about damaging family reputation (Setiawan et al., 2024)

Another problem faced by informants as psychologists involves victim hesitation in decision-making. Many victims, despite experiencing repeated violence even in severe forms, still experience confusion and difficulty determining steps to exit dangerous relationships. This results from various factors including economic dependence, feelings of helplessness, and fear of potential consequences after leaving partners. Some victims find themselves in life-threatening situations yet still feel trapped in violence cycles.

Additionally, external factors can emerge, as stated by informant KH, where parties attempt to hinder victims from fighting for their rights. External rejections indicate social pressures that can impede victim psychological recovery processes. Conversely, informant FN demonstrates that communication between victims and counselors proceeds flexibly and responsively. Active counselor support, including making time for home visits and attention to conditions, shows full involvement in recovery efforts.

Counselors implement several key strategies when facing rejection or barriers from domestic violence victims. One approach involves continuing to consider rapport-building processes to monitor counseling scales. When initial sessions do not proceed smoothly, counselors avoid forcing continuation at that moment, instead rescheduling meetings for different days. This empathetic and non-pressuring delivery method reflects counselor sensitivity to unstable victim emotional conditions. Another strategy involves family involvement to support victim emotional stability outside counseling sessions. Families serve as support systems that can create safe home environments, ensuring recovery processes do not solely depend on counseling spaces.

E. Counselor Competency through Helping Relationship Methods in Assistance

Professional relationships between counselors and clients extend beyond mutual interaction, constituting "human to human relationships" (Travelbee in Wahyuningsih, 2021). Within these relationships, counselors utilize interpersonal communication skills to understand clients as complete individuals, facilitating positive client changes. These therapeutic relationships aim to fulfill client needs, create conducive psychological climates, and provide physical and psychosocial

comfort. Helping relationships between counselors and clients develop through careful therapeutic communication techniques. Rogers (in Wahyuningsih, 2021) identifies three fundamental factors in developing these relationships: 1) counselors must demonstrate empathy; 2) clients must feel free to express themselves; and 3) communication must be conducted deeply and attentively.

Empathy implementation reflects how counselors respond to victim feelings with complete attention. Through paraphrasing techniques, counselors ensure victim emotions are truly understood and validated. This approach makes victims feel heard, subsequently strengthening trust in counseling processes. Such responses demonstrate that counselors genuinely understand the sadness and psychological wounds currently experienced by victims. This empathy is not passive but actively present through emotional support forms suited to individual victim needs.

Genuineness also represents an important competency demonstrated by counselors in assistance processes. Awareness that victims with trauma backgrounds experience difficulties trusting others requires counselors to demonstrate genuineness through consistent and open attitudes. Neutral and supportive gestures, facial expressions, and body language become communication components demonstrating counselor honesty and seriousness. Consistency between words and actions serves as the primary indicator that counselors are present not only as professionals but also as companions who genuinely care.

Meanwhile, warmth is demonstrated through sincere counselor attention, both verbally and non-verbally. Eye contact, gentle voice tones, and calm expressions become strategies for creating comfortable atmospheres for victims. This warmth strengthens emotional relationships between counselors and victims while encouraging victims to be more open in expressing feelings and traumatic experiences. The presence of warm counselors represents not merely communication strategies but genuine forms of emotional involvement in victim recovery processes.

CONCLUSION

Based on results and discussion titled "Therapeutic Communication Process of Counselors in Psychological Assistance (Study on Domestic Violence Victims at Damar Association)," it can be concluded that the therapeutic communication process utilized by Damar Association counselors for psychological assistance consists of four phases: pre-interaction, orientation, working, and termination. Counselors employ various therapeutic communication techniques including active listening, feeling validation, supportive non-verbal gesture usage, reflection, and active silence to provide spaces for victims to express their traumatic experiences. These techniques not only establish healthy emotional relationships between counselors and victims but also accelerate psychological recovery processes for domestic violence victims.

Within therapeutic communication processes, researchers also discovered that therapeutic communication barriers frequently occur, stemming from both internal victim aspects such as fear, shame, and trauma, and external factors including family

pressure and social norms. To overcome these barriers, counselors apply strategies such as gradual approaches, counseling session rescheduling, selective family involvement, and maintaining communication flexibility with victims. This process aligns with helping relationship principles encompassing empathy, genuineness, and warmth. Counselors successfully build safe and supportive relationships with victims, which becomes crucial in victim psychological recovery processes.

This research contributes to communication science study development, particularly in therapeutic communication fields. Therefore, future research should expand study coverage by examining therapeutic communication effectiveness from victim perspectives more deeply, or exploring therapeutic communication patterns in group assistance forms within other fields. This aims to ensure that communication processes developed stem not only from professional (counselor) perspectives but also match genuine victim needs.

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