

## Supplementary File S1

Supplementary File S1 contains the full research instrument used for data collection.

### A. Research Instrument

#### Psychological Resilience Measure

##### Brief Resilience Scale (BRS)

(Smith et al., 2008)

##### Instruction:

Please indicate the extent to which you agree with each statement using the following scale.

Response options:

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree

##### Item Statement

- 1 I tend to bounce back quickly after hard times.
- 2 I have a hard time making it through stressful events. (R)
- 3 It does not take me long to recover from a stressful event.
- 4 It is hard for me to snap back when something bad happens. (R)
- 5 I usually come through difficult times with little trouble.
- 6 I tend to take a long time to get over setbacks in my life. (R)

(R) = Reverse scored

Scoring:

Mean score of all items after reverse scoring (higher score = higher resilience).

#### Intervention Process Evaluation (Post-Intervention Only)

##### Purpose:

To assess participants' engagement and perceived usefulness of TERPATRI.

Response scale:

1 = Not at all

2 = Slightly

3 = Moderately

4 = Very

5 = Extremely

1. The forgiveness sessions helped me regulate my emotions.
2. Gayatri Mantra practice helped me feel calmer and more focused.
3. The intervention was culturally meaningful to me.
4. I felt emotionally safe during the sessions.
5. I would recommend this intervention to others with similar experiences.

## B. Standard Operating Procedure

### 1. Purpose

To provide standardized guidelines for implementing TERPATRI to enhance psychological resilience among survivors of sexual harassment.

### 2. Theoretical Foundation

TERPATRI is grounded in:

- **Forgiveness Theory** (emotional release and regulation)
- **Spiritual Coping Model** (meaning-making and inner calm)
- **Resilience Theory** (adaptive recovery after trauma)

### 3. Target Population

Female survivors of sexual harassment aged  $\geq 5$  years who are:

- Medically stable
- Able to communicate in Indonesian or Balinese
- Provide informed consent (parental consent for minors)

### 4. Facilitator Qualifications

- Mental health professional or trained counselor
- Minimum 16 hours of TERPATRI training
- Familiarity with trauma-informed care principles
- Cultural competence in local spiritual practices

### 5. Intervention Structure

Component	Description
Duration	4 weeks
Frequency	1 session/week
Session Length	30 minutes
Mode	Individual or small group (3–5 participants)

### 6. Intervention Procedures

#### Session 1 – Emotional Awareness and Safety

- Establish therapeutic rapport
- Psychoeducation on trauma and resilience
- Grounding and breathing exercises

#### Session 2 – Forgiveness Therapy

- Guided reflection on emotional burdens
- Distinguishing forgiveness from condoning harm
- Emotional release through narrative expression

#### Session 3 – Spiritual Coping (Gayatri Mantra)

- Explanation of Gayatri Mantra meaning
- Guided mantra recitation (10–15 minutes)
- Silent meditation and breath awareness

#### **Session 4 – Integration and Meaning-Making**

- Integrating forgiveness and spirituality
- Reflection on personal growth and adaptive coping
- Reinforcement of self-worth and future orientation

#### **7. Fidelity Monitoring**

- Session checklist completed by facilitator
- Random supervision by senior researcher
- Adherence score  $\geq 80\%$  required

#### **8. Control Group Procedure**

Participants in the control group receive:

- Standard psychosocial support (usual care)
- No structured forgiveness or spiritual intervention during study period
- TERPATRI offered after study completion for ethical reasons

#### **9. Ethical Considerations**

- Written informed consent obtained
- Compliance with Declaration of Helsinki
- Confidentiality ensured
- Participants may withdraw at any time

#### **10. Outcome Assessment**

- Resilience measured using BRS at:
  - Baseline (pre-test)
  - Week 4 (post-test)

#### **11. Data Safety and Psychological Protection**

- Immediate referral to mental health services if distress arises
- No forced disclosure of traumatic experiences
- Emotional safety prioritized throughout sessions