

## **Social Work Practice and Communication for Girl Survivors of Sexual Violence: A Social Rehabilitation Perspective in Indonesia**

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### **Abstract**

Sexual violence against girls constitutes a serious violation of human rights, with profound physical, psychological, and social consequences that require comprehensive and sustained responses. Within this context, such violence is closely linked to gendered power relations and vulnerabilities shaping girl's

experiences and recovery processes. This study aims to examine social work practice and communication in social rehabilitation for girl survivors of sexual violence at a Handayani Jakarta Service Center in Indonesia. A qualitative phenomenological approach was employed, with data collected through in-depth interviews, observations, and document analysis involving five purposively selected informants, consisting of three social workers, one acting head of the center, and one administrative head; data were analyzed through reduction, display, and conclusion drawing. The findings indicate that social rehabilitation is implemented through stages including assessment, service planning, interventions across family, community, and residential settings, as well as monitoring and post-service support, with social workers performing on practice and communication within a survivor-centered approach. The study concludes that strengthening professional capacity, cross-sector coordination, and inclusive strategies is essential to support the sustainable recovery of girl survivors.

**Keywords:** *Social Work, Practice, Communication, Social Rehabilitation, Indonesia*

## **1. Introduction**

Sexual violence constitutes a serious violation of human rights, involving non-consensual acts with sexual connotations that result in harm and distress for those affected (Sari et al., 2022). It may take the form of coercion, threats, or pressure to engage in sexual activities and can be perpetrated by individuals across different social contexts (Fielding-Miller et al., 2024). More broadly, sexual violence encompasses a range of acts, including rape, forced sexual relations, and other forms of abuse occurring before, during, or after sexual activity, as well as coercion into specific sexual acts or exploitation for commercial purposes (Löfström-Bredell et al., 2025). These acts are often characterized by unequal power relations, intimidation, and control, which contribute to environments of fear, silence, and vulnerability.

Girls are among those most affected by these dynamics due to their developmental stage and social positioning. Sexual violence against girls refers to interactions in which a girl is involved with an older individual or someone in a position of authority, such as a family member, caregiver, or other known person, and is subjected to sexual exploitation (Kirk-Provencher & Jeglic, 2023). Such experiences may involve coercion, manipulation, deception, or other forms of pressure. Importantly, sexual violence does not always require physical contact and may also occur in non-contact forms, including exposure to or dissemination of sexual content (Rusyidi & Krisnani, 2020). These experiences can have lasting effects on girls' physical well-being, emotional health, and social functioning.

At the global level, efforts to address sexual violence against girls are grounded in a human rights framework that recognizes girls as rights holders, as reflected in the Convention on the Rights of the Girl (CRC). This framework underscores the responsibility of states to prevent violence and to ensure access to recovery and reintegration services. In Indonesia, legal and policy frameworks have been developed to strengthen girl protection systems; however, their implementation continues to face challenges, including limited cross-sector coordination, resource constraints, and unequal access to social rehabilitation services (Wismayanti et al., 2021).

Existing policy responses in Indonesia have often positioned sexual violence primarily as a criminal issue, leading to a stronger focus on legal sanctions for perpetrators than on the recovery needs of survivors (Wismayanti et al., 2021). In practice, girl survivors require approaches that prioritize protection, psychosocial support, and long-term recovery within integrated systems of care. Sexual violence may manifest in various forms, including rape, forced sexual activities, exploitation, forced marriage, and other coercive practices (Sari et al., 2022). National frameworks also identify multiple forms of sexual violence, such as sexual harassment, exploitation, trafficking for sexual purposes, forced prostitution, and other practices involving coercion and control (Komnas Perempuan, 2019).

Empirical evidence highlights the scale and persistence of the issue. National reports indicate a substantial number of cases of gender-based violence, including sexual violence, occurring in both public and private spheres (Komnas Perlindungan Anak, 2023). Data from girl protection institutions show that cases of violence against girls remain consistently high, with sexual violence representing one of the most reported forms (Komnas Perlindungan Anak, 2023). Regional data further indicate that West Java records one of the highest numbers of reported cases in Indonesia. These patterns reflect broader structural conditions that shape vulnerability, access to protection, and the ability to seek support.

The persistence of sexual violence against girls is closely associated with unequal gender-based power relations that position girls in vulnerable and subordinate situations within families, schools, and wider social environments (Januar et al., 2024). These unequal relations often restrict girls' autonomy, limit their ability to resist abusive actions, and create fear or dependency that discourages disclosure. In many situations, perpetrators use coercion, intimidation, manipulation, or emotional control to maintain dominance over victims, making it difficult for girls to seek protection or support (Satar et al., 2021). Furthermore, perpetrators

are frequently individuals who hold authority, trust, or close social proximity to the victim, including family members, caregivers, teachers, or other respected adults (Stoltenborgh et al., 2011). Such conditions reinforce power imbalances that silence survivors and increase their vulnerability to prolonged abuse.

Beyond being a violation of human rights and legal norms, sexual violence against girls produces profound physical, psychological, emotional, and social consequences that may disrupt their development and social functioning (Mathews & Collin-Vézina, 2017). Feelings of shame, fear, stigma, and mistrust often affect survivors' willingness to communicate their experiences and engage with support systems. In this context, social rehabilitation becomes an essential process to assist survivors in rebuilding their sense of safety, confidence, and social functioning. Therefore, effective social work practice and communication are critically needed to create supportive relationships, facilitate emotional recovery, and strengthen survivors' participation throughout the rehabilitation process.

In responding to these challenges, social work plays a critical role in supporting the recovery and well-being of girl survivors. Social workers are professionals equipped with specialized knowledge, skills, and values to deliver planned, integrated, and sustained interventions aimed at restoring social functioning across individual, family, and community contexts. Through social rehabilitation processes, social workers engage in multiple roles, including facilitating access to services, providing psychosocial support, advocating for survivors' rights, and coordinating with multidisciplinary professionals. These approaches contribute to more holistic and survivor-centered responses to sexual violence.

The Service Center of Handayani Jakarta in Indonesia represents one institutional context where such practices are implemented. Between 2023 and 2024, the center handled a substantial number of cases involving girl survivors of sexual violence, including cases with diverse and complex needs, such as those related to health conditions, disabilities, and social vulnerabilities. These conditions highlight the importance of context-sensitive, coordinated, and inclusive approaches in social rehabilitation (Handayani Jakarta Service Center, 2025).

Previous studies have examined interventions and support services for survivors of sexual violence from different perspectives. Research by Ramdyanti et al. (2022), highlighted the role of social workers in crisis intervention and psychosocial assistance for girl survivors of sexual violence. Meanwhile, Yohana et al. (2024) emphasized the importance of communication and institutional coordination in handling sexual violence

cases, while Patterson (2014) demonstrated that interdisciplinary communication influences the effectiveness of survivor support services. Although these studies provide important insights into intervention and collaboration practices, they tend to discuss psychosocial support and communication separately.

This study extends previous research by focusing on social work practice and communication within social rehabilitation processes for girl survivors of sexual violence at the Handayani Jakarta Service Center. The novelty of this study lies in its integrated analysis of communication practices, social rehabilitation, and interdisciplinary collaboration within a survivor-centered rehabilitation setting. The study contributes to a broader understanding of how social work practice and communication supports recovery processes and strengthens coordinated responses for girl survivors of sexual violence.

Based on this context, this study examines social work practice and communication in social rehabilitation for girl survivors of sexual violence at the Service Center Handayani Jakarta. Specifically, the study addresses two research questions: (1) How are social rehabilitation processes by social workers implemented for girl survivors of sexual violence? and (2) How is interdisciplinary collaboration carried out in supporting these processes?

## 2. Method

### 2.1. Design

This study employed a qualitative research design with a phenomenological approach to explore social work practice and communication in social rehabilitation for girl survivors of sexual violence. A phenomenological approach was selected to capture the lived experiences and professional perspectives of those directly involved in delivering Social Rehabilitation services. This design enables an in-depth understanding of how practices are carried out within real-life contexts.

### 2.2. Informants Recruitment

**Table 1.** Research Informant

<b>Initial</b>	<b>Gender</b>	<b>Role</b>
<b>DD</b>	Female	Social Worker
<b>LN</b>	Female	Social Worker
<b>HA</b>	Female	Social Worker
<b>EM</b>	Male	Head of Centre
<b>UP</b>	Male	Head of Administrative

Informants were selected using purposive sampling to ensure relevance to the research objectives. The study involved five informants who were directly engaged in Social Rehabilitation practices at the Service Center of Handayani Jakarta. These included three social workers working with Girl Survivors of Sexual Violence, one acting head of the center, and one administrative head.

The selection of informants was based on their professional roles, experience, and direct involvement in social work practice and communication within social rehabilitation processes. This approach ensured that the data reflected informed perspectives and practical insights related to the implementation of services for girl survivors.

### *2.3. Data Analysis*

Data were collected through in-depth interviews, observations, and document analysis to provide a comprehensive understanding of social work practice and communication in social rehabilitation perspective. The analysis followed a systematic process consisting of data reduction, data display, and conclusion drawing.

Data reduction involved selecting, focusing, and simplifying the collected information to identify key themes related to Social Rehabilitation processes. Data display was conducted by organizing the information in a structured manner to facilitate interpretation. Finally, conclusions were drawn by identifying patterns, relationships, and meanings emerging from the data.

### *2.4. Ethical Considerations*

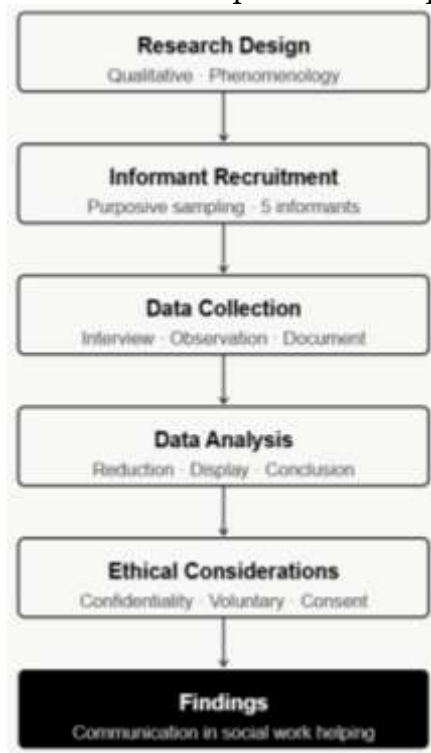
This study was conducted with careful attention to ethical principles due to the sensitive nature of sexual violence and social rehabilitation involving girl survivors. Participation was voluntary, and each informant received a clear explanation regarding the research objectives, procedures, and their role in the study before participation. Informed consent was obtained prior to the interviews, and informants were informed of their right to withdraw or decline to answer questions at any stage of the research.

To ensure confidentiality, all personal identifiers were removed from the data, and initials or pseudonyms were used in reporting the findings. Information that could potentially reveal the identity of survivors or specific cases was not disclosed. In addition, the researcher maintained a respectful and non-judgmental approach during interviews to minimize discomfort and protect the privacy and dignity of individuals involved in the social rehabilitation process.

### 2.5. Research Bias

Because this study examined social work practice and communication with girl survivors of sexual violence, the researcher recognized the possibility of emotional and interpretive bias during the research process. To minimize this risk, the researcher maintained a neutral position during interviews by allowing informants to explain their experiences and practices openly without leading questions.

The study also used interviews, observations, and document analysis to compare findings and strengthen data credibility. In addition, the researcher continuously reflected on personal assumptions regarding sexual violence and rehabilitation to ensure that the findings remained grounded in the informants' actual experiences and perspectives.



**Figure 1.** Research flowchart

### 3. Results

The results of this qualitative study provide a comprehensive account of social work practice and communication practice in social rehabilitation for girl survivors of sexual violence at the Service Center of Handayani Jakarta, Indonesia. The results describe both the sequential stages of social rehabilitation and the interdisciplinary collaboration that supports service

delivery. The presentation of results is organized according to the stages of social rehabilitation.

### 3.1. Stages of Social Rehabilitation for Girl Survivors of Sexual Violence

The initial stage of social rehabilitation focuses on identifying the girl survivors and documenting their basic information. Informants indicated variations in how identity data were recorded and prioritized across case documentation. Based on information provided by three informants, the identity profiles of girl survivors reflect diverse backgrounds.

The recorded data generally include initials, gender, age, religion, educational background, and place and date of birth. Informant DD described a girl survivor with the initials RA, a 17-year-old Muslim girl enrolled in junior secondary school. Informant LN reported a girl survivor with the initials SOP, an eight-year-old Muslim girl attending kindergarten. Informant HA described a girl survivor with the initials N, a 16-year-old Muslim girl enrolled in junior secondary school.

**Table 2.** Results of Identifying the Girl Survivors

<b>Social Worker</b>	<b>Client</b>	<b>Gender</b>	<b>Age</b>	<b>Religion</b>	<b>Education</b>
<b>DD</b>	RA	Female	17	Islam	Junior High School
<b>LN</b>	SOP	Female	8	Islam	Kindergarten
<b>HA</b>	N	Female	16	Islam	Junior High School

The findings indicate that social rehabilitation processes for girl survivors of sexual violence were shaped by differing psychosocial conditions, family environments, and communication responses during rehabilitation. Although institutional procedures generally followed stages of assessment, intervention planning, implementation, and monitoring, the experiences observed across cases revealed important variations in how social workers approached rehabilitation practices.

During the assessment stage, social workers identified different emotional and psychological conditions among girl survivors. One informant described a survivor who appeared relatively stable in daily interactions, while another explained that a survivor tended to normalize the violence experienced due to prior exposure to inappropriate sexual content and problematic relational dynamics within the family environment. In another case, a survivor demonstrated more severe

psychological distress, including emotional instability, withdrawal, and auditory hallucinations. These differences indicate that the impacts of sexual violence were experienced unevenly and required context-specific communication approaches during rehabilitation.

The findings also show that communication during assessment was often influenced by survivors’ emotional readiness and sense of trust. Some survivors avoided direct communication and relied on family members to respond during early interactions. Such conditions required social workers to use gradual and adaptive communication strategies to encourage participation and emotional engagement throughout the rehabilitation process.

Variations were also identified in intervention planning. In some cases, rehabilitation focused primarily on educational continuity, including school relocation and learning support. In other cases, intervention planning extended beyond the survivor to include administrative assistance, psychosocial support, and economic support for family members. These findings suggest that rehabilitation processes were not limited to individual recovery, but also involved broader family and social considerations affecting survivors’ daily lives.

The implementation stage involved coordination with multiple institutions and professionals, including social services, schools, psychologists, psychiatrists, and healthcare providers. However, the findings indicate that rehabilitation practices depended heavily on the survivor’s psychological condition, family involvement, and the capacity of service providers to maintain communication and coordination across cases. Informants reported that some survivors gradually became more open in social interactions and showed improvements in emotional regulation during rehabilitation. Nevertheless, recovery processes varied in duration and responsiveness across cases.



**Key Finding:**

Rehabilitation is non-linear. Progress varies by survivor’s emotional readiness, family involvement, and inter-agency coordination.

**Figure 2.** Stages of Social Rehabilitation for Girl Survivors of Sexual Violence

An important finding concerns the incompleteness of the termination stage at the time of the study. Several rehabilitation processes remained ongoing because social workers considered that stable living conditions, emotional readiness, and educational continuity had not yet been fully achieved. This suggests that rehabilitation for girl survivors of sexual violence was not always linear or predictable, but instead depended on continuing social, emotional, and family conditions beyond formal intervention stages.

### *3.2. Interdisciplinary Collaboration in Social Rehabilitation*

Interdisciplinary collaboration emerged as a key component in the implementation of social rehabilitation at the Handayani Jakarta Service Center, reflecting the complex and multidimensional nature of the needs presented by girl survivors of sexual violence who are referred to and served by this institution.

As one of the government-operated social rehabilitation centers under the Ministry of Social Affairs of the Republic of Indonesia, Handayani Jakarta is mandated to provide integrated social rehabilitation services for girls in vulnerable and high-risk situations, including survivors of sexual violence. Social work communication practice within this institutional context involved systematic coordination with multiple professionals across various disciplines, including social counselors, psychologists, psychiatrists, and a range of external institutions.

This collaborative orientation was not incidental but rather deliberately structured into the operational framework of the center, recognizing that no single professional or discipline could adequately address the full spectrum of recovery needs that survivors presented. The breadth of collaboration observed in this study underscores a shared professional understanding that effective social rehabilitation at Handayani requires the convergence of expertise from multiple fields, each contributing distinct but interdependent roles in the recovery process.

Internal collaboration within the Handayani service setting demonstrated strong and well-functioning communication, characterized by shared responsibilities, joint case discussions, and continuous communication designed to support follow-up actions and ensure consistency in service delivery. Within the center's operational structure, team meetings and case conferences served as structured forums through which professionals exchanged assessments, reviewed the progress of individual clients under Handayani's care, and collectively adjusted intervention plans in response to the evolving needs of each girl survivor. This ongoing internal dialogue was particularly vital given that many girls residing at or receiving services from Handayani had experienced

prolonged or severe forms of abuse, requiring sustained and carefully calibrated multi-professional responses.

The internal collaborative dynamic also fostered a culture of mutual accountability, where the quality and continuity of services were collectively monitored rather than left to the discretion of individual practitioners alone, a governance approach consistent with Handayani's role as a state-operated service center bound by formal standards of social rehabilitation practice.

Collaboration with social counselors at Handayani was built upon a model of complementary roles, wherein social workers provided direct psychosocial support to survivors and their families while counselors delivered structured educational sessions related to personal development and well-being. This division of labor within the Handayani team reflected a deliberate effort to align each professional's contribution with their respective competencies as defined within the center's service framework, while ensuring that together they addressed both the emotional and developmental dimensions of rehabilitation.

Social workers at Handayani focused on building therapeutic rapport with girl clients, conducting biopsychosocial assessments, facilitating family engagement, and coordinating care pathways, whereas counselors contributed through structured programs that aimed to rebuild survivors' self-efficacy, life skills, and sense of future possibility. The complementary nature of these roles within the Handayani setting meant that survivors received a more holistic package of support, with neither the relational nor the developmental dimension of recovery being neglected throughout their period of service engagement at the center.

Engagement with psychologists and psychiatrists at Handayani was conducted in a differentiated and needs-based manner, initiated when assessment results indicated the presence or likelihood of conditions requiring specialized mental health support beyond the scope of generalist social work intervention. This threshold-based approach reflected the professional structure at Handayani, where psychological and psychiatric services are available as specialist resources within or accessible to the center, activated through a formal referral process grounded in evidence from social work assessments.

For many girl survivors of sexual violence served by Handayani, trauma-related symptoms , including post-traumatic stress responses, depressive episodes, anxiety, and behavioral dysregulation , necessitated interventions that required the involvement of licensed mental health professionals. In such cases, social workers at Handayani worked in close coordination with psychologists who employed trauma-sensitive

therapeutic approaches tailored to girls and adolescents, and with psychiatrists who provided clinical evaluation and, where clinically indicated, pharmacological support.

Throughout these specialist engagements, Handayani's social workers maintained their coordinating role, communicating relevant psychosocial context drawn from their direct work with clients, supporting family members in understanding the treatment process, and ensuring continuity between the clinical and social dimensions of the rehabilitation plan as implemented within the center.

Collaboration with external institutions, including law enforcement, the regional Social Service offices, and girl protection agencies such as the Indonesian Girl Protection Commission and the Integrated Service Center for the Empowerment of Women and Children, ensured that social rehabilitation processes at Handayani aligned with the prevailing legal frameworks governing girl protection in Indonesia and supported survivors' access to essential services and legal protections.

Communications with educational institutions ensured that girl survivors receiving services at Handayani could continue their formal education without experiencing discrimination, stigma, or social exclusion, barriers that can profoundly impede both reintegration and recovery. Given that many girls at Handayani had experienced disruption to their schooling as a consequence of the abuse and its aftermath, social workers engaged proactively with school principals, teachers, and guidance counselors to facilitate trauma-informed reception of returning or newly enrolling students and to advocate for flexible academic accommodations where the girl's psychological condition warranted them.

Maintaining educational continuity was treated within Handayani's rehabilitation framework as a meaningful protective factor, one that reinforced survivors' sense of normalcy, peer belonging, and forward orientation toward the future. Collaboration with healthcare providers, meanwhile, facilitated survivors' access to necessary health services through formal referral pathways connecting Handayani to public health facilities and hospitals, addressing physical health consequences of abuse, reproductive health needs, and ongoing medical monitoring, dimensions of recovery that intersected closely with the psychosocial rehabilitation plan managed by the center's social workers.

Overall, the results indicate that cross-sector collaboration plays a significant and indispensable role in strengthening the social rehabilitation services delivered at Handayani Jakarta and in supporting the holistic recovery of girl survivors of sexual violence served by the center. The collaborative model documented in this study reflects a holistic and rights-

based approach to service delivery that is consistent with best practices in trauma-informed care, the mandates of Indonesian girl protection legislation, and contemporary social work theory.



**Figure 3.** Interdisciplinary Collaboration in Social Rehabilitation

These findings affirm that social workers at Handayani Jakarta of Service Center function not only as direct service providers but also as communicators, advocates, and systems navigators, roles that are essential to translating the complex and overlapping needs of girl survivors into coherent, integrated, and effective rehabilitation responses within and beyond the institutional boundaries of the center.

#### 4. Discussion

Social work practice and communication in social rehabilitation practice at the Handayani Jakarta Service Center reflects an institutional response to sexual violence that is experienced within broader structures of gendered power relations, particularly affecting girl survivors who are girls. As highlighted by Nandasari and Jatiningsih, responses to sexual violence are not only technical interventions but also represent efforts to address structural inequalities that shape vulnerability (Nandasari & Jatiningsih, 2022). Within this context, the availability of social rehabilitation services that integrate psychosocial and social support becomes a critical component in responding to the high prevalence of sexual violence (Hamdy et al., 2024).

The results demonstrate that social rehabilitation is implemented through a structured sequence of stages, including identification, assessment, intervention planning, implementation, monitoring, and preparation for termination. This process reflects a case management approach that aligns with established models of social work practice

(Subardhini, 2025). However, the results also show that implementation is not always linear, as each girl survivor's experience is shaped by distinct social, psychological, and relational contexts. From a phenomenological perspective, these variations highlight how experiences of sexual violence are interpreted differently by girl survivors, particularly girls, whose understanding of violence may be influenced by prior exposure, social norms, and power relations.

The assessment stage reveals significant diversity in the ways girl survivors experience and interpret sexual violence. Some girl survivors perceive the violence as "normal," indicating internalized understandings shaped by unequal gender relations and prior exposure to harmful experiences. This condition may limit recognition of harm and delay access to support. In contrast, other cases present more complex psychological responses, including symptoms such as hallucinations and emotional instability, which extend beyond common post-traumatic reactions (Keeshin & Monson, 2022). These differences reinforce the need for social work practice to adopt sensitive and individualized assessment approaches that move beyond standardized procedures.

Variations in sleep patterns, emotional responses, and communication behaviors further demonstrate that trauma is experienced in diverse ways. Girl survivors may express anxiety through withdrawal, silence, or concerns about social acceptance and future life, particularly in contexts where stigma remains strong. These patterns reflect how gendered expectations and social perceptions can influence how girl survivors, especially girls, process and respond to sexual violence. As such, social rehabilitation requires approaches that are not only trauma-informed but also attentive to gendered experiences and social context.

Intervention planning through case conferences demonstrates the capacity of social work practice to integrate multiple dimensions of support, including education, administrative access, economic assistance, and psychosocial recovery. While these efforts reflect effective coordination, the results indicate that intervention strategies in practice may still rely on limited approaches, such as reward-based behavior modification (Uli & Atika, 2024). This suggests a gap between existing practice and the broader range of evidence-based interventions recommended for girl survivors of sexual violence (Herawati et al., 2018; Susilowati & Ratnaningrum, 2023). Strengthening professional capacity is therefore essential to ensure that social rehabilitation fully addresses the complexity of trauma experienced by girl survivors.

The observed changes in behavior, including increased openness, participation, and emotional stability, indicate that social rehabilitation

can contribute positively to recovery when implemented consistently. However, the incomplete termination stage highlights that recovery is not limited to psychological stabilization. It also involves broader processes of social reintegration, including access to stable housing and education, which may extend the duration of social rehabilitation (McPherson et al., 2025). From a gender perspective, these processes are particularly important in ensuring that girl survivors are able to re-engage with their social environment without stigma or exclusion.

The effectiveness of social work practice and communication is closely related to the professional capacity of social workers and the institutional conditions in which they operate. High caseloads, as identified in the results, may limit the ability of social workers to provide individualized and trauma-informed support (Kam, 2019; Ramírez et al., 2023). This condition reflects structural challenges that may affect the quality of social rehabilitation and requires attention to workload management and professional development (Kurniasari, 2018). In addition, the reluctance of girl survivors to disclose their experiences highlights the importance of building trust through sensitive and respectful engagement.

The results also indicate that intervention focus may shift toward broader family recovery, which, while important, can risk reducing attention to the specific needs of girl survivors. This raises important ethical considerations regarding the principle of prioritizing the best interests of the girl in all stages of social rehabilitation (Istyawan, 2025; Keeshin & Monson, 2022). Maintaining a clear focus on the experiences and recovery needs of girl survivors remains essential, particularly in contexts where family dynamics may be directly related to the experience of sexual violence.

Interdisciplinary collaboration plays a significant role in strengthening social rehabilitation. The involvement of social workers, social counsellors, psychologists, psychiatrists, and other professionals reflects a comprehensive approach aligned with recommended frameworks for responding to sexual violence (Dovi et al., 2022). Referral pathways to mental health services demonstrate a system of care, particularly when psychological symptoms require specialized intervention.

Communications with education and social institutions also ensures that girl survivors can access their fundamental rights, including education and identity documentation (Ghani & Sitohang, 2022). However, the results suggest that maintaining a consistent focus on trauma recovery within collaborative practice remains a challenge. In some cases, the direction of intervention may shift toward addressing broader social issues rather than the specific experiences of girl survivors. Strengthening

coordination mechanisms is therefore necessary to ensure that social rehabilitation remains aligned with survivor-centered and trauma-informed principles (Yao et al., 2024).

These results contribute to ongoing discussions on social work communication in social rehabilitation, particularly within contexts where resources may be limited. Strengthening the capacity of social workers through training in diverse intervention approaches is essential to enhance the quality of practice (Uli & Atika, 2024). At the same time, maintaining manageable caseloads is necessary to ensure that professional practice remains effective and responsive (Ramírez et al., 2023).

Future research may explore the long-term sustainability of recovery among girl survivors following the completion of social rehabilitation. Overall, while the Service Center Handayani Jakarta demonstrates a structured and collaborative approach, ongoing efforts are needed to ensure that social work practice consistently prioritizes the recovery, dignity, and well-being of girl survivors within a gender-responsive and inclusive framework.

## **5. Conclusion**

This study demonstrates that social work communication within social rehabilitation practice at the Handayani Jakarta Service Center functions not only as a supportive interactional process, but also as an institutional mechanism through which assessment, intervention planning, implementation, and monitoring are coordinated in responding to sexual violence against girls. The findings indicate that communication practices are closely shaped by organizational procedures, interdisciplinary collaboration, and the professional judgment of social workers in managing survivors' emotional and psychosocial conditions throughout rehabilitation processes.

The study further shows that variations in communication approaches and intervention outcomes are influenced by differences in case complexity, resource availability, and coordination across service providers. These findings suggest that social rehabilitation practices for girl survivors of sexual violence cannot be understood solely through standardized intervention models, as rehabilitation processes are strongly dependent on contextual and institutional conditions within social service settings in Indonesia. In this regard, the study contributes to the literature by positioning social work communication as a relational and organizational practice embedded within broader rehabilitation structures rather than merely as an interpersonal therapeutic skill.

Several practical implications emerge from these findings. The identified differences in assessment and intervention processes indicate the importance of strengthening communication guidelines for trauma-related cases, particularly in managing emotionally withdrawn survivors and cases involving prolonged abuse within family or authority-based relationships. In addition, inconsistencies in coordination across professional services suggest the need for clearer interprofessional communication procedures during rehabilitation planning and monitoring stages.

This study has several limitations. The findings were primarily derived from the perspectives of social workers and institutional actors within a single rehabilitation setting, which may limit the transferability of the results to other rehabilitation institutions in Indonesia. Furthermore, the absence of direct survivor perspectives restricts the study's ability to fully capture how communication practices are experienced and interpreted by girl survivors themselves. Future research may therefore benefit from incorporating survivor narratives, comparative institutional settings, and longitudinal approaches to better understand communication dynamics and recovery processes within social rehabilitation contexts.

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