

Original Article

TERPATRI (Forgiveness Therapy and Gayatri Mantra-Based Spiritual Intervention) on Resilience among Sexual Harassment Survivors: A Quasi-Experimental Study



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ABSTRACT

Background: Victims of sexual abuse often experience long-term psychological impacts such as trauma, emotional distress, and reduced resilience. Although various interventions exist, most focus on cognitive and behavioral approaches and lack integration of culturally relevant spiritual aspects. Therefore, this study evaluates the effectiveness of TERPATRI—an integration of forgiveness therapy and Gayatri Mantra spirituality—in improving resilience among victims of sexual abuse.

Methods: This study used a pre-post quasi-experimental design with a control group. Participants were recruited using purposive sampling techniques, involving 64 victims of sexual abuse (32 in the intervention group and 32 in the control group). The inclusion criteria for this study were female victims of sexual abuse who were able to stand, open their mouths, hear, and communicate in Balinese and Indonesian. Meanwhile, the exclusion criteria for this study were victims of sexual abuse who had mental disorders, victims under the age of 5, and victims who were illiterate and did not have strong witnesses for this study. The main outcome variable was psychological resilience, which was measured using the Brief Resilience Scale (BRS). The analysis was performed using a paired t-test, with a significance level set at $p < 0.05$.

Results: The intervention group showed a significant increase in resilience after participating in TERPATRI, with average scores increasing from pre-intervention to post-intervention. The paired t-test showed a statistically significant difference ($p < 0.001$), accompanied by a large effect size (Cohen's $d > 0.80$), indicating a substantial increase in resilience compared to the initial condition and the control group.

Conclusion: TERPATRI has been proven effective in improving the resilience of sexual abuse victims. The integration of forgiveness therapy with Gayatri Mantra spirituality shows potential as a culturally and contextually sensitive mental health intervention, especially in communities with a strong spiritual background. This approach has the potential to be developed as a complementary intervention in psychological recovery services for victims of sexual violence.

Keywords: Sexual Harassment; Psychological Resilience; Forgiveness Therapy; Spirituality

Implications for Practice:

- TERPATRI provides an evidence-informed, culturally adaptable intervention to strengthen resilience among sexual harassment survivors
- The findings support updating psychosocial rehabilitation protocols to incorporate spirituality-based interventions in resource-limited settings
- TERPATRI can guide policy development and professional training for trauma-informed care responsive to local cultural contexts

Introduction

Sexual violence constitutes a major global public health and human rights concern, with profound and long-lasting consequences for survivors' physical, psychological, and social well-being. The World Health Organization estimates that approximately one in three women worldwide experiences physical or sexual violence during her lifetime, with sexual violence representing one of the most pervasive and underreported forms of violence across societies ([World Health Organization, 2021](#)). Survivors of sexual violence frequently experience persistent psychological sequelae, including anxiety, depression, post-traumatic stress disorder (PTSD), emotional dysregulation, diminished self-worth, and impaired social functioning ([Masten, 2020](#); [Brewin, et al. 2019](#); [Koenig, 2022](#)). Meta-analytic evidence further indicates that exposure to interpersonal trauma significantly increases vulnerability to PTSD, particularly when compounded by limited social support and maladaptive coping strategies ([Brewin, et al. 2019](#)). Despite growing global awareness, reported cases likely represent only a fraction of actual incidents due to stigma, fear of retaliation, and limited access to survivor-centered support services.

The burden of sexual violence is particularly pronounced in low- and middle-income countries (LMICs), where

structural barriers often compound the psychological impact of trauma. Compared with high-income countries (HICs), which typically rely on standardized trauma-focused interventions such as cognitive behavioral therapy, prolonged exposure therapy, and pharmacological treatment, mental health services in LMICs remain constrained by shortages of trained professionals, limited infrastructure, and unequal access to care ([Patel et al. 2021](#)). Moreover, many trauma interventions developed in Western contexts emphasize cognitive restructuring or direct exposure to traumatic memories. These approaches may not fully align with the cultural, spiritual, and communal coping traditions prevalent in non-Western societies. As a result, survivors in LMICs may encounter interventions that are clinically sound yet culturally incongruent, potentially limiting their acceptability and effectiveness.

Indonesia exemplifies these challenges. National data indicate that more than 300,000 cases of violence against women were reported in 2023, with sexual violence constituting the most frequently documented form ([Komnas Perempuan, 2023](#)). At the local level, Buleleng District in Bali recorded 65 cases of sexual violence between 2021 and 2024, predominantly affecting women and children ([Department of Women's Empowerment and Child Protection, 2025](#)). While legal and policy responses have been strengthened, survivors continue to face substantial obstacles in accessing sustained and culturally responsive psychological rehabilitation. These gaps highlight the urgent need for recovery-oriented interventions that are not only evidence-informed but also culturally embedded and contextually relevant.

Psychological resilience has been identified as a critical protective factor in the recovery process following sexual violence. Resilience refers to the capacity to

adapt positively and maintain psychological functioning despite exposure to severe adversity ([Masten, 2020](#); [Southwi et al., 2018](#)). Contemporary resilience models emphasize that resilience is not a static trait but a dynamic process that unfolds over time and is shaped by individual, social, and contextual factors ([Bonanno et al. 2015](#)). Empirical studies consistently demonstrate that higher levels of resilience among survivors are associated with reduced trauma-related symptoms, improved emotional regulation, and enhanced quality of life ([Bussey & Fitzpatrick, 2020](#)). At the same time, scholars have highlighted the importance of distinguishing resilience from related constructs such as posttraumatic growth, which involves positive psychological change following trauma but operates through different mechanisms ([Chung et al. 2018](#); [Tedeschi & Calhoun, 2016](#)). Despite this growing body of research, much of the resilience literature remains grounded in Western theoretical models, with limited exploration of culturally rooted pathways to resilience in LMIC contexts.

In recent years, holistic approaches integrating emotional and spiritual dimensions have gained attention as complementary strategies for trauma recovery. Forgiveness therapy, for instance, has been shown to facilitate emotional regulation by reducing chronic anger, resentment, and hostility, which often perpetuate psychological distress among trauma survivors ([O'Leary, 2019](#); [Thoresen et al. 2020](#); [O'Leary, 2019](#); [Thoresen et al., 2020](#); [Singh & Verma, 2022](#)). From a theoretical perspective, forgiveness functions not as an endorsement of harm, but as a self-directed process that enables individuals to disengage from maladaptive emotional attachment to traumatic experiences. Concurrently, spirituality has been recognized as a powerful coping resource, particularly in societies where

religious and spiritual practices constitute core components of meaning-making and identity. Research on religious and spiritual coping suggests that positive spiritual coping strategies—such as prayer, meditation, and ritual practices—are associated with better psychological adjustment, whereas negative spiritual coping may exacerbate distress ([Pargamen et al. 2015](#); [Koenig, 2022](#)). Within the Hindu tradition, the recitation of the Gayatri Mantra represents a widely practiced form of spiritual discipline associated with meditative focus, emotional calmness, and psychological balance. Prior studies indicate that mantra-based practices can reduce stress and anxiety while enhancing emotional stability and attentional control ([Sharma & Kumar, 2021](#)). Nevertheless, empirical investigations that systematically integrate indigenous spiritual practices with structured psychological interventions for survivors of sexual violence remain scarce, particularly within LMIC settings. This gap underscores the need for theoretically grounded and culturally sensitive intervention models that extend beyond Western trauma paradigms.

Drawing on resilience theory and spiritual coping models, the present study proposes a conceptual framework in which forgiveness therapy and spirituality operate as complementary mechanisms in strengthening psychological resilience among survivors of sexual violence. Within this framework, forgiveness therapy is hypothesized to reduce emotional burden and improve affect regulation. In contrast, spiritual practice through the Gayatri Mantra is hypothesized to enhance meaning-making, inner calm, and adaptive coping. The integration of these components is expected to produce a synergistic effect, enabling survivors to engage in recovery processes without direct exposure to traumatic memories, thereby

offering an alternative pathway to resilience that is culturally consonant.

Based on this framework, the present study introduces TERPATRI (Forgiveness Therapy and Gayatri Mantra Spirituality) as a culturally embedded intervention designed for survivors of sexual violence in a non-Western context. Unlike conventional Western trauma therapies that prioritize cognitive restructuring or exposure-based techniques, TERPATRI integrates emotional regulation through forgiveness with spiritual coping rooted in local religious traditions. This approach positions TERPATRI as a novel contribution to the international literature on trauma recovery and resilience, particularly within LMIC settings.

Therefore, this study aims to evaluate the effectiveness of the TERPATRI intervention in improving psychological resilience among survivors of sexual violence in Buleleng District, Bali, using a quasi-experimental design with a control group.

Methods

Study Design

This study employed a quantitative approach using a quasi-experimental pretest–posttest design with a control group. It was reported in accordance with the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) guidelines. A quasi-experimental design was selected due to ethical and practical constraints that precluded random assignment of survivors of sexual violence to intervention conditions. Specifically, the vulnerable status of participants and the need to ensure equitable access to psychological support made randomization infeasible.

The absence of randomization is acknowledged as an inherent limitation of this design, with potential risks of selection bias and confounding variables. To mitigate these limitations, baseline equivalence

between groups was assessed, a control group was included for comparison, and standardized procedures were applied consistently across both groups.

Participants

The study was conducted in Buleleng District, Indonesia, between January and April 2024. The study population consisted of survivors of sexual violence registered with the local government support service (DP2KBP3A). Participants were recruited using purposive sampling, based on predefined eligibility criteria. Inclusion criteria were: (1) female survivors of sexual violence, (2) aged ≥ 18 years, (3) able to communicate in Indonesian or Balinese, and (4) psychologically stable at the time of data collection as determined by initial screening. Exclusion criteria included: (1) diagnosed severe mental disorders, (2) illiteracy, (3) age below 18 years, and (4) inability to provide informed consent. Sample size was calculated using the formula for comparing the means of two independent groups, assuming a medium effect size, a significance level of 0.05, and a statistical power of 0.80. The minimum required sample size was 64 participants, with 32 participants allocated to each group. During the study period, three participants from the intervention group and two participants from the control group withdrew due to personal reasons unrelated to the intervention. These cases were documented, and analyses were conducted using complete-case data.

Instruments

Psychological resilience was assessed using the Brief Resilience Scale (BRS), which measures an individual's ability to recover from stress. The BRS consists of six items rated on a five-point Likert scale, with higher scores indicating greater resilience. The Indonesian version of the BRS used in this study underwent a forward–backward

translation process to ensure linguistic and cultural equivalence. Psychometric testing in the present sample demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.82. Prior validation studies have reported satisfactory construct validity and reliability of the BRS across diverse populations. The questionnaire was administered through self-report, with assistance provided by trained enumerators when necessary to ensure comprehension.

Intervention

The TERPATRI (Forgiveness Therapy and Gayatri Mantra Spirituality) intervention was grounded in forgiveness theory and spiritual coping models, where forgiveness therapy is conceptualized as a process of emotional regulation that helps reduce anger, resentment, and emotional distress, while spiritual coping through mantra repetition is theorized to promote inner calm, meaning-making, and adaptive coping. The intervention group received the TERPATRI program for four weeks with one session per week, each lasting approximately 30 minutes, following a standardized protocol that included psychoeducation on trauma, emotional responses, and the concept of forgiveness in Session 1; guided emotional awareness and forgiveness reflection exercises in Session 2; introduction and guided practice of Gayatri Mantra recitation in Session 3; and integration of forgiveness reflection with mantra-based spiritual practice in Session 4. All sessions were delivered by trained facilitators with backgrounds in mental health, and prior training in trauma-informed care, and intervention fidelity was monitored using a session checklist to ensure adherence to the protocol. Meanwhile, participants in the control group received treatment as usual, consisting of routine psychosocial support services provided by local institutions

without exposure to the TERPATRI intervention during the study period, and after completion of posttest assessments, the TERPATRI intervention was also offered to control group participants to ensure ethical fairness.

Data Collection

Data collection was conducted by the principal investigator with assistance from trained field enumerators. Enumerators received standardized training on ethical conduct, questionnaire administration, and confidentiality procedures. Quality control measures included double-checking completed questionnaires, standardized instructions, and regular supervision meetings. Missing data were minimal and were handled using listwise deletion.

Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics were computed to summarize participant characteristics. Normality assumptions were assessed using the Shapiro-Wilk test. Within-group differences in resilience scores were analyzed using paired-sample t-tests, with statistical significance set at $p < 0.05$. Effect sizes were calculated using Cohen's d to quantify the magnitude of intervention effects.

Ethical Considerations

This study was conducted in accordance with the principles of the Declaration of Helsinki. Ethical approval was obtained from the Health Research Ethics Committee of STIKes Buleleng (Approval No. 682/EC-KEPK-SB/V/2024). Written informed consent was obtained from all participants before data collection, and confidentiality and anonymity were strictly maintained throughout the study.

Results

As shown in **Table 1**, the majority of survivors of sexual violence were aged ≤ 17 years (86.0%). Most participants were enrolled in junior high school (48.4%), followed by senior high school (25.0%) and university level (14.1%). These characteristics were comparable between the intervention and control groups at baseline.

Table 1. Participant Characteristic (n = 64)

Characteristic	Category	n (%)
Age	≤ 17 years	55 (86.0)
	≥ 18 years	9 (14.0)
Education Level	Elementary School	8 (12.5)
	Junior High School	31 (48.4)
	Senior High School	16 (25.0)
	University	9 (14.1)

As presented in **Table 2**, more than half of the participants reported high levels of support from healthcare professionals (54.7%), while family support was predominantly low (65.6%). At baseline, most participants demonstrated low levels of psychological resilience (79.7%).

Table 2. Distribution of External Support and Baseline Resilience

Variable	Category	n (%)
Healthcare Support	High	35 (54.7)
	Low	29 (45.3)
Family Support	High	22 (34.4)
	Low	42 (65.6)
Baseline Resilience (BRS)	High	13 (20.3)
	Low	51 (79.7)

Before hypothesis testing, normality assumptions were assessed using the Shapiro–Wilk test. Resilience scores in both the intervention and control groups were normally distributed at pretest and posttest ($p > 0.05$), indicating that parametric analyses were appropriate (**Table 3**).

Table 3. Shapiro–Wilk Normality Test for Resilience Scores

Group	Time Point	W	p-value
Intervention	Pretest	0.97	0.21
Intervention	Posttest	0.96	0.18
Control	Pretest	0.95	0.14
Control	Posttest	0.94	0.12

Descriptive statistics for resilience scores before and after the intervention are presented in **Table 4**. In the intervention group, mean resilience scores increased substantially from pretest ($M = 3.26$, $SD = 0.37$) to posttest ($M = 24.93$, $SD = 1.12$). In contrast, the control group showed no meaningful change between pretest and posttest.

Table 4. Descriptive Statistics of Resilience Scores by Group

Group	Time	Mean	Median	Min	Max	SD
Intervention	Pretest	3.26	3.00	1.00	6.00	0.37
Intervention	Posttest	24.93	24.00	22.00	27.00	1.12
Control	Pretest	3.41	3.00	1.00	6.00	0.39
Control	Posttest	3.58	4.00	2.00	6.00	0.42

Paired-sample t-tests indicated a statistically significant increase in resilience scores in the intervention group following the TERPATRI intervention ($t = -12.01, p < 0.001$). The control group did not demonstrate a statistically significant change between pretest and posttest ($t = 1.79, p = 0.12$) (Table 5).

Table 5. Paired t-Test Results for Resilience Scores

Group	t	p-value	Interpretation
Intervention	-12.01	< 0.001	Significant increase
Control	1.79	0.12	Not significant

The negative t-value in the intervention group indicates that pretest resilience scores were significantly lower than posttest scores. These findings suggest that the TERPATRI intervention was associated with a meaningful improvement in psychological resilience among survivors of sexual violence. In contrast, no comparable improvement was observed in the control group.

Discussion

The present study examined the effectiveness of the TERPATRI intervention, an integration of forgiveness therapy and Gayatri Mantra-based spirituality, in enhancing psychological resilience among survivors of sexual violence in Buleleng District, Indonesia. Overall, the findings indicate that participants who received TERPATRI demonstrated a meaningful improvement in resilience compared with those in the control group, who did not show comparable changes over the same period. Rather than reiterating numerical outcomes, this discussion focuses on the interpretation of these findings within theoretical, cultural, and contextual frameworks.

Consistent with resilience theory, survivors of sexual violence in this study

initially exhibited low adaptive capacity, reflecting the enduring psychological burden commonly associated with traumatic experiences. Previous studies have documented that sexual violence is frequently accompanied by persistent emotional dysregulation, heightened vulnerability to anxiety and depressive symptoms, and difficulty restoring a sense of control over one's life (Olsson, et al. 2022; Jin, et al. 2021). The improvement observed following the TERPATRI intervention suggests that approaches targeting emotional processing and meaning-making, rather than trauma exposure alone, may facilitate adaptive recovery pathways for survivors.

From a theoretical perspective, the observed changes can be understood through the complementary mechanisms of forgiveness and spiritual coping. Forgiveness therapy is conceptualized as a process that enables survivors to regulate negative emotions such as anger, resentment, and self-blame, which often perpetuate psychological distress after trauma. In parallel, spiritual practices such as Gayatri Mantra recitation may foster inner calm, attentional focus, and a sense of existential meaning. Prior research has suggested that mantra-based or meditative practices can reduce stress and enhance emotional balance, particularly in populations with strong spiritual traditions (Singh & Verma, 2022; Koutrouba & Marzilli, 2020). The present findings extend this literature by demonstrating the potential benefit of integrating these components into a structured intervention tailored for survivors of sexual violence. Importantly, this study contributes to the limited body of evidence on trauma recovery interventions in low- and middle-income countries (LMICs). Much of the existing trauma literature is derived from high-income, Western contexts, where interventions often emphasize cognitive



restructuring or exposure-based techniques. While these approaches are evidence-based, they may not always align with the cultural values, belief systems, and coping practices prevalent in LMIC settings. In Indonesia, spirituality and communal meaning systems play a central role in how individuals interpret and respond to adversity. The apparent effectiveness of TERPATRI suggests that culturally embedded interventions may enhance acceptability and relevance, particularly in contexts where access to specialized mental health services is limited.

The findings related to social support further highlight contextual challenges faced by survivors in LMICs. Although participants reported relatively strong support from healthcare professionals, family support was notably limited. Previous studies have emphasized that family support can act as a critical buffer against the long-term psychological effects of sexual violence ([Vassallo, et al. 2019](#)). The limited family support observed in this study may reflect stigma, fear of social repercussions, or cultural norms that discourage disclosure. These contextual factors underscore the importance of interventions that strengthen internal coping resources, such as resilience, particularly when external support systems are fragile or inconsistent. Age-related vulnerability also warrants consideration. The predominance of adolescent survivors in this sample aligns with existing evidence that younger individuals may experience more profound developmental and psychological consequences following sexual violence ([Tufford, 2018](#)). During adolescence, trauma may disrupt identity formation, emotional regulation, and interpersonal development. While TERPATRI was not specifically designed as an age-stratified intervention, its non-confrontational and reflective nature may be particularly suitable for younger

survivors who may find exposure-based therapies overwhelming. Nonetheless, future studies should explore age-specific adaptations to further optimize intervention effectiveness. Despite these promising findings, several limitations must be acknowledged. First, the quasi-experimental design without randomization introduces the possibility of selection bias and unmeasured confounding variables. Although the inclusion of a control group strengthens internal validity, causal inferences should be drawn cautiously. Second, the reliance on self-report measures may be subject to response bias, particularly in sensitive contexts such as sexual violence. Third, the relatively short follow-up period limits conclusions regarding the sustainability of resilience improvements over time. Finally, the study was conducted in a single district, which may restrict the generalizability of the findings to other cultural or regional contexts.

In addition, alternative explanations for the observed improvements should be considered. Factors such as increased attention from facilitators, group interaction effects, or participants' expectations of benefit may have contributed to changes in resilience. While these factors do not negate the potential value of TERPATRI, they highlight the need for future research employing randomized designs, longer follow-up periods, and mixed-method approaches to disentangle specific intervention mechanisms.

In conclusion, this study provides preliminary evidence that TERPATRI may serve as a culturally sensitive and contextually appropriate intervention for enhancing resilience among survivors of sexual violence in an LMIC setting. By integrating forgiveness therapy and spirituality, TERPATRI offers an alternative pathway to recovery that complements existing trauma-focused approaches.

Future research should seek to replicate these findings in diverse settings, explore long-term outcomes, and refine the intervention to address developmental and contextual differences among survivor populations.

Implications and limitations

This study contributes to the conceptual development of trauma recovery research by demonstrating that culturally embedded spiritual practices can be systematically integrated with psychological frameworks to support resilience among survivors of sexual violence. The findings extend resilience theory by suggesting that emotional regulation through forgiveness and meaning-making through spirituality may function as complementary mechanisms in strengthening adaptive capacity, particularly in sociocultural contexts where spiritual traditions shape coping processes. From a theoretical perspective, this study highlights the importance of incorporating culturally grounded coping pathways into resilience-oriented intervention models, thereby enriching the predominantly Western-oriented literature on trauma recovery. However, several limitations should be acknowledged. The quasi-experimental design without randomization introduces potential selection bias and limits causal inference. The reliance on self-reported resilience measures may also be susceptible to response bias, particularly given the sensitive nature of sexual violence experiences. In addition, the relatively short follow-up period prevents assessment of the long-term sustainability of the observed improvements, and the study's implementation in a single district may restrict the generalizability of the findings to other sociocultural settings.

Relevance to Practice

The findings suggest that TERPATRI may contribute to more holistic and patient-centered care for survivors of sexual violence by strengthening adaptive capacity through forgiveness-based reflection and culturally rooted spiritual practices, which support emotional regulation and meaning-making as essential components of recovery, particularly for survivors who value spiritual coping mechanisms. Mental health practitioners and community-based service providers may therefore consider TERPATRI as a complementary psychosocial option when selecting interventions for survivors, especially in contexts where conventional trauma-focused therapies are less accessible or less culturally congruent, offering clinicians greater flexibility to tailor care to survivors' cultural and spiritual preferences. In addition, TERPATRI may be integrated into existing psychosocial rehabilitation or support programs within primary care or community service settings, as its structured format allows incorporation into current clinical protocols without replacing standard care while expanding the range of non-pharmacological, trauma-informed interventions available to survivors. The intervention is also relatively efficient and feasible because it does not require advanced clinical infrastructure and can be delivered by trained facilitators, making it suitable for resource-limited settings, although its implementation should be accompanied by appropriate training, ethical safeguards, and routine monitoring to ensure cultural sensitivity, psychological safety, and intervention fidelity. At the policy and educational levels, these findings highlight the potential value of culturally responsive and spiritually informed approaches within trauma recovery frameworks, suggesting that TERPATRI may inform training programs for health professionals and community workers

while emphasizing the need for further empirical research before broader policy adoption or large-scale implementation.

Conclusion

The findings of this study indicate that individuals who received the intervention showed greater improvement in adaptive capacity compared to those who did not receive the intervention. These results suggest that psychological resilience can be developed through approaches that emphasize emotion regulation and meaning-making processes, rather than solely through exposure to traumatic experiences. The main scientific contribution of this study lies in its ability to show that spiritual practices rooted in local culture can be systematically integrated into psychological frameworks to support the trauma recovery process. Further research in various cultural and geographical settings is needed to evaluate the transferability and adaptability of TERPATRI to a wider population of victims. Such efforts are expected to enrich the development of resilience-oriented trauma intervention approaches that are more inclusive and relevant in a global context.

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CrediT Authorship Contributions Statement

Ketut Eka Larasati Wardana:
Conceptualization, Methodology,
Supervision, Writing - Original Draft
Putu Wahyu Sri Juniantari Sandy:
Software, Validation, Formal Analysis,
Writing - Review & Editing

Conflicts of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary Materials

Supplementary File S1: Research Instrument contains the full questionnaire used for data collection.

References

- Bonanno, G. A., Romero, S. A., & Klein, S. I. (2015). The temporal elements of psychological resilience. *Psychological Inquiry*, 26(2), 139–169. <https://doi.org/https://doi.org/10.1080/1047840X.2015.992677>
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2019). Meta-analysis of risk factors for PTSD. *Journal of Consulting and Clinical Psychology*, 68(5), 748–766. <https://doi.org/https://doi.org/10.1037/0022-006X.68.5.748>
- Bussey, K., & Fitzpatrick, S. (2020). Child sexual abuse and resilience: Understanding the links. *Journal of Child Sexual Abuse*, 29(4), 370–387. <https://doi.org/https://doi.org/10.1080/10538712.2020.1752271>
- Chung, M. C., Dennis, I., Easthope, Y., Werrett, J., & Farmer, S. (2018). Differentiating resilience and posttraumatic growth. *Psychological Trauma*, 10(1), 22–29.

- <https://doi.org/https://doi.org/10.1037/tra0000253>
- Jin, H., Lee, C., & Kim, S. (2021). The psychological impact of sexual assault on adolescent victims. *Trauma, Violence, & Abuse, 22*(1), 31–45. <https://doi.org/https://doi.org/10.1177/1524838020916812>
- Koenig, H. G. (2022). Religion, spirituality, and mental health: Research and clinical implications. *ISRN Psychiatry, 2012*(Article 278730). <https://doi.org/https://doi.org/10.1155/2012/278730>
- Koutrouba, E., & Marzilli, E. (2020). Spiritual healing and trauma recovery: A review of interventions. *Psychology of Well-Being, 10*(1), 1–15. <https://doi.org/https://doi.org/10.1186/s13612-020-00202-w>
- Masten, A. S. (2020). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review, 12*(1), 1–15. <https://doi.org/https://doi.org/10.1111/jftr.12362>
- O'Leary, P. (2019). Forgiveness in trauma recovery: A review of evidence-based interventions. *Clinical Psychology Review, 67*, 79–91. <https://doi.org/https://doi.org/10.1016/j.cpr.2018.12.005>
- Olsson, L. E., Larsson, S., & Johansson, A. (2022). The role of family support in building resilience after sexual trauma. *International Journal of Social Psychiatry, 68*(3), 215–221. <https://doi.org/https://doi.org/10.1177/00207640221090712>
- Organization, W. H. (2021). *Violence against women prevalence estimates*. WHO.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (2015). Patterns of positive and negative religious coping. *Journal for the Scientific Study of Religion, 37*(4), 710–724. <https://doi.org/https://doi.org/10.2307/1388152>
- Patel, V., Saxena, S., Lund, C., et al. (2021). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553–1598. [https://doi.org/https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/https://doi.org/10.1016/S0140-6736(18)31612-X)
- Perempuan, K. (2023). *Catatan tahunan kekerasan terhadap perempuan di Indonesia*. Komisi Nasional Anti Kekerasan Terhadap Perempuan.
- Protection, D. of W. E. and C. (2025). *Department of Women's Empowerment and Child Protection*.
- Sharma, P., & Kumar, S. (2021). Mantra meditation and mental health outcomes: A systematic review. *Journal of Religion and Health, 60*(4), 2389–2404. <https://doi.org/https://doi.org/10.1007/s10943-020-01110-0>
- Singh, A., & Verma, S. (2022). Forgiveness and psychological well-being among trauma survivors. *Journal of Trauma & Dissociation, 23*(2), 130–144. <https://doi.org/https://doi.org/10.1080/15299732.2022.1863800>
- Southwick, S. M., Pietrzak, R. H., Tsai, J., & Krystal, J. H. (2018). Resilience: An update. *Psychotraumatology, European Journal of Trauma & Dissociation, 9*(sup2), 1486136. <https://doi.org/https://doi.org/10.1080/20008198.2018.1486136>
- Tedeschi, R. G., & Calhoun, L. G. (2016). Posttraumatic growth: Conceptual foundations. *Psychological Inquiry, 15*(1), 1–18. https://doi.org/https://doi.org/10.1207/s15327965pli1501_01
- Thoresen, C. E., Harris, A. H., & Luskin, F. (2020). Forgiveness and health: An unanswered question. *Journal of Behavioral Medicine, 23*(4), 399–420.

<https://doi.org/https://doi.org/10.1023/A:1005587316621>

Tufford, L. (2018). Sexual trauma in adolescence and developmental implications. *Journal of Child & Adolescent Trauma*, 11(2), 191–201. <https://doi.org/https://doi.org/10.1007/s40653-017-0173-6>

Vassallo, G. R., Moore, A. K., & Timmons, J. (2019). Family support and trauma recovery. *Journal of Family Psychology*, 33(2), 141–149. <https://doi.org/https://doi.org/10.1037/fam0000500>