

EXPLORING FAMILY AND SOCIAL SUPPORT IN TRAUMA RECOVERY: NGO PRACTITIONERS' PERSPECTIVES FROM INDONESIA

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Abstract. Sexual violence continues to be a serious social issue, with young women experiencing long-lasting psychological and social consequences. Recent scholarship increasingly recognises that trauma recovery takes place within relationships and is shaped through everyday interactions in survivors' social lives. This qualitative study examines how practitioners from non-governmental organisations in Indonesia understand and work with the involvement of family members and close social networks in supporting the trauma recovery of young women survivors of sexual violence. The study draws on in-depth interviews with practitioners who provide psychosocial support to survivors. The findings indicate that trauma recovery is closely linked to how support is communicated in daily encounters. Practitioners described how being believed, listened to with care, and emotionally understood helped survivors feel safer and more able to continue their recovery process. By contrast, silence, moral judgement, and stigmatising responses from family members or close social contacts were described as intensifying distress and discouraging further help-seeking. Practitioners also highlighted the importance of ongoing and carefully managed communication with families as a way to build trust and sustain supportive relationships. Overall, this study offers a relational and communication-based perspective on trauma recovery and underscores the importance of survivor-centred and culturally responsive support practices in non-Western contexts.

Keywords: *trauma recovery, therapeutic communication, relational support, psychosocial intervention, qualitative study*

Introduction

Sexual violence remains a serious global concern, with young women consistently identified as one of the most affected groups across diverse social contexts (Burns and Mutunga, 2024; Li et al., 2023; Ajayi et al., 2021). Global data remain alarming, with more than 370 million girls and women worldwide having experienced sexual violence before turning 18, a figure that rises to approximately 650 million when non-contact forms of sexual violence are included (UNICEF, 2024). Moreover, lifetime prevalence estimates indicate that nearly 840 million women globally have experienced sexual violence, including both intimate partner and non-partner violence, underscoring the persistent and widespread nature of this issue across the life course (WHO, 2025). Beyond immediate physical harm, survivors frequently face long-term psychological and social challenges, including anxiety, depressive symptoms, emotional instability, and difficulties in sustaining close interpersonal relationships (Fiolet et al., 2024; Rubini

et al., 2023). Taken together, these consequences indicate that the impact of sexual violence extends beyond isolated incidents and may shape survivors' lives over time.

In response to these long-term consequences, trauma recovery is increasingly conceptualised not as an individual or linear process, but as one that unfolds through survivors' ongoing interactions within their everyday social environments. A growing body of research suggests that recovery trajectories are shaped by patterns of communication and relational exchanges with family members, close friends, and other significant figures within survivors' immediate social networks (Tarzia, 2020). Following disclosure of sexual violence, responses from these social actors, such as empathy, attentive listening, and validation, or alternatively silence and judgment, are closely associated with survivors' sense of safety, emotional regulation, and willingness to seek further support. Supportive and affirming communication from close social networks has been associated with lower psychological distress, more adaptive emotional coping, and more positive recovery experiences, whereas negative or dismissive reactions may hinder recovery and intensify survivors' vulnerability over time.

Recent empirical studies show that survivors' support systems play an important but often complicated role in trauma recovery following sexual violence. Rather than functioning as stable and consistently supportive networks, these systems involve multiple interpersonal, cultural, and institutional influences that can both assist and hinder survivors' trauma recovery (Asadi et al., 2024; Widanaralalage et al., 2024). While family members are often assumed to be primary sources of support, studies indicate that survivors frequently rely on close friends, intimate partners, or other trusted individuals as alternative or complementary sources of emotional safety. Empirical evidence further suggests that familial support is not always accessible or supportive, particularly when survivors encounter stigma, victim-blaming, or silence shaped by cultural norms and limited understanding of sexual violence. In such contexts, survivors' recovery processes are shaped through ongoing communication and interaction within immediate social networks that extend beyond the family unit. Taken together, these findings highlight the need for a more nuanced understanding of relational support that reflects survivors' lived social realities and the communicative dynamics embedded in everyday relationships (Tarzia, 2020).

Although family members are often treated as the most immediate sources of support, recent studies suggest that this assumption does not always hold in survivors' experiences of trauma recovery following sexual violence (Asadi et al., 2024; Widanaralalage et al., 2024). Support within families can be uneven and, in some cases, difficult to access at critical moments. Silence, stigma, and culturally shaped expectations about sexual violence may influence how family members respond, sometimes limiting opportunities for open conversation or emotional reassurance. When this occurs, survivors often look elsewhere. Close friends, intimate partners, and other trusted individuals may become important points of emotional safety and understanding during trauma recovery. Taken together, these studies suggest that a broader understanding of relational support is needed, one that moves beyond formal family roles and attends more closely to survivors' lived social realities. At the same time, much of the existing literature continues to emphasise survivors' accounts or to rely on quantitative approaches that link social support to mental health indicators such as post-traumatic stress, depression, or coping capacity.

In Indonesia, non-governmental organizations (NGOs) play a central role in providing psychosocial support for survivors of sexual violence, particularly young women. NGO practitioners are deeply involved in survivors' recovery processes, not only through direct therapeutic engagement but also through ongoing interaction with survivors' families and close social networks. Through recovery-oriented therapeutic communication, practitioners continually assess relational dynamics, build trust, and support survivors in identifying sources of support that feel emotionally safe and conducive to healing. However, empirical research that foregrounds NGO practitioners' perspectives on how family members and close social networks function within trauma recovery remains limited in the Indonesian context.

The socio-ecological model offers a useful framework for understanding trauma recovery as a multi-layered process shaped by interactions at individual, relational, and broader social levels. At the relational level, family members and close social networks occupy a particularly influential position, as their responses can either facilitate or constrain recovery (Tarzia, 2020). Within this relational space, therapeutic communication becomes a key mechanism through which practitioners engage with survivors and significant others, manage relational expectations, and support recovery in culturally sensitive ways. Addressing these gaps, this study explores how NGO practitioners in Indonesia conceptualise and experience the role of family and close social networks in supporting the trauma recovery of young women survivors of sexual violence. Drawing on in-depth interviews with 12 NGO practitioners, the study foregrounds practitioners' perspectives developed through sustained engagement with survivors and their relational environments. In doing so, this article contributes to a deeper understanding of recovery-oriented relational support and highlights the communicative processes through which such support is enacted in practice, with important implications for survivor-centred and culturally responsive interventions.

Review of literature

Recent scholarship has increasingly recognised that recovery from sexual violence extends beyond individual psychological processes and is deeply embedded within survivors' relational environments. Contemporary trauma research highlights that interactions with family members and close social networks play a crucial role in shaping emotional safety, coping capacities, and long-term recovery outcomes. Recent studies increasingly suggest that recovery from sexual violence cannot be understood solely in terms of individual psychological change. Instead, recovery is closely tied to survivors' relational worlds, where everyday interactions with family members and close social networks influence feelings of safety, coping strategies, and longer-term recovery experiences. Rather than functioning solely as sources of practical assistance, relational actors influence how survivors interpret their experiences, manage distress, and re-establish a sense of trust following trauma (Tarzia, 2020). Moreover, Thoresen et al. (2025) explained that the quality of social responses following disclosure is more consequential than the mere presence of social support. How survivors are responded to by those around them also plays an important role in shaping trauma recovery outcomes. Supportive responses marked by emotional acknowledgement, belief, and attentive listening have been linked to lower levels of depression and post-traumatic stress, whereas responses that minimise survivors' experiences or imply moral judgement are more often associated with heightened psychological distress and slower recovery. These findings indicate that social relationships do not function uniformly as

sources of support but may instead operate as protective or risk-laden contexts depending on the communicative dynamics involved.

For young women survivors, trauma recovery is often experienced within relationships rather than in isolation. NGO practitioners who accompany survivors over time frequently describe recovery as a process that unfolds through daily interactions with family members, partners, and trusted others. The presence of consistent and emotionally supportive relationships can help survivors navigate trauma-related vulnerability, whereas relational environments characterised by uncertainty or withdrawal may intensify emotional strain (Zvi and Rachimi, 2024). Such observations invite an ecological view of trauma recovery that centres relational dynamics as lived and interpreted in practice. Despite these advances, existing literature has largely prioritised survivors' self-reported experiences or relied on quantitative measurements of social support. Comparatively little attention has been given to the perspectives of practitioners who work directly with survivors and their families over extended periods. Moreover, most empirical studies remain situated within Western contexts, with limited attention to cultural norms, family expectations, and social stigma that may shape recovery processes in non-Western settings. Addressing this gap is essential for developing contextually grounded insights into how family and close social networks influence trauma recovery in diverse socio-cultural environments.

This study is guided by a socio-ecological perspective on trauma recovery, which conceptualises sexual violence and its consequences as shaped by multiple, interconnected levels of influence rather than individual factors alone. The socio-ecological model explains that recovery processes have roots within connected systems, including individual experiences, interactions with others, community environments, and larger socio-cultural norms. Within this framework, relational interactions—particularly those involving family members and close social networks—are understood as central mechanisms through which trauma is either mitigated or compounded (Tarzia, 2020). At the individual level, trauma recovery encompasses a range of processes, including emotional regulation, the gradual rebuilding of a sense of safety, and efforts to make meaning after experiences of sexual violence. These processes, however, do not develop in isolation. Once survivors disclose their experiences, their emotional and psychological responses are often shaped through ongoing interactions with people who are significant in their lives. Several studies have indicated that being met with belief and emotional acknowledgement can ease distress and contribute to reductions in post-traumatic stress symptoms. In contrast, dismissive or judgemental reactions may deepen emotional harm and complicate recovery trajectories (Thoresen et al., 2025; Zvi and Rachimi, 2024).

While this literature has advanced understanding of the importance of social responses, it offers limited insight into how relational support is understood and put into practice, particularly from the standpoint of practitioners who work closely within survivors' everyday social worlds. Against this backdrop, the present study draws on a socio-ecological framework to approach trauma recovery as a layered process, shaped by interconnected dynamics at the individual, relational, and broader social levels. Within the socio-ecological model, the interpersonal level is especially important for understanding how survivors' recovery unfolds over time. Family members and close social networks form the immediate relational settings in which communication, trust, and emotional safety are continually shaped and renegotiated. Previous studies suggest that recovery is influenced less by the simple presence of support and more by the

quality of relational interactions themselves. When communication is marked by empathy, openness, and responsiveness, survivors are more likely to feel safe and supported. In contrast, silence, minimisation, or moral judgement within close relationships may discourage help-seeking and prolong emotional distress (Thoresen et al., 2025; Tarzia, 2020).

At the same time, the socio-ecological perspective draws attention beyond immediate relationships to the wider social and cultural contexts that shape family and network responses to sexual violence. Cultural norms, stigma, and limited understandings of sexual violence can influence how families interpret survivors' experiences and respond to disclosure. In non-Western settings, where family cohesion, social reputation, and moral expectations often carry significant weight, these factors may further complicate survivors' access to emotionally safe support. Recovery, therefore, cannot be understood as a uniform or linear process, but as one that is embedded within culturally situated social systems. Bringing these perspectives together, this study conceptualises trauma recovery as a relational and communicative process located at the intersection of individual experiences and socio-ecological influences. By centering practitioners' perspectives, the framework recognises practitioners as key actors who operate across multiple ecological levels-supporting survivors, engaging families and close social networks, and navigating culturally shaped expectations. This approach allows for a more nuanced examination of how recovery-oriented communication is enacted in practice and how relational support is negotiated within survivors' everyday social worlds.

Materials and Methods

This study adopted a qualitative approach to examine how practitioners working in non-governmental organisations understand and describe the involvement of family members and close social networks in the trauma recovery of young women survivors of sexual violence in Indonesia. Braun and Clarke (2021) explained that qualitative design was considered appropriate because it allows researchers to attend closely to practitioners' interpretations, everyday experiences, and communicative practices as they unfold within complex relational settings, where meanings are negotiated through interaction rather than treated as fixed or measurable variables. The study was purposively focused on three provinces in Indonesia that have consistently reported the highest prevalence of sexual violence against women, such as West Java, Central Java, and East Java. Within each province, three NGOs that provide psychosocial support for survivors of sexual violence were selected. NGOs were chosen because they play a central role in survivor support in Indonesia and are directly involved in recovery-oriented communication with survivors and their families. Informants were recruited using purposive sampling based on clearly defined criteria. Eligible informants were NGO practitioners who had direct experience providing psychosocial support to young women survivors of sexual violence and who had been involved at least twice in survivor accompaniment or counselling processes that engaged family members or close social networks. Informants included both women and men working as counsellors, psychologists, or psychiatrists within NGO settings. A total of 12 informants were initially identified. To enhance the trustworthiness of the study, credibility was supported through careful attention to the depth, consistency, and contextual richness of informants' accounts during in-depth interviews. All interviews were audio-recorded

with informed consent and transcribed verbatim to ensure accuracy and fidelity to informants' perspectives. Prolonged engagement with the data during repeated reading of transcripts enabled the researcher to develop a nuanced understanding of meanings and patterns relevant to trauma recovery and relational support.

Ethical considerations were integrated throughout all stages of the research. Ethical approval was obtained from the Universiti Teknologi MARA (UiTM) Research Ethics Committee. Prior to participation, NGO practitioners received clear information regarding the study's objectives, interview procedures, and data use. Written informed consent was obtained from all informants. Given the sensitive nature of sexual violence-related work, particular care was taken to protect confidentiality and to ensure emotional safety during the interview process. Although the study did not involve direct interviews with survivors, informants were instructed to avoid disclosing any identifying information about survivors or their families. All data were anonymised using informant codes (e.g., I1, I2, I3) and securely stored, accessible only to the researcher. To systematically present the patterns derived from the data, this study employed reflexive thematic analysis to identify recurring meanings in NGO practitioners' accounts. The analysis resulted in two overarching themes that capture practitioners' perspectives on the role of family and close social networks in trauma recovery, as well as the importance of building trust and rapport to support recovery processes. An overview of the themes and subthemes is presented in *Table 1*.

Table 1. Thematic analysis.

Theme	Subtheme	Analytical Focus
The Role of Family and Close Social Networks in Trauma Recovery	Supportive relational responses in trauma recovery	NGO practitioners described how responses from family members and close social networks—such as emotional validation, belief, and non-judgmental listening—contribute to survivors' sense of safety and support during trauma recovery.
	Unsupportive responses and constraints on trauma recovery	Practitioners highlighted how silence, minimization, moral judgment, or subtle victim-blaming from family or close social networks may hinder survivors' recovery by increasing emotional distress and limiting help-seeking.
	Navigating complex and fluid support systems	Practitioners emphasized that survivors' recovery is often supported by a combination of family members and close social networks, including friends or intimate partners, particularly when familial support is constrained by stigma or cultural expectations.
The Importance of Building Trust and Rapport with Survivors' Families	Maintaining recovery-oriented communication with families	NGO practitioners described efforts to sustain open and careful communication with family members, especially when recovery-related decisions require family involvement, such as medical referrals or safety planning.
	Strengthening trust to support recovery outcomes	Building trust and rapport with families and close social networks was viewed as essential for creating emotionally safe environments that support survivors' long-term trauma recovery.

The themes presented in *Table 1* offer an overview of how NGO practitioners make sense of their relational roles when supporting the trauma recovery of young women survivors of sexual violence. Rather than standing as abstract categories, these themes reflect patterns that repeatedly emerged from practitioners' accounts of their day-to-day work with survivors. In the sections that follow, each theme is discussed in more detail, drawing directly on the narratives of NGO practitioners to show how engagement with family members, close social networks, and recovery-oriented communication strategies shape the recovery process over time. To ensure dependability and confirmability, the

data analysis was conducted through a transparent and systematic process guided by reflexive thematic analysis. During coding and theme development, the researcher kept reflexive memos to record emerging interpretations, analytical decisions, and reflections on how prior involvement with issues of sexual violence could influence the reading of the data. These ongoing reflections helped maintain consistency between the data and the analysis, while the inclusion of rich contextual descriptions of the research setting and informants allows readers to assess the relevance of the findings in other contexts.

Results and Discussion

This study identified two overarching results that characterize NGO practitioners' perspectives on the role of family and close social networks in the trauma recovery of young women survivors of sexual violence in Indonesia. Trauma recovery was consistently understood by NGO practitioners as a relational process shaped by support systems. Rather than viewing family as a singular supportive entity, NGO practitioners described survivors' recovery as unfolding within a constellation of relationships that may include family members, close friends, or intimate partners. Supportive relational responses, such as emotional validation, belief in survivors' accounts, and non-judgmental listening, were perceived as central to fostering survivors' sense of safety and emotional stability. Conversely, unsupportive responses, like silence, moral judgment, or subtle victim-blaming, were considered significant constraints that could intensify emotional distress and discourage help-seeking.

The role of family and close social networks in trauma recovery

This theme reflects how NGO practitioners understand the role of family members and close social networks in the trauma recovery of young women survivors of sexual violence. Based on practitioners' experiences, recovery was described as unfolding through everyday interactions rather than through formal support alone. What mattered most was not simply whether survivors were surrounded by others, but how those around them communicated, responded emotionally, and related to them in daily situations. Practitioners repeatedly noted that the tone of conversations, sensitivity to survivors' emotional states, and patterns of interaction within the family environment could either support or hinder the recovery process.

Supportive relational responses in trauma recovery

In describing their experiences, NGO practitioners often spoke about how everyday communication from family members and people closest to the survivor can make a noticeable difference during the recovery process. Rather than referring to formal support, practitioners pointed to small but meaningful interactions, such as being willing to listen without immediately judging or questioning the survivor's reactions. They noted that simple gestures, acknowledging emotions, allowing space for silence, and responding calmly, were frequently perceived by survivors as signs of acceptance. According to the practitioners, when survivors felt listened to and not rushed to "move on," they were better able to manage emotional distress and gradually regain a sense of safety in their daily lives. Several NGO practitioners also pointed out that supportive responses do not happen automatically. Family members, in particular, were seen as needing time and guidance to understand trauma and its emotional consequences.

Without this understanding, well-intentioned responses could unintentionally cause distress. Practitioners therefore stressed the importance of helping families learn how trauma affects survivors emotionally, so that their communication during moments of vulnerability could be more attuned and supportive. One practitioner explained that when survivors experience emotional overwhelm or flashbacks, the family's communicative response becomes particularly important:

“Family members need to understand the survivor’s trauma first. When the survivor becomes emotionally overwhelmed or recalls the violence, the family should know how to respond appropriately-how to calm her and provide reassurance rather than unintentionally causing further harm.” (Informant 11)

When talking about family involvement, NGO practitioners did not frame supportive communication as a particular technique or intervention. Instead, they spoke about it as something that unfolds in ordinary, day-to-day interactions. In this context, NGO practitioners tended to see supportive communication within the family as part of ongoing care rather than as a specific intervention. They described how calm and attentive responses from family members often helped survivors steady their emotions and feel safer in daily interactions. Several practitioners also mentioned that support was often most meaningful outside moments of crisis. Regular presence, such as being willing to listen, checking on the survivor from time to time, or quietly offering encouragement, was described as helping survivors stay emotionally connected and continue with their recovery. As one informant noted:

“Family members can provide continuous motivation because they are the people closest to the survivor and spend the most time with her in everyday life.” (Informant 9)

This ongoing interaction allows family members to tailor their support to the survivor's preferences and emotional needs. Practitioners observed that families who understand what brings comfort or joy to the survivor are better positioned to offer supportive communication that helps reduce distress:

“The family usually understands what the survivor likes and what helps her feel calmer or more comforted. This kind of support can help shift her attention away from distressing memories related to the violence.” (Informant 9)

Supportive relational responses were also facilitated through selective family involvement during counseling, particularly when survivors expressed a desire for accompaniment. One practitioner described how survivor consent guided communication with family members:

“At the early stage of therapy, the survivor asked to be accompanied by her older sister. The counseling session lasted about two hours, and afterward the psychologist explained to the sister what kinds of support could be provided—only after obtaining the survivor’s consent.” (Informant 3)

These accounts illustrate how supportive communication is carefully negotiated and grounded in survivors' agency, reinforcing trust within family relationships during trauma recovery.

Unsupportive responses and constraints on trauma recovery

Alongside supportive interactions, NGO practitioners also spoke at length about situations where family responses made recovery more difficult. They rarely described open arguments or direct confrontation. Instead, they mentioned situations where nothing was said, or where responses came across as dismissive or quietly judgmental. In these moments, survivors were described as becoming more withdrawn and emotionally vulnerable. Practitioners felt that this kind of response often left survivors feeling unsafe in their own homes and added to the emotional weight they were already trying to manage. One practitioner reflected on how judgmental attitudes within the family can have serious emotional consequences for survivors:

“Not discriminating means not judging the survivor, not speaking harshly, and not blaming her. Survivors with severe trauma can reach a point where they feel hopeless or suicidal. If the family responds with blame or judgment, it can significantly worsen the survivor’s condition.” (Informant 8)

NGO practitioners also pointed out that harmful communication does not always stem from ill intent. Several NGO practitioners spoke about situations where family members struggled to understand what trauma actually does to survivors emotionally. When NGO practitioners talked about family responses, they often described situations where families genuinely wanted to help but were unsure how to respond. Practitioners rarely showed actual confrontation or open disputes when discussing challenging family interactions. Instead, they described moments in which no words were spoken or in which the answers were dismissive or quietly judgmental. Survivors were said to become more emotionally vulnerable and isolated at these times. Even well-intentioned responses can exacerbate survivors' distress when family members do not understand the emotional impact of sexual violence:

“In some cases, families lack an understanding of trauma, and instead of helping, their responses or words can unintentionally deepen the survivor’s emotional pain.” (Informant 11)

Additionally, practitioners explained that not all survivors feel able or safe to involve their families, particularly when the perpetrator of sexual violence is a family member. In such situations, family involvement may be avoided entirely:

“Not all young women survivors involve their families in the recovery process, especially when the perpetrator is a family member, such as a sibling or a stepfather.” (Informant 2)

These findings highlight how unsupportive or unsafe relational environments can limit survivors' recovery by disrupting trust and discouraging help-seeking communication.

Navigating complex and fluid support systems

When discussing sources of support, NGO practitioners often pointed out that recovery does not always take place within the family. Some practitioners spoke about families who were physically far away, emotionally unavailable, or unable to be involved at certain points. In these situations, survivors were said to lean more on friends or other trusted people who were present in their daily lives and could offer emotional support as recovery progressed. One practitioner explained that families sometimes seek assistance from the survivor's immediate social environment when they are unable to provide direct support:

“When the survivor does not live with her family because of work or education, the family may ask people in her immediate social environment, such as close friends, to help provide emotional support.” (Informant 9)

Similarly, practitioners acknowledged that real-life conditions often differ from ideal expectations of family support. In such cases, close social networks play a compensatory role in survivors' recovery:

“In practice, not all clients have supportive relationships with their families. When family support is limited, close friends, trusted companions, or relatives often become very important sources of support.” (Informant 11)

Practitioners also described how decisions to involve family members are made strategically and communicated carefully to protect survivors' emotional safety. Family involvement, when necessary, may occur in separate counseling settings:

“Practitioners need to carefully assess whether family involvement is necessary. If it is, counselors may invite family members to separate counseling sessions specifically aimed at supporting the survivor's recovery.” (Informant 11)

Together, these accounts demonstrate that trauma recovery is shaped by dynamic communication processes across family and close social networks, rather than by fixed or singular sources of support.

The importance of building trust and rapport with survivors' families

This theme looks at how NGO practitioners understand the role of trust and rapport with survivors' families in supporting trauma recovery. Practitioners didn't say that trust came about rapidly. They said that it grew slowly through continued conversation and repeated contacts. As trust began to take shape, families were more likely to become involved in supportive ways, while practitioners remained attentive to safeguarding survivors' autonomy and emotional safety. In addition to collaborating with families, practitioners also talked about changing the way they helped people as their needs evolved. They spoke about supporting survivors in identifying people and spaces where they felt at ease and emotionally supported during recovery. The findings also suggest that trust and recovery-oriented communication are important not only in interactions with families but also in relationships with close social networks involved in the recovery process. NGO practitioners described how careful and sustained

communication with family members became especially important when families needed to be involved in decisions such as medical referrals, safety planning, or longer-term support arrangements. In these situations, trust and rapport were built through empathetic engagement, clear and open communication, sensitivity to family concerns, and attention to cultural contexts surrounding the survivor and her family. NGO practitioners viewed this trust-building process as essential for creating relational environments that could support survivors' long-term recovery while minimizing the risk of re-traumatisation.

Maintaining recovery-oriented communication with families

NGO practitioners often talked about moments when communication with families had to be handled with extra care. These moments usually arose when families needed to be involved, such as when decisions about medical treatment or safety arrangements had to be discussed, or when physical injuries could no longer be hidden. Practitioners explained that these conversations did not usually go smoothly. In many cases, the same points had to be brought up more than once, and discussions took time. They also mentioned that moving too quickly or speaking without care could easily lead to confusion or tension, which then affected the survivor's recovery. During these interactions, practitioners said they spent considerable time helping families make sense of the survivor's emotional and psychological condition following sexual violence. Rather than focusing on technical details, these conversations were described as efforts to build understanding, so that family members could respond in ways that were more supportive and less likely to cause additional distress. Practitioners explained that providing this understanding was an important step in reducing tension, aligning expectations, and encouraging families to respond in ways that were more supportive of the survivor's recovery. This was seen as essential to align family responses with survivors' recovery needs:

"Families need to understand what trauma looks like. If they do not understand, their reactions can unintentionally make things worse." (I11)

Furthermore, NGO practitioners also spoke about the fact that communication with families did not always happen right away. In some situations, family involvement was introduced slowly and only after the survivor felt comfortable with the idea. Practitioners also explained that this decision was guided by the survivor's wishes, especially in the early stages of recovery, when trust and emotional safety were still being established. One practitioner shared an example of how this process was handled in practice:

"At the beginning of counselling, the survivor asked to be accompanied by her older sister. Before involving the family, we always ask for the survivor's permission. If she agrees, we explain to the sister what kind of support the family can provide. If she does not agree, we do not share anything." (I3)

These narratives illustrate how practitioners positioned communication not merely as information-sharing, but as a relational practice aimed at protecting survivors' sense of control while facilitating supportive family involvement. Taken together, practitioners' descriptions show that family communication was approached as a gradual and

carefully negotiated process. Rather than treating family involvement as a fixed or immediate step, practitioners spoke about pacing communication in ways that aligned with survivors' readiness and sense of emotional safety. This approach reflected an effort to balance survivors' autonomy with the potential benefits of familial support, particularly during the early stages of trauma recovery. In this context, trust was not assumed but actively built through respectful communication practices, which in turn shaped how and when broader relational support could be introduced.

Strengthening trust to support recovery outcomes

Building trust and rapport with families and close social networks was explained as a crucial element in creating emotionally safe environments that support long-term trauma recovery. Practitioners highlighted that trust enabled families to move away from judgmental or dismissive responses and toward forms of interaction characterized by acceptance, reassurance, and emotional presence. Then, NGO practitioners stressed that families needed to demonstrate acceptance before expecting survivors to recover. Informant 3 noted that families were encouraged not to pressure survivors to "heal quickly," but instead to prioritize emotional safety:

"The first thing we tell families is acceptance. They need to accept the survivor's condition and not demand that she recover immediately. Feeling safe comes first." (I3)

Practitioners also emphasized that non-discriminatory and non-judgmental communication was critical, particularly for survivors experiencing severe trauma. Informant 8 explained that negative family interactions could significantly worsen survivors' emotional states:

"Families must not judge or blame the survivor. They should not speak harshly or show anger. Survivors with severe trauma can become very vulnerable, even having suicidal thoughts. If the family judges them, the condition will get worse." (I8)

Practitioners also explained how building trust made it easier for families to offer steady encouragement and emotional support in everyday life. Moreover, because of their closeness to survivors, families were often familiar with personal habits, preferences, and emotional triggers, which allowed them to respond in ways that felt more supportive. As one practitioner explained:

"Families spend the most time with the survivor. They know what makes her feel calm or happy, and they can motivate her in ways others cannot." (I9)

When survivors did not live with their families due to work or education, practitioners described encouraging families to coordinate support with survivors' close social networks, such as trusted friends. This communicative coordination was seen as extending trust beyond the immediate family while maintaining continuity of support. Overall, practitioners saw trust and rapport as things that could be built through long-term, respectful communication. Practitioners spoke about their efforts to involve families and people close to survivors in ways that felt safe and supportive. By building trust within these relationships, they hoped survivors would feel more secure and able to

continue their recovery. These findings collectively demonstrate how NGO practitioners manage intricate relational dynamics involving survivors' families and intimate social networks during the trauma recovery process. Moreover, practitioners wanted to make survivors' lives better by getting to know their families and close friends and building trust with them. These places would help survivors feel safe and continue to get better after their trauma. These findings also show how NGO practitioners manage complex relational dynamics involving survivors' families and intimate social networks during the trauma recovery process. Building on these findings, the following section presents the main results of the study. Instead of restating individual stories or interview quotations, this section brings together the key patterns that emerged from the data. The results show how NGO practitioners understand relational support, family engagement, and trust-building communication as deeply connected aspects of the trauma recovery process.

Moreover, these results underscore that trauma recovery support includes more than just individuals but involves continual communication in survivors' relational contexts. Overall, the roles of NGO practitioners were closely tied to relationships. Their work involved paying attention to changing social dynamics, engaging carefully with families and people close to survivors, and using communication approaches that placed survivors' safety and emotional well-being first. These findings offer a basis for understanding how relational support and therapeutic communication function in trauma recovery. In the following discussion section, the findings are considered alongside existing studies on trauma recovery, social support, and socio-ecological perspectives, with attention to their theoretical and practical relevance in the Indonesian context.

The results suggest that recovery cannot be understood solely as an individual psychological process. Instead, it happens in the survivors' regular relationships, especially with family and close friends. In this way, the study aligns with socio-ecological frameworks of trauma recovery, which highlight the integration of individual experiences within whole social environments. Prior studies have similarly underscored the relational aspect of recovery (Tarzia, 2020), and the current results contribute to this literature by revealing how NGO practitioners manage these relational processes in everyday support environments. Moreover, the results also reveal that social support is not always the same or always useful at the relational level of the socio-ecological model. Practitioners described how supportive responses, such as being believed, listened to without judgment, and emotionally validated, helped survivors feel safer and more able to manage their emotions. In contrast, dismissive or judgmental reactions from family members or close social networks were described as slowing the recovery process, at times increasing distress or making survivors hesitant to speak about their experiences. Similar patterns have been noted in previous studies, which show that negative social responses can complicate recovery and reduce help-seeking. Building on this work, the present study illustrates how NGO-based therapeutic communication addresses these relational challenges as part of everyday support practice.

The results also show that the idea that family involvement is always supportive in trauma recovery. Moreover, NGO practitioners described recovery as unfolding within support systems that were not always stable or predictable. In some situations, survivors were said to rely more on friends or intimate partners, particularly when family responses were influenced by stigma, moral judgment, or cultural expectations. Recent studies show that we should consider relational support more broadly than merely within the family context (Tarzia, 2020). In Indonesia, where family ties and social

cohesion are very important, NGO workers show how survivors often have to find a balance between what their culture expects of them and what they need to feel safe emotionally. These findings provide a more context-sensitive view of trauma recovery in non-Western settings. This result shows the central role of trust-building and recovery-oriented communication with survivors' families and close social networks. Practitioners' efforts to sustain open, careful, and empathetic communication with families reflect core principles of therapeutic communication, including attunement, validation, and respect for survivors' agency. Rather than positioning families as obstacles or passive actors, practitioners engaged them as relational partners whose involvement required ongoing negotiation and sensitivity. This extends existing research by illustrating how therapeutic communication operates not only within practitioner-survivor interactions but also within broader relational networks that shape recovery trajectories.

Theoretically, this study enhances the trauma recovery literature by integrating socio-ecological and communication-focused perspectives, informed by the lived experiences of NGO practitioners. The results show that therapeutic communication functions as a relational connection between the specific recovery needs of survivors and the broader social contexts in which recovery takes place. Through efforts to foster emotional safety, clarify expectations, and navigate relational tensions, NGO practitioners translate recovery-oriented principles into everyday communicative practices. Rather than simply reinforcing existing trauma recovery models, this study refines them by drawing attention to the often-unseen communicative labour that sustains social support in practice. While prior frameworks acknowledge the value of relational support, they tend to understate the ongoing communication work required to maintain safety, trust, and emotional alignment. The findings show that NGO practitioners play a central role in managing these relational processes within survivors' everyday social environments. Viewed through socio-ecological and therapeutic communication perspectives, these insights point to the limitations of understanding recovery as an individual process alone. Moreover, recovery emerges as a socially negotiated and culturally embedded trajectory, shaped through continuous interaction with family members and close social networks. Recognising healing as relational and dynamic allows for more context-sensitive approaches to supporting survivors of sexual violence, particularly within settings where social ties and cultural norms strongly influence everyday life.

Implications for policy

The findings of this study suggest that trauma recovery policies should move beyond individual-centered service models and explicitly recognize the relational environments in which survivors' recovery unfolds. At the policy level, frameworks addressing sexual violence should recognize the influence of tight social networks and family members on recovery, especially in situations when survivors continue to be integrated into familial and community structures. Policies that encourage recovery-oriented, family-sensitive approaches may better reflect survivors' lived realities, especially in non-Western settings such as Indonesia. In addition, policy guidelines for psychosocial support services should emphasize the importance of therapeutic communication as a core competency in trauma recovery interventions. Furthermore, services not only engage survivors but also their families and trusted social networks and prioritise emotional safety, non-judgment, and survivor agency. Formal recognition of the relational and communicative roles of NGO practitioners can strengthen coordination across health,

social, and legal sectors and support more continuous care for survivors of sexual violence.

Implications for practice

For practitioners supporting survivors of sexual violence, the findings highlight the importance of understanding recovery as a process shaped through relationships and communication, rather than as an exclusively individual therapeutic endeavour. Practitioners' accounts suggest that careful attention needs to be given to survivors' relational surroundings, including consideration of which family members or close social connections are able to provide emotionally safe and responsive support. Practitioners may benefit from flexible, survivor-centered strategies, rather than assuming family participation is uniformly beneficial. The study also points to the central role of trust-building and recovery-oriented communication in engaging survivors' families and close social networks. NGO practitioners' use of empathetic listening, careful framing of recovery needs, and ongoing negotiation of relational boundaries illustrates how therapeutic communication can mitigate stigma, reduce resistance, and foster more supportive environments. Training programs for practitioners should therefore include communication-focused competencies that address culturally sensitive engagement with families, management of unsupportive responses, and strategies for maintaining survivors' autonomy within relational contexts.

Implications for future research

This study suggests several directions for future studies on trauma recovery following sexual violence. Specifically, an additional qualitative study is needed to explore the effectiveness of communication strategies in various relational contexts, encompassing changes in family dynamics, cultural norms, and community expectations. Studies conducted in multiple cultural and social settings could offer an expanded understanding of how broader socio-cultural factors influence relational support.

Conclusion

This study examined how NGO practitioners in Indonesia conceptualise and experience the role of family members and close social networks in supporting the trauma recovery of young women survivors of sexual violence. Drawing on practitioners' sustained engagement with survivors and their relational environments, the findings demonstrate that recovery is shaped not only by individual therapeutic processes but also by the quality of relational support and communicative interactions within survivors' everyday social worlds. The study highlights that family and close social network can function as both sources of emotional safety and sites of constraint. Supportive responses, characterised by belief, emotional validation, and non-judgmental listening, were described as facilitating survivors' sense of safety and supporting adaptive recovery processes. Conversely, silence, moral judgement, and subtle forms of victim-blaming were understood to hinder recovery by increasing emotional distress and limiting survivors' willingness to seek support. These findings reinforce the importance of attending to relational dynamics rather than assuming that family involvement is

uniformly beneficial. Importantly, the findings foreground the central role of therapeutic communication in navigating these complex relational contexts. NGO practitioners described trust-building, careful communication, and ongoing relational negotiation as critical mechanisms for engaging families and close social networks in ways that remain recovery-oriented and survivor-centred. This communicative work was particularly salient in the Indonesian context, where cultural norms and familial expectations strongly shape responses to sexual violence. By centring practitioners' perspectives, this study contributes to a more relational and practice-informed understanding of trauma recovery following sexual violence. The findings underscore the value of socio-ecological approaches that recognise recovery as embedded within interpersonal and cultural contexts, and they highlight the need for policies, practices, and future research that support relationally grounded, culturally responsive, and communication-focused interventions for survivors of sexual violence.

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Conflict of interest

The authors confirm that there is no conflict of interest among the parties involved in this research study.

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