

The Forgotten Space of Dialogue: Developing Trauma Counseling for Silent Victims

Agus Sukirno, Tri Windi Oktara, A.M. Fahrurrozi, Nurhasanah, Mutiara Asyifa,
Aisyah Dwi Ramadanti, Zahfa Musfi, Rismawati, Nauval Awalludin

UIN Sultan Maulana Hasanuddin Banten, Indonesia

agus.sukirno@uinbanten.ac.id

Corresponding Autor: Agus Sukirno

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Abstract: This article explores the crucial role of the “space for dialogue” in the psychological recovery of trauma survivors, particularly those who remain silent due to profound traumatic experiences. The inability or unwillingness to share one’s trauma may stem from stigma, fear, lack of social support, or distrust toward the legal system. The “space for dialogue” is conceptualized as a safe and supportive environment where individuals can express their emotions without fear of judgment, thereby facilitating the healing process. This article also emphasizes the importance of an inclusive and trauma-informed counseling approach to reach and empower silent victims through empathetic communication and validation of their experiences. The research employs a library research method, examining a range of academic literature, scholarly journals, books, and official documents published between 2022 and 2025. Data analysis was conducted using a thematic approach to identify patterns of meaning related to voiceless trauma survivors and the concept of dialogue space within traumatic counseling. By comparing practices in Indonesia and international contexts, the study identifies a significant gap namely, the limited attention given to silent trauma survivors. The novelty of this research lies in the proposed integration of the dialogue space with traumatic counseling, which not only emphasizes verbal communication but also accommodates nonverbal, creative, and community-based methods. This integration is expected to offer both theoretical and practical contributions to the development of more inclusive traumatic counseling services in Indonesia, while also serving as a reference for the formulation of more adaptive and responsive mental health policies.

Keywords: Trauma Counseling; Silent Victims; Dialogue Space; Trauma-Informed Approach; Psychological Recovery; Inclusive Counseling

INTRODUCTION

Trauma is an abnormal psychological response to deeply distressing traumatic events that disrupt mental health and are difficult to forget. These traumatic experiences can significantly affect daily activities. Therefore, treatment by professionals, such as psychological counseling, is essential to help restore mental health and return the individual to normal functioning (Hendrayadi et al., 2024). The opportunity and safe environment for trauma victims to express their experiences and feelings a space for dialogue is crucial in the recovery process. Sharing traumatic experiences has proven beneficial, including obtaining emotional support, reducing psychological burdens, and eliminating feelings of loneliness. A dialogue space also accelerates healing and promotes social change by reducing stigma and increasing public awareness.

Unfortunately, not all trauma victims are able or willing to utilize such a dialogue space. Many, especially victims of severe trauma or sexual violence, choose to remain silent due to feelings of shame, fear, social pressure, or distrust. As a result, they are neglected in the recovery process and counseling services. Silent trauma victims are those who have experienced trauma but are unable or unwilling to reveal their experiences, either verbally or nonverbally. This group includes individuals of various ages and backgrounds, including children, female victims of violence, and individuals with severe psychological disorders such as PTSD. Several factors cause trauma victims to remain silent: fear of stigma and negative judgment; inability to express themselves due to the psychological impact of trauma (e.g., speech lack, anxiety, or cognitive dissonance); lack of a safe and empathetic environment; and limited access to trauma-sensitive counseling services in Indonesia. Counselors often find it difficult to identify the needs of silent trauma victims because they are passive in seeking help. Counselors need to have sensitivity and special approaches to build trust and create an inclusive dialogue space. Empathetic therapeutic communication, validation of victims' experiences, and a safe environment are crucial for victims to open up and process their trauma (Rechika Amelia Eka Putri, 2024).

Unfortunately, counseling approaches in Indonesia have not yet fully accommodated the needs of silent trauma victims, resulting in their frequent neglect in recovery programs. Yet, this group is highly vulnerable to the long-term effects of unresolved trauma. A safe and inclusive dialogue space is crucial for trauma recovery. However, silent victims are often overlooked due to psychological and social barriers. The development of traumatic counseling that can reach and empower this group is urgently needed so that they are no longer marginalized.

In human life, there are many events that occur both joyful events and those that are difficult to accept. Events that are hard to accept, considered misfortunes, or unpredictable incidents that bring mental uncertainty such as the death of a loved one, accidents, or murders can cause deep emotional wounds and lead to psychological trauma, which, if not properly and appropriately treated, will have adverse effects on the sufferer. When trauma occurs in an individual, they attempt to cope and respond through their own healing process, so as not to cause negative impacts in the future.

However, for certain individuals, the trauma remains unresolved, leaving pain or emotional scars over a long period, ultimately affecting their behavior. This occurs because psychological trauma sufferers tend to feel sadness, devastation, fear, and continuous anxiety that interfere with their daily activities. When experiencing trauma, individuals often do not immediately realize that they are experiencing trauma as a result of a specific event. Trauma is often triggered by external events, but it is the subjective interpretation of those events that integrates the trauma into one's mind (Nihayah et al., 2022).

Individuals who experience trauma try to avoid similar incidents from happening again, often becoming overly fearful or avoiding the causes of trauma. The speed at which a person releases deep sadness depends on how deeply they have been hurt. If the individual was truly desperate or faced a life-or-death situation at that time, the trauma can persist for the rest of their life. Although the intensity may decrease over time, if the bitter experience was not severe enough to make their life worse, the trauma is easier to erase. In addition to the depth of the psychological wound, the difficulty of forgetting a painful past is also influenced by the surrounding environment and people, especially those who do not provide adequate support. Moreover, those affected may not receive or have access to appropriate counseling sessions.

Previous studies have shown that traumatic counseling interventions and therapeutic communication play an important role in the recovery of trauma victims. Handayani et al. (2022) found that victims of domestic violence experience both verbal and nonverbal communication barriers, and that hypnotherapy helps open their emotional expression. Nikmah et al. (2023) emphasized that slow-learner children who are victims of sexual violence need adaptive psychological assistance due to their limited verbal abilities. Kurniyawan et al. (2022), in their literature review, also highlighted the importance of therapeutic communication for the recovery of sexual violence victims. Meanwhile, Aini et al. (2023) demonstrated that self-talk and guided imagery techniques are effective in reducing post-traumatic stress among domestic violence victims.

However, these studies remain limited because they focus on victims who are relatively able or willing to express their traumatic experiences verbally. Research on trauma victims who choose to remain silent or are completely voiceless is still very limited, even though this group is among the most vulnerable to long-term psychological effects. In addition, nonverbal approaches or alternative counseling techniques specifically designed to reach silent victims have not been widely explored. In the Indonesian context, socio-cultural issues such as stigma, normative pressure, and distrust of counseling services have also not been deeply studied as reinforcing factors that cause victims to remain silent.

Based on these gaps, this study offers novelty through the concept of “the forgotten space of dialogue,” an inclusive traumatic counseling model designed to reach trauma victims who remain voiceless. This approach not only emphasizes verbal communication but also integrates nonverbal methods, creative expression, and empathetic counseling techniques that are sensitive to Indonesia’s socio-cultural context. Thus, this study is expected to provide both theoretical and practical contributions to the development of more adaptive traumatic counseling services for marginalized victim groups.

Instead of erasing trauma, the sufferers often end up feeling more guilty and harboring mutual resentment. The techniques used by counselors in handling clients are not uniform, as each individual differs in how they understand one another. The approach uses two methods: persuasive and intensive. Building a close relationship with post-trauma clients cannot rely on a single method or strategy but must be comprehensive so that service and treatment can be provided appropriately and in accordance with the client’s needs. Therefore, this study was written to elaborate on the importance of addressing psychological trauma through traumatic counseling and counseling therapy.

METHOD

This study employs the library research method, which is a research approach conducted by reviewing various academic literature related to dialogue space, psychological trauma, and traumatic counseling. The data sources were obtained from scientific journals, academic books, research articles, and official documents published between 2022 and 2025.

This method was chosen because the research focuses on conceptual exploration and critical analysis of theories and previous findings regarding the importance of dialogue space as part of psychosocial intervention. In the data collection process, the researcher selected literature with high academic credibility and then analyzed it using thematic analysis. Thematic analysis was chosen because it allows the researcher to identify, organize, and interpret patterns of meaning (themes)

that emerge from the texts, particularly concerning issues of voiceless trauma victims and the concept of dialogue space in traumatic counseling.

The stages of analysis were carried out by repeatedly reading the literature, categorizing topics, linking findings to theories of traumatic counseling, and synthesizing understandings into a conceptual framework. This research did not involve field data collection but focused on text interpretation and argument reinforcement based on empirical and theoretical references. Through this approach, it is expected that a strong conceptual foundation will be obtained to support the importance of developing a safe, supportive, and inclusive dialogue space in the practice of traumatic counseling in Indonesia.

RESULTS AND DISCUSSION

The Concept of Traumatic Counseling

Counseling is defined as an interpersonal relationship conducted face-to-face between two people, in which the counselor, through this relationship, uses their abilities and provides a (time-bound) learning situation. In this process, the counselee is assisted in understanding themselves, solving problems, and making decisions in their life (Enjang, 2023). Meanwhile, traumatic counseling refers to assistance provided by a counselor to a counselee who has experienced trauma due to events such as war, death, natural disasters, accidents, rape, and so on.

A traumatic case in counseling is defined as a therapeutic assistant aimed at changing the attitudes or behaviors of counsees who experience trauma. This process is conducted face-to-face between the counselor and the counselee using interview techniques, so that the counselee's problems can be resolved (Laila et al., 2024). Traumatic counseling services are expected to help trauma sufferers understand and accept the reality of their lives, so that they can "accept" all events and begin a new life (Fatmah & Ningsih, 2021). Thus, they can soon live independently and no longer depend continuously on donations from others.

The goal of traumatic counseling is to change the behavior of the counselee, so that they can lead a more productive life, emphasizing the restoration of the counselee to the condition prior to the trauma and the ability to adapt to new environmental circumstances.

For traumatic counseling to be effective, it can be carried out using two approaches: individual and group. The individual approach is specifically intended for counsees experiencing severe levels of stress and depression, while the group approach is used for counsees whose psychological burden is at a moderate level (Fatmah & Ningsih, 2021).

According to Sutirna, the differences between traumatic counseling and regular counseling are as follows:

1. Duration: Traumatic counseling generally requires a shorter time, typically 1–2 sessions, compared to regular counseling which can take up to 6 sessions.
2. Focus: Traumatic counseling focuses more specifically on one problem the trauma experienced by the counselee while regular counseling generally connects one problem to others.

Traumatic counseling is not only recognized in Indonesia but has also become a standard practice in various countries. For instance, at Trauma Recovery Centers (TRC) in California, United States, community-based counseling services for victims of violence are provided free of charge. The TRC model emphasizes prompt counseling, easy access, and comprehensive support (psychological, legal, and medical). This approach has proven effective because victims feel they are not alone and have a clear recovery pathway.

In addition, the Center for the Study of Traumatic Stress (CSTS) in the United States developed a counseling method based on brief intervention, which is short-term yet intensive counseling. This approach aligns with Sutirna's view that traumatic counseling requires relatively short but effective sessions. Adapting this model in Indonesia can help field counselors become more responsive, especially in emergency situations such as post-disaster recovery.

Traumatic counseling in Indonesia is generally understood as a therapeutic psychological intervention conducted face-to-face between counselor and counselee. Its purpose is to reduce the traumatic impact of extreme events such as disasters, sexual violence, or profound loss (Enjang, 2023; Laila et al., 2024). This approach emphasizes interpersonal relations and therapeutic interviews, focusing on individual recovery so that counselees can return to functioning in their daily lives (Fatmah & Ningsih, 2021). Traumatic counseling services are expected to help counselees understand and accept the reality of their lives so they can begin a new phase of life more independently. To ensure effectiveness, traumatic counseling usually employs both individual and group approaches, adjusted to the counselee's level of psychological burden.

However, when compared to international practices, there are fundamental differences. The Trauma Recovery Centers (TRC) in the United States, for example, provide community-based services with free access, integrating psychological, legal, and medical aspects. The Center for the Study of Traumatic Stress (CSTS) developed the brief intervention method—short-term but intensive counseling. Narrative Exposure Therapy (NET), developed in Germany, offers a narrative approach emphasizing the reconstruction of victims' life experiences, while the International Federation of Red Cross and Red Crescent Societies (IFRC) emphasize community-based psychosocial support. These models demonstrate system flexibility and a more holistic orientation. Meanwhile, services in Indonesia are still limited to face-to-face classical approaches and have not fully accommodated the needs of silent victims. This difference can be understood as a consequence of limited human resources and policy support, but it also indicates that more inclusive international models have the potential to be adapted to the Indonesian context.

In practice in Indonesia, the stages of traumatic counseling still follow a general pattern: the initial stage, middle stage, and final stage (Ellis, 2025). In the initial stage, the counselor builds a trusting relationship; in the middle stage, the counselor explores the counselee's traumatic experiences; while the final stage is marked by reduced anxiety and a change in the counselee's attitude toward the future. This implementation is often accompanied by religious values such as *tawakal* (trust in God), prayer, *dhiker*, and gratitude. This religious context is a strength because it aligns with the culture of the majority of Indonesian society and serves as a protective factor for the counselee. However, when examined more critically, this approach still lacks exploration of alternative nonverbal or creative methods that can reach trauma victims who remain voiceless. Other countries have practiced methods such as NET in Germany or community-based psychosocial support programs by the IFRC that involve religious leaders and local communities. Thus, it can be seen that international practices are more varied and adaptive to victims' needs, whereas Indonesia remains limited to verbal expression.

The concept of dialogue space in traumatic counseling is recognized as important. Dialogue space is understood as a safe place for victims to express traumatic experiences and perform emotional catharsis (Arifin et al., 2025; Panggalo et al., 2024). However, in Indonesia, dialogue space is often hindered by social stigma, shame, and a lack of trained counselors. This contrasts with international practices, such as Safe House WAO in Malaysia, which is staffed by professional counselors, or the Refugee Trauma and Recovery Program in Australia, which provides

multicultural dialogue spaces. This comparison shows that the success of a dialogue space depends not only on the counselor's empathy but also on structural support, diversity, and inclusive policies. Other barriers that make trauma victims reluctant to speak out include stigma, fear, and weak legal protection (Adiwinata et al., 2025; Woruntu, 2024). These factors are both cultural and structural in nature. Many victims feel disbelieved, fear being blamed, or are pessimistic toward lenient law enforcement. By comparison, Canada and several European countries have implemented anonymous reporting and advocacy support, which allow victims to report incidents without revealing their identities. This demonstrates that, in addition to psychological intervention, legal reform and policy advocacy also play a crucial role in enabling victims to speak out.

The absence of dialogue space for trauma victims results not only in psychological disorders such as depression, anxiety, or emotional dysfunction, but also has implications for public health and social reconciliation. WHO reports show that disaster or violence victims who do not have a safe space to speak are at high risk of chronic anxiety disorders and substance abuse. The experience of post-genocide Rwanda also demonstrates how collective trauma can persist for decades without community healing dialogues. Only after community dialogue programs were promoted did victims regain a sense of safety and social connectedness. This case serves as a valuable lesson for Indonesia that dialogue space is not only an instrument of individual healing but also a means of social reconstruction.

From this, it can be seen that there is a research gap that has not been widely explored, namely the integration between the concept of dialogue space and traumatic counseling for voiceless victims. Previous studies have mostly focused on victims who are able to express their traumatic experiences verbally, while silent victims have been relatively neglected. The novelty of this study lies in its proposal to integrate dialogue space with a traumatic counseling approach that focuses not only on verbal expression but also accommodates nonverbal, creative, and community-based methods. Through this integration, it is expected that a more inclusive model of traumatic counseling will emerge one that aligns with Indonesia's socio-cultural context and remains relevant to international practices.

Thus, the critical analysis does not end merely at comparison but produces a synthesis in the form of a new methodological idea combining a safe dialogue space, nonverbal approaches, and community support. This integration has the potential to make both theoretical and practical contributions broadening the scope of traumatic counseling, reducing the marginalization of silent victims, and supporting the national mental health agenda. This study is also expected to serve as a foundation for more applied follow-up studies, referring to international best practices such as TRC, NET, and multicultural dialogue space models in Australia and Malaysia, while remaining contextualized within Indonesia's social realities.

Implementation of Traumatic Counseling in Reducing Psychological Trauma

The implementation of traumatic counseling is carried out in accordance with the ongoing events and provides meaning both to the counselee who is experiencing trauma and to the counselor who assists the counselee in overcoming their problems. The stages of traumatic counseling are similar to those in general counseling, namely the initial stage, the middle (activity) stage, and the termination stage (Ellis, 2025). The explanations are as follows:

First, the initial stage of counseling consists of introduction, invitation, and environmental support. At this stage, the counselor establishes a relationship with the counselee, known as a working relationship a functional, meaningful, and beneficial relationship through which the

counselee will trust and express their feelings, emotions, and hopes related to the trauma being experienced. The counselor clarifies and defines trauma along with its symptoms so that the counselee truly understands what they are going through and the counselor gains full support. In addition, the counselor and counselee agree on the schedule for the counseling sessions.

Second, the middle (activity) stage: at this stage, the counselor focuses on exploring the counselee's trauma through observation and then provides an assessment based on what has been explored. This stage is also called the action stage. The aim of this stage is to explore and analyze the trauma as well as the counselee's concerns or actions and the role of the environment in addressing the trauma. In this stage, the counselor also maintains an impressive relationship with the client by demonstrating friendliness, empathy, honesty, and sincerity in helping the counselee.

Third, the termination stage; this stage is characterized by several indicators, namely a decrease in the counselee's anxiety, changes in behavior that are more positive, healthy, and dynamic, clearer life goals for the future, and positive attitude changes toward the future. For example, a counselee who was once afraid of the sea due to memories of a tsunami begins to visit and observe the sea again after treatment.

In the results of implementing traumatic counseling for individuals experiencing psychological trauma, several studies indicate that the outcomes of religious value-based traumatic counseling show that religious values can be utilized as part of the stages in the implementation process of traumatic counseling. The religious values that can be applied include: (1) trusting in Allah SWT (*tawakkaḥ*), (2) performing prayers (*shalat*), (3) engaging in remembrance of God (*zikir*), (4) increasing patience, and (5) being consistently grateful.

The implementation of traumatic counseling at the international level also shows variations in methods that can be emulated. For instance, Narrative Exposure Therapy (NET) developed in Germany for war and refugee victims focuses on constructing the victim's life narrative by emphasizing traumatic experiences as part of their life journey rather than their permanent identity. Research findings indicate that this technique effectively reduces PTSD symptoms among war survivors in Africa and the Middle East. Meanwhile, the International Federation of Red Cross and Red Crescent Societies (IFRC) integrate traumatic counseling into its community-based psychosocial support programs. This approach emphasizes the use of local resources, such as religious leaders or community figures, to serve as group counseling facilitators. This model is highly relevant in Indonesia, where communities have strong social ties and local leaders often serve as confidants for their people.

The Definition of Dialogue Space and Its Role in Psychological Healing

Dialogue space is a psychosocial concept referring to a place whether physical or virtual that enables individuals to express their experiences, emotions, and thoughts without fear of being judged, denied, or ignored (Arifin et al., 2025). In the context of psychological healing, dialogue space functions as an essential medium for the catharsis process, which is the emotional release that has been repressed due to traumatic experiences (Panggalo et al., 2024). This space not only provides individuals with the opportunity to express their feelings but also offers validation of the experiences they have gone through (Muflihah et al., 2022).

Several studies show that when individuals are provided with a safe space to talk, there is a significant improvement in emotional regulation and a reduction in symptoms of post-traumatic stress disorder (PTSD) (Panggalo et al., 2024). Dialogue space also serves as a bridge between trauma and recovery, particularly through the presence of an empathetic listener such as a counselor

or support group. The interactions occurring within the dialogue space also strengthen social connectedness, which serves as a protective factor in mental recovery. In trauma-based therapy, such as narrative and psychodynamic counseling approaches, dialogue space is the core of the intervention because it facilitates the process of meaning-making toward traumatic experiences.

International practice demonstrates that dialogue space is a key element in trauma recovery. At the Women's Aid Organization (WAO) in Malaysia, dialogue spaces take the form of safe houses that provide a secure place for women survivors of violence to express their emotions. These spaces are equipped with professional counselors and peer support groups, ensuring that survivors do not feel alone in their recovery journey. Another example is the Refugee Trauma and Recovery Program in Australia, which offers community-based multicultural dialogue spaces. These spaces not only facilitate psychological therapy but also allow refugees to share their life stories in their own languages. This practice illustrates that dialogue spaces which respect cultural and linguistic diversity can significantly accelerate psychological healing.

The Importance of Building a Safe and Supportive Space for Victims

Building a safe and supportive space is a crucial component of psychosocial intervention, especially for victims of violence, disasters, or other traumatic events. A safe space is characterized by trust, respect, and non-judgmental listening from the companion or facilitator. When victims feel emotionally safe, they become more open to sharing experiences they may have hidden due to shame or fear of being blamed. A structured speaking space, such as in community-based psychosocial support groups, has a significant impact on increasing victims' individual resilience (Tulak et al., 2024). A supportive environment allows the formation of therapeutic relationships, which serve as a healing factor in trauma counseling. Furthermore, a safe speaking space also helps reduce the stigma surrounding mental health issues, especially in communities where discussions about trauma and psychological disorders are still taboo.

Building a speaking space also requires training for facilitators or counselors so that they can manage clients' emotional responses with empathy and reflective skills. In a trauma-informed care approach, aspects of safety, choice, collaboration, and trustworthiness become the main principles in creating an effective and supportive speaking space. International best practices emphasize that a speaking space must be inclusive, involving all layers of society without discrimination based on gender, age, religion, or social status. For example, UNICEF, in its *Child-Friendly Spaces (CFS)* program in conflict areas, provides safe spaces for children to play while sharing their traumatic experiences.

This model successfully creates a supportive atmosphere that encourages children to be more resilient in facing trauma. Additionally, the United Kingdom's *National Health Service (NHS)* developed *Talking Therapies* based on the principle of inclusion. This program ensures that anyone, whether local residents or migrants, has the right to access free talking spaces. The success of the NHS demonstrates that inclusive speaking spaces not only heal individuals but also strengthen public trust in the mental health system.

Factors that Make it Difficult for Victims to Disclose Their Traumatic Experiences

Several factors make it difficult for victims to disclose their traumatic experiences. The first is stigma. Victims may feel ostracized or uncomfortable in society because they are ashamed or afraid of negative judgments from others (Adiwinata et al., 2025). This feeling can make them withdraw and feel isolated. Therefore, it is very important for society to create a safe and supportive

environment for victims. With strong social support, victims will feel less alone and more confident in undergoing the recovery process. They will also be more courageous in revealing their traumatic experiences (Adinda et al., 2024).

The second factor is fear. Victims often feel afraid to report the incidents they experienced because they worry, they will not be believed or will be seen as the ones at fault. Moreover, they frequently face social stigma, such as being shunned by friends or their surrounding environment. These further pressures the victims and worsens their mental condition (Masriah & Imelda Triadhari, 2024). The last factor is lack of trust. Current laws do not fully protect children and women from sexual violence. Many perpetrators receive only light sentences or are punished under general laws without considering the severity of the impact on victims. Because there are no strong legal rules that firmly punish offenders, justice for victims becomes difficult to achieve (Woruntu, 2024).

The factors of stigma, fear, and lack of legal trust are not only found in Indonesia. For instance, an Amnesty International report found that many victims of sexual violence in European countries are reluctant to report their cases because they fear the police will not believe them. Therefore, some countries have implemented an *anonymous reporting* system that allows victims to report incidents without revealing their identity. This system reduces victims' fear while expediting the legal protection process. In Canada, the *Victim Services Program* provides advocacy support, in which victim advocates accompany victims during legal proceedings to ensure their voices are not ignored. This best practice can be adapted in Indonesia by involving counselors or social workers in the reporting process, so that victims feel safer and more empowered when disclosing their trauma.

The Impact of the Absence of a Safe Space for Victims on the Healing Process

The absence of a safe space for victims especially in the context of violence, trauma, or severe emotional experiences can have serious consequences on their healing process. Some of these impacts include: (Masriah & Imelda Triadhari, 2024)

1. Psychological

Traumatized victims often experience very deep emotional wounds. They may feel intense fear, prolonged sadness (depression), excessive anxiety, and a loss of self-confidence. This trauma affects not only the mind but also physical health. For example, victims may have difficulty sleeping, feel constantly restless, or often experience nightmares about the incident that happened to them. All of this makes the victims' daily lives disturbed and uncomfortable.

2. Emotional Dysfunction

Traumatized victims often experience disturbances in their feelings and emotions. They may find it difficult to trust others, feel deep shame, and live in constant fear. This condition can worsen if the victims do not receive psychological help or if their environment instead tells them to remain silent and not talk about what happened. As a result, victims may feel worthless and lose confidence in themselves. Some even feel as though they deserved the abuse, even though it was not their fault at all. All these emotions push victims further into despair and make recovery even harder.

When a safe space for speaking is unavailable, the impact can be far-reaching. Reports from the World Health Organization (WHO) show that victims of disasters or violence who lack a safe space to speak have a higher risk of developing chronic anxiety disorders, depression, and even

substance abuse. This proves that the absence of a speaking space not only hinders psychological recovery but also increases the burden on public health.

Furthermore, experiences in Rwanda after the genocide show that the lack of speaking spaces caused victims to carry trauma for decades. Only after the implementation of *community healing dialogues* by international organizations did victims begin to recover and rebuild their social lives. This experience serves as strong evidence that a speaking space is not merely a communication medium, but a key to social reconciliation and long-term healing.

CONCLUSION

This study concludes that the presence of a *safe and supportive dialogue space* is an essential element in the recovery of trauma victims, particularly those who remain silent due to fear, shame, or social stigma. Trauma counseling must go beyond traditional verbal communication and adopt an inclusive, trauma-informed approach that integrates nonverbal, creative, and community-based methods. The integration of a *dialogue space* within traumatic counseling allows victims to regain emotional stability, rebuild trust, and process traumatic experiences without judgment.

In the Indonesian context, trauma counseling practices still rely heavily on classical, face-to-face methods and have not fully accommodated the needs of voiceless victims. By learning from international best practices such as *Trauma Recovery Centers (TRC)*, *Narrative Exposure Therapy (NET)*, and *community-based psychosocial support (IFRC)*, Indonesia can develop a more holistic and culturally adaptive counseling model.

Ultimately, establishing an inclusive dialogue space not only contributes to individual psychological recovery but also plays a vital role in social healing and the reconstruction of collective resilience. This study thus emphasizes the urgency of integrating empathetic communication, legal advocacy, and community support in future trauma counseling practices and mental health policy development in Indonesia.

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