

Islamic Therapeutic Communication in Trauma Recovery of Victims of Sexual Violence at The Technical Implementation Unit of The Aceh Women And Children Protection Area (Uptd Ppa)

¹Tisi Maulidya Putri, ²Syukur Kholil, ³Zainun

tisimaulidya4004203005@uinsu.ac.id ¹, syukurkholil@uinsu.ac.id ², Zainun@uinsu.ac.id ³

^{1,2,3}Universitas Islam Negeri Sumatera Utara, Medan, Indonesia

Article Info

Received: 2023-10-10

Revised: 2023-12-12

Accepted: 2024-03-19

Keywords:

Islamic Therapeutic Communication;
Trauma Recovery;
Victims of Sexual Violence; UPTD PPA Aceh.

Abstract

This research aims to find out how Islamic therapeutic communication is implemented in recovering from trauma from victims of sexual violence at the Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA). This paper uses the Stimulus-Organism-Response (SOR) approach. This research uses qualitative methods with descriptive data analysis. Data was obtained through interviews, document study, and observation. The research informants were the Head of the UPTD PPA, Head of the Administration Subdivision, Head of the Case Follow-up Section, Head of the Reception and Clarification Section, Clinical and Forensic Psychologists, Psychological and Legal Counselors, Social Welfare Workers and Foster Mothers. The research results show the implementation of Islamic therapeutic communication in three stages: 1) Islamic Therapeutic Communication in the Orientation or Introduction Phase, 2) Therapeutic Communication in the Working Phase, and 3) Islamic Therapeutic Communication in the Termination Phase which is carried out by service officers at UPTD PPA with good speech, an attitude full of gentleness, adjusting the language and content of the conversation, conveying information about the real situation about the victim's problem, even though it does not completely heal the trauma, it has an effect on self-acceptance, communication skills, and motivation so that the victim gets closer and closer. repent to Allah. Islamic therapeutic communication that is applied prioritizes empathy and building rapport.

I. Introduction

Therapeutic communication plays an important role in helping victims in the trauma recovery process, so that they have the spirit and hope to heal from physical and psychological wounds (Hasibuan, 2022). However, it should be understood that each individual who is a victim of sexual violence has different characters, backgrounds and experiences, including mental conditions and traumas that are not the same. Victims who experience violence for the first time, of course, are different from those who repeatedly experience similar things. Victims who get violence from the closest person even have incest experience different trauma from victims of violence from unknown perpetrators. Furthermore, recovery of victims from groups with disabilities should be carried out specifically, and in contrast to victims who do not experience physical barriers (Yanto & Gutomo, 2019). In addition, sexual violence can also be experienced by someone who has not fully healed from past trauma, such as victims of the Aceh conflict, the 2004 earthquake and tsunami or even victims of various other unpleasant events in life (Khairiah Syahabuddin & Kusmawati Hatta, 2020).

The existence of differences in backgrounds between individuals who are victims of sexual violence needs to be the attention of the Regional Technical Implementation Unit for Women and Children Protection (UPTD PPA) so that therapeutic communication in trauma recovery efforts can be effective. Children or even adults who have experienced certain traumas do not easily believe to tell stories to others. Sexual violence is not something that is easily shared because of feelings of shame, fear and even difficulty expressing thoughts and feelings or tends to be quiet (Cut Fara Diba, 2022). For this reason, in implementing Islamic therapeutic communication, what also cannot be ignored is Human Resources (HR) that provide direct services to victims, as well as adequate infrastructure.

Based on data and supported by the author's observations of UPTD PPA regarding limited Human Resources (HR), starting from the initial stages of complaints/case reporting to trauma recovery, there are no specific rules governing that men handle female victims or vice versa. Even though victims of violence against women and children experience fear, depression, shame and even difficulty expressing feelings or difficulty communicating (Helia, 2022). It is not easy for victims to remember and tell in *detail* the acts of sexual violence, which cause psychological and physical injuries, especially on sensitive parts or reproductive organs (Nurisman, 2022). In fact, one of the guiding principles of communication is that communication will be more effective if people come from similar sociocultural backgrounds. Similarities in certain things, such as orientation, religion, race (identity), language, education, financial aspects, problems in daily life, will encourage individuals to be attracted to each other and thus through these similarities communication becomes effective (Ndari et al., 2019). Various studies show differences between women and men. Among them women outnumber men in verbal ability, are more emotionally expressive, more obedient, shy or timid than men. While men in general, are more *aggressive* than women (Aliah, 2006).

Another problem that the author found in the initial observation is that UPTD PPA does not

yet have a representative safe house. Victims of violence against women and children who are not able to stay at home due to safety factors and trauma experienced, can occupy 8 units of rooms available at the UPTD PPA Office, inns, Islamic boarding schools, and halfway houses owned by provincial and district / city Social Offices in Aceh. In fact, in the 2022 Regulation of the Minister of Women's Empowerment and Child Protection concerning Women and Children Protection Service Standards in Chapter I, it is stated that victims of violence in addition to clothing, food, and assistance facilities as needed, victims of violence have access to temporary housing that prioritizes security and safety. The place in question is a safe house or temporary residence that is kept secret in accordance with standards based on applicable regulations. The safe house is also designed under conditions of strict supervision and guard for 24 (twenty-four) hours. Thus, in implementing Islamic therapeutic communication for trauma recovery of victims of sexual violence, it should be supported by human resources and infrastructure, so that victims feel comfortable and recover because in an Islamic perspective, the end of the communication process is to lead humans to experience a peaceful and comfortable life or called *sil'm* (Riskika et al., 2022).

The author refers to several previous studies so that this research is relevant and worthy of research. First, a study conducted by Setyorini, (2019) the findings in this study explain that the application of Islamic communication, especially greeting each patient when entering the room, and asking about his health condition. This is a form of communication that must be carried out by every clinical workforce. It can be seen similarities in the research that the author will focus on research on the implementation of Islamic therapeutic communication, as well as research methods, namely descriptive qualitative. For differences in place, time, location and object of study.

Research conducted by Siregar, (2016), according to the results of his research outlined that the principles of Islamic communication can be used as guidelines and ethics for doctors and medical professionals because they can increase patient satisfaction. Based on available data, not all principles of Islamic communication are applied at the orientation stage (early), working stage (*working*) and final stage (*termination*) to patients. Briefly, according to the author, the similarities in this study are the application of therapeutic communication at all stages of treatment, and the approach to research methods is descriptive qualitative. As for the differences include place, time, location and object of study. The informants in the study were patients in hospitals, while the authors focused on trauma recovery of women and children victims of sexual violence who experienced psychological and physical suffering.

Some of the research above the author uses as a comparison and reference in determining novelty in exploring the problems that the author will examine at UPTD PPA Aceh. Departing from this fact, the author is interested in writing a scientific paper with the title of a dissertation "Islamic Therapeutic Communication in Trauma Recovery of Victims of Sexual Violence at the Technical Implementation Unit of the Aceh Women and Children Protection Area (UPTD PPA)."

2. Research Method

Qualitative research is often called naturalistic research, because it is carried out in natural conditions (natural setting); also called ethnograpi techniques, because at first it was more widely used for research in the field of social humanitarian studies; also called the analyst descriptive method, because the data collected and analyzed are qualitative (Semiawan, 2010; Sugiyono, 2013). The research was conducted at the Regional Technical Implementation Unit for Women and Children Protection (UPTD PPA) located on Jalan Tgk. Batee Timoh Number 2 Jeulingke, Syiah Kuala sub-district, Banda Aceh city, which is one of the Regional Technical Implementation Units (UPTD) under the Aceh Women's Empowerment and Child Protection Office. informants include the Head of UPTD PPA, Head of General Administration Section, Head of Case Follow-up Section, Head of Reception and Clarification Section, psychologists, counselors, social welfare workers, surrogate mothers including Civil Servants (PNS) and contract workers, as well as women and children who are victims of sexual violence. In data credibility testing, triangulation is characterized by actually looking at information from different sources in different ways and at different times (Abdussamad & SIK, 2021). This aims to make it easier to describe data in the form of research results.

3. Results and Discussion

Islamic Therapeutic Communication in the Orientation or Introduction Phase

At the initial stage, the Head of the Reception and Clarification Section together with Case Handling Personnel including Counselors and Social Welfare Personnel receive client or Service User complaints. Communication begins with a smile because for counselors it is an effort to attract increased client attraction to interpersonal relationships. A smile is a positive facial expression and the most easily recognized nonverbal cue. Smiling is a gesture of friendliness, as an expression of sympathy, giving confidence or tranquility. If the counselor gives a smile at the beginning of the meeting with his client, he tends to smile back. This is a good start to a meeting. Make a first impression by being friendly.

Furthermore, applying the principle of Islamic communication saying good (qaulan ma'rufan), including saying the greeting "Assalamualaikum", then inviting clients to sit down and introduce themselves, following the client's intentions and objectives, then conveying good intentions to help, alleviate suffering, fight for victims' rights, and accompany in the legal process as well as physical and psychological recovery. The officer explains the forms of service and rights obtained during the service delivery process, and the client is required to fill out a complaint and consent form to obtain the service and complete the required documents. In the process of filling out the form, the service officer guides patiently and behaves and speaks softly (qaulan layyinan) and uses words that are easy to understand (qaulan maysuran) by asking if there are words or sentences that are not understood or filled in by the victim or his companion, including using Acehnese language if the client is easier to understand and comfortable,

so that a close relationship is established with the client and family who accompany the complaint process.

Next, the handling personnel carry out case identification and case clarification. At this stage the client is transferred from the Reception and Clarification Section room to the counseling room, to convey his problems to the counselor. If the client feels comfortable not being accompanied by family, the communication process at this stage takes place one-on-one between 1 (one) counselor and the client. Handling personnel in this case counselors begin to conduct initial assessments or outreach cases, by showing empathy for victims and building rapport, namely trying to establish good interpersonal relationships, so that victims feel comfortable, familiar and have trust in counselors. Communication does not go directly to the heart of the matter, but begins by asking about things you like, activities or daily activities. Counselors give clients the opportunity to tell stories, without any element of coercion. Including if at the first meeting, the client has not been willing to tell the events experienced. Counselors at this stage try to be a good listener, not interrupt the client's conversation and stare intently at every word the client says. Show empathy with sad facial expressions, when the client tells the incident of sexual violence experienced so that the client feels that the console can be a place to complain and will help him solve the problems faced.

On July 27, 2023, researchers directly observed the process of complaints of sexual abuse against girls reported by biological fathers. The psychology counselor, Ns. Muharman listened well to the complaint, looked into the reporter's eyes carefully, without interrupting the conversation, and after the reporter conveyed his problem, Ns. Muharman began to give his perspective regarding the case experienced without cornering the reporter, as well as directions regarding filling out the complaint form and explaining the form and stages of service at UPTD PPA.



Figure 1: Researchers together with Social Welfare Worker (TKS) Putri Balkis visit the home of a client (HZ) of a victim of Rape/Sexual Harassment in Aceh Besar district on July 13, 2023.

After meeting with the victim's family, investigators together with Social Welfare Workers proceeded to the victim's grandmother's house only located in a different sub-district from the victim's house. For safety and comfort, after the revelation of the

sexual assault case, the victim was temporarily moved to live with her father's extended family or grandmother's house. In this meeting, Social Welfare Workers again applied the Islamic communication principle of Qaulan Balighan (Words Lasting on the Soul), by asking HZ's grandparents, aunts and uncles not to issue statements or questions that corner, blame and make victims feel lost hope and future. The extended family is asked to support, comfort HZ, and focus on general science and religious education. Social Welfare Workers emphasize the importance of a good support system from the family, so that children get my love intact, strong in life, and still have hope for their future.

During the interaction with HZ, Social Welfare Workers discussed more about daily activities such as playing, studying, worship, health, preferred food and the comfort of living with extended family at grandma's house. Welfare workers avoid talking that leads to sexual violence incidents experienced. Using kind and gentle words, sitting at a close distance, joking and trying to establish a close relationship with the victim. Social Welfare workers call HZ "son" and call themselves "Mother Princess". Communication techniques that are carried out are more expressive, friendly, cheerful even though HZ tends to be more silent. Based on the observations of researchers, this communication technique has proven effective in getting closer to the victim, so that the victim is willing to communicate even with short answers, shy, confused, and occasionally ignorant (ignore). The approach to victims has a good impact so that they are willing to follow the direction of Social Welfare Workers, including undergoing service stages such as medical examinations, investigation processes to court, trauma recovery, and so on. Social Welfare Workers make maximum efforts to achieve Attachment or bonding, which is a well-established emotional bond, so that children feel safe, comfortable, supported and feel recognized.

Therapeutic Communication in the Working Phase

In the working phase, there are three services provided by UPTD PPA to women and children victims of sexual violence, including:

a. Legal Aid Services and Referrals

The Head of the Follow-up Section coordinates with Case Handling personnel in accordance with the competence of the service needs and networks of UPTD PPA. Furthermore, clients or service users are identified as needing legal assistance provided, namely assistance during the legal process and legal education. Legal aid services are provided with a gender-sensitive approach to help victims get justice and certainty of their legal rights until they obtain a decision that has permanent legal force. If the form of Legal Aid Services needed is Non-Litigation, Legal Consultation will be provided by extracting information from Clients or Service Users that are relevant / needed to identify the legal case so that adequate legal facts are revealed. The Client or Service User completes documents related to legal issues faced by Case Handling Personnel, provides information carried out either directly or indirectly regarding the law, victims' rights, settlement strategies or alternative steps that can be chosen by the

Client or Service User, but does not direct directly the steps to be taken by the Client or Service User. Case Handling Personnel advocate to Victims or Service Users about the basics of supporting legal and regulatory products related to legal issues faced. In this stage, there is also Mediation is a non-litigation effort aimed at reconciling the parties which is carried out by deliberation with the perpetrator with related parties (family, community and colleagues) assisted by Case Handling Personnel with the Head of Follow-up. In addition, there are Negotiations that seek to determine the settlement of disputes between parties without court procedures to reach an agreement based on more friendly and innovative participation. If it is necessary to make a draft or make legal documents related to handling cases, for example a draft agreement or agreement, it can be made after mediation or negotiation.

Litigation handling carried out includes accompanying Clients or Service Users in undergoing legal processes to Law Enforcement Agencies. The assistance carried out is assistance in reporting to the Police Station, assistance in making minutes of examination (BAP), assistance in the prosecution process and assistance in court, as well as the implementation of the contents of the Decision that has the force of Permanent Law. On July 28, investigators accompanied the legal process with Social Welfare Workers (TKS) to the Banda Aceh Regional Police regarding the rape and sexual harassment case against HZ (13 years old).



Figure 2. Researchers Participating with Social Welfare Workers, Putri Balkis coordinated with the PPA Unit of the Banda Aceh Police regarding the Legal Process of Perpetrators of Sexual Harassment against HZ Victims. July 28, 2023

On the same date, researchers not only participated in observations at law enforcement agencies, researchers also observed legal education and consultation for victims of sexual violence conducted by advocates or legal counselors, Rida Nurdin to IW victims (48 years old) who submitted complaints of Domestic Violence (KDRT) and sexual violence by ex-husbands. Case Handling Personnel in this case advocates provide information carried out either directly or indirectly about the law, victims' rights, settlement strategies or alternative steps that can be chosen by clients. Case handling personnel advocate for victims or supporting legal or regulatory products related to

legal problems faced.

b. Health Care and Referral

Seluruh proses komunikasi terapeutik dipusatkan pada Fase Kerja (Working). UPTD PPA officers carry out the stages of trauma recovery for victims of sexual violence, in health handling and referral services, as well as rehabilitation services and referrals. Psychologists together with Social Welfare Workers meet directly with victims, observing the physical and psychological conditions of victims of sexual violence.



Figure 3. Psychologist Siti Rahmah together with Social Welfare Worker Putri Balkis visited the home of rape/sexual abuse victim HZ (age 14) in Aceh Besar Regency on July 25, 2023.

The psychologist tried to approach HZ, and invited to talk together while walking around HZ's house. This effort is made to establish a close relationship so that the service process runs well and without coercion.



Figure 4. Psychologist Siti Rahmah invites HZ to see the outside of the house, so that a good and close relationship can be established.

Furthermore, before, providing treatment in the form of therapy to the victim, the psychologist carried out an IQ test, by asking the victim to do the questions within a certain time limit. The questions asked are related to the factors of intelligence of the victim, such as logic, mathematics and general knowledge. After the results are obtained, then the psychologist determines the treatment and selection of appropriate

therapy according to the victim's ability.

In the initial meeting with psychologists, psychological and legal counselors and social welfare workers also put forward persuasive communication techniques so that victims are willing to undergo ultrasound and visual examinations for the health of victims and the investigation process. When the victim expressed willingness to undergo this medical examination, the victim was accompanied to a health facility and given reinforcement to cooperate in other stages of service.

c. Rehabilitation Services and Referrals

The Head of the Follow-up Section together with the Case Handling Personnel responsible for the case prepare a design of Social Rehabilitation Services that will be provided to Clients or Service Users. Coordinate in providing other services and/or setting up a safe environment to clients or service users such as shelters, social care institutions, Witness and Victim Protection Agencies), and other shelters. The Head of the Follow-up Section together with Case Management personnel continue to provide Health Service assistance (psychic/psychiatric and/or physical) to clients or service users who are receiving other services. In this phase, service workers, especially counselors and social welfare workers, accompany victims by providing reinforcement in order to adjust to a new place to live, for safety and trauma recovery.

Based on the observations of researchers when participating with UPTD PPA Social Welfare Workers (TKS) Putri Balkis, to UPTD Rumoh Seujahtra Aneuk Nanggroe (RSAN) on July 21, 2023, researchers found the implementation of Islamic therapeutic communication in trauma recovery of sodomy victims of 12-year-old children with the initials MF. TKS speaks well (qaulan ma'rufan), gentleness (qaulan layyinan) and easy-to-understand words (qaulan maysuran) by asking questions related to the development of homeschooling education (informal education path), activities and comfort in halfway houses, relationships with officers and other residents. TKS repeats questions slowly if the child lacks focus, speaks in close proximity and physical contact in the form of holding the victim's arms and shoulders, and gives advice with words that imprint on the soul (qaulan balighan) such as advice to study hard, worship, and be kind to family, officers and friends at UPTD Rumoh Seujahtra Aneuk Nanggroe. Communicating with child age victims, must consider the duration of time that is not too long when sitting together, and end by inviting a walk or play when the child feels bored and bored when communicating. TKS avoids discussing sodomy events experienced by MF, and tends to discuss things that MF likes such as hobbies and daily habits while at UPTD Rumoh Seujahtra Aneuk Nanggroe. TKS understands that discussing the event will only make MF's mood sad and even angry.

As for applying the Islamic communication principles Qaulan Balighan (Words that imprint on the soul), Social Welfare Workers convey advice to be proud and please parents by being a good child, obedient, diligent in studying and worshiping. Advice was also given by inviting MF to a special room, not delivered in a crowd in front of UPTD Rumoh Seujahtra Aneuk Nanggroe employees and their friends.



Figure 5. Social Welfare Workers (TKS) with researchers when communicating with MF at UPTD Rumoh Seujahtra Aneuk Nanggroe on July 21, 2023.

When MF started to get bored in the room, the Social Welfare Worker continued the conversation while touring UPTD. Although during the conversation and playing with MF did not discuss the problems, especially the trauma experienced by MF, but to ensure the child's condition was in good health and what were the complaints while in Rumoh Singgah, TKS asked Nurhayati Wanda directly as the Head of Reception and Service Section and the caregiver who was daily with MF at UPTD Aneuk Nanggroe Halfway House. In addition to face-to-face communication during visits, TKS Putri Balkis routinely communicates with UPTD Aneuk Nanggroe Halfway House by phone.

d. Islamic Therapeutic Communication in the Termination Phase

In the termination phase and the end of the meeting, there are two services, namely repatriation and social reintegration and termination of services. The Head of Follow-up Section facilitates clients who are then called beneficiaries to return to their environment/surrogate family. Social reintegration is an attempt to restore new standards and values. The goal is to conform to societal institutions that have undergone changes.

Based on interviews with Psychological and Legal Counselors and Social Welfare Personnel, at this stage not only the communication aspect is considered but also the concrete actions of UPTD PPA to ensure the basic needs of victims are met as in Maslow's hierarchical theory, namely physiological (food, drink, sleep, clothing and others), sense of security (security, order, stability, etc.), Social (affection, relationships, family and others), rewards (achievement of status, responsibility, reputation and others), and self-actualization (self-development, ideological fulfillment and others). This reinforces one of the principles of communication, that in essence communication is not a heat to solve various problems, many problems and conflicts between humans are caused by communication problems. But communication is not a

panacea to resolve the problem or conflict, because the problem or conflict may be related to structural problems. For communication to be effective, these structural obstacles must also be overcome. For this reason, trauma recovery is not only about focusing on the implementation of therapeutic communication in trauma recovery, but ensuring that social reintegration goes well. The support system from the family and the surrounding environment functions and provides full support, and does not trigger words or attitudes that corner, blame or stigmatize the victim.

UPTD PPA coordinates with cross-sectors to meet the needs of victims oriented towards the comfort and sustainability of victim recovery efforts. If the victim's needs are related to housing because of perpetrators of sexual violence from family members, relatives or in the surrounding environment, the victim is facilitated to move their domicile to the family or social institution. If the victim does not wish to continue at the same educational institution, it is also facilitated to transfer schools that are different from other sub-districts or even districts that are still affordable, and prioritize child-friendly schools. This happened to the rape victim of her father and biological uncle, KL (age 13) who was facilitated to move her residence and school to another sub-district, and UPTD PPA also coordinated with Baitul Mal so that KL received assistance with a livable house to live with her grandmother and grandfather as foster parents, after her mother died and the biological father served a criminal sentence for raping KL. Not only that, UPTD PPA seeks the right to social fund assistance from the government for victims from underprivileged groups, and empowerment programs such as business capital assistance and skills training so that victims are empowered and busy, thus minimizing free time to remember the events of sexual violence experienced.

Furthermore, after termination, psychologists and counselors continue to maintain contact with victims, families and local village officials to ensure that victims can continue their lives in a protected and pleasant manner, and nothing bad happens after the service assistance ends. Even though the instructions related to services from UPTD PPA have been completed, the service personnel who accompany victims, especially Psychological and Legal Counselors and Social Welfare Workers continue to maintain relationships by communicating by phone, and even revisiting victims.

On July 17, 2023, researchers together with Social Welfare Worker, Putri Balkis met directly with NL rape/sexual abuse victims in Aceh Besar district. To see firsthand, the physical and psychological condition of the victim after the termination of service. During the meeting, Social Welfare Workers asked about the development of victims' health, especially reproduction, education, social society, and related to worship.



Figure 6. Researcher together with Social Welfare Workers (TKS), Putri Balkis visited the home of a client (NL) victim of Rape/Sexual Abuse in Aceh Besar on July 17, 2023.

Previously on July 14, researchers were also invited by Legal Counselor Rida Nurdin, and Psychology Counselor Ns. Muharman to see firsthand the physical and psychological condition of KL (13 years old) a rape victim of his biological father and uncle, which has been terminated in 2022. The Legal and Psychological Counsellor directly visited the victim's residence, asking several questions related to the development of education, worship, daily activities, and health of KL. Hearing the complaints of KL and his grandmother and grandfather, and complaints that can be found a direct solution, is facilitated to connect with institutions related to social assistance.

Based on the description above, researchers, establishing communication and return visits after termination of service (termination) are not included in the Standard Operating Procedure (SOP). This action is entirely the desire of UPTD PPA service officers, on humanitarian grounds to ensure that victims are in good condition and do not experience physical or psychological problems.

4. Conclusion

The implementation of Islamic therapeutic communication in trauma recovery of victims of sexual violence at UPTD PPA starts from the initial stages of complaints, legal aid referrals, health handling and referrals, rehabilitation, repatriation and social reintegration to termination of services. The main focal point in trauma recovery is on health care and referral services, involving psychologists, counselors, social welfare workers and surrogate mothers. The therapeutic stages include the orientation phase and the introduction, *working*, and termination phases, namely the end of the meeting. The implementation of Islamic therapeutic communication carried out by service officers at UPTD PPA with good speech, gentleness, adjusting the language and content of speech, conveying information about the actual situation of the victim's problem, and prioritizing empathy and *rapport*

building. Trauma recovery must be supported by meeting the basic needs of victims, as Maslow's hierarchical theory is physiological (food, drink, sleep, clothing and others), sense of security (security, order, stability, etc.), social (affection, relationships, family and others), appreciation (achievement of status, responsibility, reputation and others), and self-actualization (self-development, ideological fulfillment and others).

References

- Abdussamad, H. Z., & SIK, M. S. (2021). *Metode Penelitian Kualitatif*. CV. Syakir Media Press. Cut Fara Diba, 170101070. (2022). *Pendampingan Anak Korban Kekerasan Seksual Dalam Memenuhi Hak Anak (Studi Pada Unit Pelaksana Teknis Daerah Perlindungan Perempuan Dan Anak UPTD PPA Aceh)* [Other, UIN Ar-Raniry Banda Aceh]. <https://Repository.Ar-Raniry.Ac.Id/Id/Eprint/24367/>
- Hasibuan, L. (2022). Peran Profesional Dalam Membantu Mengatasi Gangguan Psikologis Pada Anak Korban Kekerasan Seksual. *Jurnal Al-Irsyad: Jurnal Bimbingan Konseling Islam*, 4(1), Article 1. <https://doi.org/10.24952/Bki.V4i1.5808>
- Helia, Q. L. (2022). *Implementasi Program Kota Layak Anak Di Dinas Pemberdayaan Perempuan Dan Perlindungan Anak Kota Pekanbaru (Studi Pada Perlindungan Anak)* [Other, Universitas Islam Riau]. <https://Repository.Uir.Ac.Id/14944/>
- Khairiah Syahabuddin, 2030106901, & Kusmawati Hatta, 2020196401. (2020). *Trauma Dan Penanganannya Pada Korban Konflik Bersenjata Di Asia: Suatu Analisis Komparatif Di Selatan Thailand Dengan Aceh Indonesia (Indonesian Edition)*. Lambert Academic Publishing. <https://Repository.Ar-Raniry.Ac.Id/Id/Eprint/19589/>
- Ndari, S. S., Hasanah, L., & Rosyidi, M. (2019). *METODE PENDIDIKAN SEKSUALITAS DI TAMAN KANAK-KANAK: Panduan Praktis Untuk Melindungi Anak Dari Kejahatan Seksual*. EDU PUBLISHER.
- Nurisman, E. (2022). Risalah Tantangan Penegakan Hukum Tindak Pidana Kekerasan Seksual Pasca Lahirnya Undang-Undang Nomor 12 Tahun 2022. *Jurnal Pembangunan Hukum Indonesia*, 4(2), 170–196.
- Riskika, S., Harun, B., Purnamawati, N. T., Kep, M., An, S. K., Andi Nasir, S. K. M., Hakim, B. N., Lucia Firsty, P. K., Anggraini, N. Y., & Kep, M. (2022). *Nursing Ethics (Etika Keperawatan)*. Rizmedia Pustaka Indonesia.
- Semiawan, C. R. (2010). *Metode Penelitian Kualitatif*. Grasindo. https://books.google.com/books?hl=id&lr=&id=Dspalxugucuc&oi=fnd&pg=PA2&dq=Metode+Penelitian+Kualitatif&ots=_A04DyJLVX&sig=Gx-Lenpkxfs51p9naydcwo15ijy
- Setyorini, I. (2019). *Efektifitas Komunikasi Dokter Dalam Membangun Kepercayaan Pasien (Studi Kasus Komunikasi Interpersonal Dokter Dan Pasien Di Klinik Nirmala Husada)* [Diploma, IAIN Ponorogo]. <https://etheses.iainponorogo.ac.id/7680/>
- Siregar, N. S. S. (2016). *Komunikasi Terapeutik Dokter Dan Paramedis Terhadap Kepuasan Pasien Dalam Pelayanan Kesehatan Pada Rumah Sakit Bernuansa Islami Di Kota Medan* [Phd Thesis, Program Pasca Sarjana UIN-SU]. <http://Repository.Uinsu.Ac.Id/1176/1/DISERTASI%20NINA%20SITI%20SALMANI%20AH%20SIREGAR%20-%202016.Pdf>
- Sugiyono, D. (2013). *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif Dan*

R&D.

Yanto, M., & Gutomo, T. (2019). Penyebab, Dampak, Dan Pencegahan Inses Causes, Impact, And Prevention Of Inses. *Media Informasi Penelitian Kesejahteraan Sosial*, 43(1), Article 1. <https://doi.org/10.31105/Mipks.V43i1.2201>