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Psychological Services in Immoral Cases: Psychological Recovery Efforts Through a Trauma-Focused Cognitive Behavior Therapy Approach

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Abstract: This service activity aims to provide psychological recovery services based on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) that is structured and integrated with spiritual education, as well as strengthening the service capacity of the Integrated Service Center for the Protection of Women and Children (PPA) of Purworejo Regency. The method used is a participatory-collaborative approach based on community-based intervention, including initial psychological assessment, the implementation of individual counseling at least three sessions per client, and monitoring and evaluation of pre- and post-intervention conditions. Participants consisted of adolescent girls and adult women who were victims of sexual violence referred by the PPA. The results of the activity showed a decrease in the intensity of anxiety, emotional distress, and trauma symptoms, accompanied by an increase in the ability to regulate emotions, adaptive coping, and the recovery of self-concept and hope for the future. The program also produces spiritually integrated

Abstrak: Kegiatan pengabdian ini bertujuan untuk memberikan layanan pemulihan psikologis berbasis Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) yang terstruktur dan terintegrasi dengan edukasi spiritual, sekaligus memperkuat kapasitas layanan Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak (PPA) Kabupaten Purworejo. Metode yang digunakan adalah pendekatan partisipatif-kolaboratif berbasis community-based intervention, meliputi asesmen psikologis awal, pelaksanaan konseling individual minimal tiga sesi per klien, serta monitoring dan evaluasi kondisi pra dan pasca intervensi. Peserta terdiri atas remaja putri dan perempuan dewasa korban kekerasan seksual yang dirujuk oleh PPA. Hasil kegiatan menunjukkan adanya penurunan intensitas kecemasan, distress emosional, dan gejala trauma, disertai peningkatan kemampuan regulasi emosi, coping adaptif, serta pemulihan

TF-CBT intervention modules and educational materials for partners. Thus, TF-CBT is effective as a contextual and sustainable community-based model of psychological recovery. **Keywords:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Sexual Violence, Psychological Recovery.

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konsep diri dan harapan masa depan. Program ini juga menghasilkan modul intervensi TF-CBT terintegrasi spiritual dan materi edukasi bagi mitra. Dengan demikian, TF-CBT efektif sebagai model pemulihan psikologis berbasis komunitas yang kontekstual dan berkelanjutan.

Kata Kunci: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Kekerasan Seksual; Pemulihan Psikologis.

A. Introduction

Sexual violence is a form of human rights violation that not only has an impact on legal and social aspects, but also causes profound and prolonged psychological consequences. Trauma due to sexual violence often interferes with emotional regulation, self-concept, interpersonal security, and the victim's social functioning. In children and adolescents, such traumatic experiences risk inhibiting psychological development and increasing susceptibility to post-traumatic stress disorder (PTSD), anxiety, depression, and emotional regulation disorders (Asqia & Rahma, 2024), decreased self-esteem, as well as difficulties in social relationships if adequate psychological intervention is not obtained (Nurameylia & Alpiyah, 2024). These impacts not only affect the welfare of individuals, but also hinder the social function and quality of life of the victim in the long term (Ashari & Pebriyenni, 2022).

The effectiveness of TF-CBT has been widely proven in clinical settings, its implementation in the context of community-based services, especially in women and child protection institutions at the regional level, is still relatively limited. PPA services in various regions, including Purworejo Regency, tend to focus on legal and social assistance, while structured and sustainable psychological interventions have not yet become an integral part of service operational standards (Widodo & Astuti, 2024). This

condition shows a gap between empirical findings on the effectiveness of trauma interventions and service practices at the community level.

Reports of UNICEF (2020) shows that most child victims of sexual violence in Indonesia have not received adequate and sustainable psychological support services, so the recovery process often does not run thoroughly. This condition is also reflected in the PPA of Purworejo Regency. Internal data shows an increase in cases of sexual violence handled, especially in groups of children and adolescents, with perpetrators generally coming from the victim's immediate environment. This situation exacerbates the impact of trauma because it involves interpersonal relationships that are supposed to provide a sense of security (Muthia & Maghfirah, 2025). If not treated immediately, trauma from sexual violence has the potential to develop into a long-term psychological disorder that affects the victim's emotional development, adaptive behavior, and social functioning (Ashari & Pebriyenni, 2022; Asqia & Rahma, 2024).

On the other hand, the limitation of human resources, especially psychologists, is the main challenge for PPA in providing professional and systematic psychological recovery services (Widodo & Astuti, 2024). Existing psychological services are still incidental and have not been integrated into the standard operating procedures (SOPs) for handling cases, so the sustainability of psychological assistance is not guaranteed (Yayasan SPEKHAM-Women, 2021). In fact, psychological intervention in the early phases after the traumatic event is very important to prevent the development of more severe psychological disorders (UNICEF, 2020). Scientifically, *the Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT) approach has been recognized as an effective evidence-based intervention in dealing with trauma due to sexual violence in children, adolescents, and women. TF-CBT helps victims understand the relationship between thoughts, emotions, and behaviors, while reconstructing maladaptive cognition formed as a result of traumatic experiences (Nurameylia & Alpiah, 2024). Previous studies have also recommended the integration of psychological approaches with spiritual dimensions as contextual strategies to accelerate the process of victim recovery in

religious societies (Kurniawan et al, 2024; Rahayu & Haryati, 2023).

Based on the analysis of the situation, this service activity is important to be carried out as an effort to bridge the gap between the psychological recovery needs of victims and the limitations of services available at the partner level. Through the implementation of TF-CBT that is integrated with spiritual education, this service not only provides psychological counseling services directly to victims, but also contributes to strengthening the capacity of PPA Purworejo Regency in providing comprehensive, structured, and evidence-based psychological recovery services. Thus, this activity is expected to be a community service in the development of women and child protection services at the community level.

B. Research Method

This service activity will be carried out using a **participatory-collaborative** approach based on *community-based intervention*, which actively involves partners in all stages of the activity. The methods used include:

a. Individual Psychological Counseling

It was carried out by a team of psychologists to children victims of sexual violence who have been referred by PPA. The approach used is ***trauma-focused cognitive behavioral therapy (TF-CBT)*** which explains in detail the stages of therapy in Clinical Application (Cohen, Mannarino, & Deblinger, 2017). Counseling sessions are carried out in a structured and scheduled manner.

b. Monitoring and Evaluation

Evaluations were carried out on:

- 1) Children's psychological development (through psychological assessments/psychotests and assignments)
- 2) Partner satisfaction with activities

c. Stages of Implementation of Activities

The following are the stages of activities planned during the program implementation period:

Table 1. Stages of Program Implementation

| Tahapan | Kegiatan | Waktu |
|---------------------------------|---|----------|
| a. Preparation and Coordination | - Initial coordination with DP3APMD (PPA Purworejo Unit) - Report from PPA and initial assessment of cases | Week 1 |
| b. Psychological Intervention | - Individual counseling sessions (min 3 sessions/child) -TF-CBT-based psychological interventions | Week 2-6 |
| c. Monitoring & Evaluation | - Impact assessment of interventions -Activity reports and documentation | Week 7-9 |

C. Results and Discussion

1. Results of the Implementation of Psychological Assistance

The implementation of this community service activity is in the form of psychological assistance based on *Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT) which is integrated with spiritual education for women and child protection service partners in Purworejo Regency. Activities are carried out through a series of psychological assessments, individual counseling, and evaluation of changes in the client's psychological condition. As a representation of the results of the activity, three psychological assistance case reports are included that reflect the variation in client characteristics and the dynamics of psychological recovery.

1.1 Initial Psychological Condition of the Client

The results of the initial assessment showed that the three clients experienced significant psychological impacts due to experiences of

violence and unhealthy interpersonal relationships. Although each client has a different background and age, there is a relatively similar pattern of problems, especially in the aspects of emotion regulation, self-concept, and relational function. Early adolescent clients show a state of *ego weakness*, characterized by high emotional dependence, difficulty making decisions, and a tendency to follow environmental pressures. This condition is reinforced by weak self-concept and a need for great affection, so that the client is vulnerable to non-adaptive interpersonal relationships.

Young adult clients exhibit symptoms of severe anxiety, feelings of worthlessness, and withdrawal from the social environment as a result of *toxic relationships* involving verbal, physical, and sexual violence. The relational trauma experienced causes a crisis of trust, fear of building new relationships, and cognitive distortions related to self-worth. Meanwhile, the late adolescent client shows symptoms moderate anxiety and depression triggered by social stigma. This condition affects the client's confidence, social relationships, and future orientation. The need for high social acceptance and feelings of inferiority are factors that weaken the psychological resilience of the client. These findings suggest that the mentoring client is in a vulnerable psychological state and requires interventions that focus not only on symptom reduction, but also on the restoration of psychological function and strengthening of internal resources.

1.2 Intervention Processes and Strategies

Psychological assistance is carried out through individual counseling with a TF-CBT approach that is tailored to the needs of each client. In general, the intervention included five main focuses, namely: (1) emotional stabilization and psychological security, (2) identification and restructuring of maladaptive cognition, (3) strengthening of emotion regulation and adaptive

coping, (4) restoration of self-concept and social functioning, and (5) integration of spiritual education.

In clients with *ego weakness*, interventions are directed at strengthening ego and psychological independence through gradual decision-making exercises, increased self-awareness, and the formation of more adaptive self-talk (Cohen, Mannarino, & Deblinger, 2021). Psychoeducation to the family is also provided to reduce relationship patterns that strengthen the emotional dependence of clients (Santisteban, 2020). For young adult clients, mentoring is focused on restoring a sense of security, processing traumatic experiences, and strengthening self-boundaries (*boundary setting*). The counseling process helps clients reconstruct self-meaning, reduce excessive guilt, and build a healthier perception of relationships.

Meanwhile, in late adolescent clients, interventions were directed at anxiety and depression management, confidence recovery, and ability enhancement social adaptation. Support for a safer and stigma-free environment is also an important recommendation in the long-term recovery process.

1.3 The Impact of Mentoring on the Client's Psychological Condition

Based on the results of the post-mentoring evaluation, the three clients showed positive changes in various psychological aspects. These changes are not always manifested through the disappearance of all negative emotions, but through an improvement in the client's ability to manage emotions and deal with situations more adaptively. In general, clients indicate:

- 1) decreased intensity of anxiety and emotional distress,
- 2) increased self-awareness and understanding of the psychological conditions experienced,
- 3) improved ability to regulate emotions and adaptive coping,
- 4) recovery of self-concept and sense of worth,

5) the emergence of an orientation of self-change and hope for the future.

These findings show that psychological assistance makes a real contribution to the recovery of clients' psychological function and increases their readiness to continue the rehabilitation process independently or with follow-up support.

2. Progress of Each Stage of Therapy in Assistance Clients

Psychological assistance in this service activity is carried out in stages using the *Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT) approach which is tailored to the characteristics and needs of each clients. Despite differences in age, background, and case dynamics, the three clients went through relatively similar stages of therapy with varying outcomes.

2.1 Early Stage: Psychological Assessment and Emotional Stabilization

In the early stages, the main focus of mentoring is to build a **sense of psychological security**, therapeutic alliances, and conduct assessments of the client's psychological condition.

In all three clients, this stage is characterized by:

- 1) negative emotions that are still dominant (anxiety, fear, sadness, and confusion),
- 2) difficulty expressing experiences openly,
- 3) There is a high need for validation and a sense of security from therapists.

Early adolescent clients show mild resistance and emotional dependence, so the assessment process is carried out gradually and supportively. Young adult clients exhibit high alertness and fear of judgment, while late adolescent clients show social anxiety and feelings of shame due to stigma.

Interventions at this stage are focused on:

- 1) psychoeducation about trauma responses,
- 2) breathing exercises and simple relaxation,
- 3) normalization of the client's emotional reactions.

Early stage progress: All three clients begin to show decreased emotional tension, increased trust in the therapist, and readiness to move on to the next stage of the intervention.



Figure 1. Assessment and Emotion Regulation Stage

2.2 Middle Stage: Cognition Processing and Emotion Regulation

The middle stage of therapy is focused on **identifying and restructuring maladaptive cognition**, as well as strengthening emotion regulation skills. At this stage, each client exhibits different dynamics:

- 1) Early adolescent clients begin to become aware of a dependent mindset and fear of rejection, and learn to distinguish between self-desire and environmental demands.
- 2) Young adult clients begin to identify cognitive distortions related to guilt, low self-esteem, and powerlessness in relationships.
- 3) Late-adolescent clients show increased awareness of the influence of social stigma on anxiety and self-concept.

The interventions provided include:

- 1) *Cognitive restructuring* of irrational thoughts,
- 2) *Emotion Labeling* and *Emotion Regulation Training*,
- 3) Strengthening *adaptive coping skills*,

- 4) The integration of spiritual reflection as a source of meaning and tranquility.

Mid-level progress:

All three clients are starting to be able to:

- 1) Recognize the relationship between thoughts, emotions, and behaviors,
- 2) Manage negative emotions more controllably,
- 3) Lowering the intensity of anxiety and emotional distress,
- 4) Exhibits increased self-control in trigger situations.



Figure 2. Stages of Emotion Regulation

2.3 Advanced Stage: Self-Concept Recovery and Change Orientation

The advanced stage of therapy is focused on **restoring self-concept**, strengthening personal identity, and forming a future orientation for change.

At this stage:

- 1) Early teen clients begin to show increased psychological independence and courage in making simple decisions.
- 2) Young adult clients show a sense of self-worth, the ability to set relationship boundaries, and a willingness to build healthier relationships.

- 3) Late-adolescent clients showed increased confidence, courage to interact socially, as well as a significant decrease in anxiety.

Spiritual education at this stage is focused on:

- 1) The meaning of experience as a test and learning process,
- 2) Strengthening of self-acceptance and hope,
- 3) Integrating religious values in the future life plan.

Advanced stage progress, Client indicates:

- 1) A more realistic and positive future orientation,
- 2) Commitment to self-change,
- 3) Readiness to continue the recovery process independently or with advanced support



Figure 3. Evaluation Stage

3. Discussion

3.1 Effectiveness of the TF-CBT Approach in the Context of Community Service

The results of this service implementation show that the TF-CBT approach is effectively used in the context of community service, especially in victims of violence and traumatic interpersonal relationships. TF-CBT allows clients to understand the relationship between thoughts, emotions, and behaviors, and helps them reconstruct maladaptive cognition formed as a result of traumatic experiences (Ehlers & Clark, 2022). This approach focuses not only on the reduction of psychological symptoms, but

also on the restoration of psychosocial functions and the strengthening of the client's adaptive capacity. This is in line with the goal of community service that emphasizes direct and sustainable benefits for partners and service recipients.

3.2 The Role of Spiritual Education in Psychological Recovery

The integration of spiritual education in the mentoring process provides significant added value. Spiritual education plays a role as a source of inner peace, the meaning of traumatic experiences, and the strengthening of hope and orientation for self-change (Park, 2022). For all three clients, the spiritual dimension helps reduce guilt, increase self-acceptance, and strengthen a commitment to improving the quality of life. This approach shows that psychological recovery in victims of violence cannot be separated from the aspect of meaning and value of life. In the context of religious Indonesian society, the integration of the spiritual dimension is a contextual and relevant strategy in community service services (Captari, 2022).

3.3 Practical Implications for Community Service Programs

These findings provide practical implications that TF-CBT-based psychological counseling services integrated with spiritual education can be an effective mentoring model in women and child protection service institutions. This approach can be replicated and further developed through the involvement of counselors, peer counselors, and strengthening psychosocial service networks at the community level (Tol, 2020). In addition, the results of this activity show the importance of sustainable mentoring and safe environmental support to ensure that the client's psychological recovery process runs optimally.

4. Monitoring and Evaluation of the Therapy Process

4.1 Monitoring Strategy

Monitoring is carried out continuously during the therapy process through:

- 1) observation of changes in the client's emotions and behavior,
- 2) reflection on counseling sessions,

- 3) verbal feedback from clients regarding feelings and self-understanding,
- 4) comparison of pre- and post-intervention conditions based on clinical assessment.

Each session is evaluated to ensure the intervention works according to the client's needs and does not cause excessive distress.

4.2 Client's Change Evaluation Results

The results of monitoring and evaluation showed that the three clients experienced **consistent positive changes**, albeit at different speeds and intensities. In general, the changes identified include:

- 1) decrease in the intensity of negative emotions (anxiety, fear, sadness),
- 2) improved emotion regulation ability,
- 3) improvement of self-concept and sense of worth,
- 4) improved cognitive and spiritual-based adaptive coping
- 5) the emergence of hope and orientation of self-change.

These changes suggest that therapy has an impact not only on symptomatic aspects, but also on **more basic psychological functions**, such as self-meaning, social relationships, and life direction.

4.3 Evaluation of the Achievement of Service Goals

Based on the results of monitoring and evaluation, the objectives of community service activities are considered **to have been achieved**, namely:

- 1) provide safe and contextual psychological assistance for victims,
- 2) improve the psychological well-being and adaptive capacity of the client,
- 3) strengthening the role of community-based mentoring services.

These findings confirm that the TF-CBT approach integrated with spiritual education is effectively used in the context of community service, especially in women and child protection services.

D. Conclusion

This community service activity shows that psychological counseling services based on *Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT) integrated with spiritual education are effective in supporting the psychological recovery process of victims of sexual violence, especially adolescent girls and adult women handled by the PPA of Purworejo Regency. Through a series of psychological assessments, individual counseling, and monitoring and evaluation, mentoring clients show a decrease in symptoms of anxiety and emotional distress, an improvement in emotional regulation skills, recovery of self-concept, and the emergence of an orientation of self-change and hope for the future. Mentoring that is carried out gradually and contextually not only has an impact on the reduction of psychological symptoms, but also on the recovery of the client's psychosocial function more comprehensively. The integration of spiritual education serves as a source of meaning and inner peace that strengthens the recovery process, especially in helping clients accept traumatic experiences and build adaptive attitudes forward.

In addition to providing direct benefits to victims, this service activity also contributes to strengthening the capacity of partners, especially PPA Purworejo Regency, in providing more comprehensive and evidence-based psychological recovery services. The TF-CBT mentoring model applied can be used as an initial reference for the development of structured and sustainable psychological services in women and child protection institutions. Overall, this service emphasizes the importance of collaboration between psychology professionals and community-based service institutions in dealing with the psychological impact of sexual violence. In the future, it is necessary to strengthen the sustainability of the program, expand the range of services, and develop standards psychological intervention so that the victim's recovery can be carried out more optimally and evenly.

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