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Practicing Trauma-Sensitve Empathy in Child Sexual Violence Support Services: A Phemomenological Study in Bekasi City Within a Trauma-Infirmed Care Framework

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Abstract

Sexual violence against children constitutes a traumatic experience that may lead to long-term psychological consequences, particularly when the accompaniment process is not conducted in a trauma-sensitive manner. Companions play a crucial role in preventing retraumatization during the child's recovery process. This study aims to explore how empathy is understood and practiced by companions of child survivors of sexual violence within the framework of Trauma-Informed Care. A qualitative approach was employed using a case study design as proposed by Robert K. Yin. Data were collected through in-depth interviews with child companions from the Regional Child Protection Commission (KPAD) of Bekasi City and a clinical psychologist, and analyzed using manual thematic analysis following Braun and Clarke (2006). The findings reveal three main themes: companions' awareness of the risk of child retraumatization, emotional regulation as a form of professional empathy, and the use of non-confrontational empathic approaches in child accompaniment. These themes indicate that empathy is not merely a spontaneous emotional response, but a conscious, regulated, and trauma-aware practice oriented toward safeguarding children's psychological well-being. The study conceptualizes these findings as Trauma-Sensitive Empathy, a form of professional empathy that represents the practical implementation of Trauma-Informed Care in the context of child sexual violence accompaniment. This study contributes to trauma psychology literature and provides practical implications for the development of trauma-based child accompaniment services in Indonesia.

Keywords: Trauma-Informed Care, Companion Empathy, Child Sexual Violence

Introduction

Sexual violence against children constitutes a form of complex trauma that can result in long-term psychological consequences, particularly for elementary school–aged children who are still in the early stages of cognitive and emotional development. Child survivors of sexual violence are at risk of experiencing difficulties in emotional regulation, persistent feelings of insecurity, and the reactivation of trauma responses when exposed to certain stimuli during the accompaniment or support process. This condition is known as *retraumatization*, namely the re-emergence of traumatic responses caused by interactions or situations that are not sensitive to the child's traumatic experiences (Spinazzola *et al*., 2021). At this developmental stage, children's capacities to understand events, regulate emotions, and establish a sense of safety in their environment remain limited. Experiences of sexual violence not only cause physical harm but also disrupt the formation of children's basic schemas related to trust, relationships, and self-control (Finkelhor, 2014; Herman, 2015) [19, 22].

Children who experience sexual violence are vulnerable to a range of psychological difficulties, including problems with emotional regulation, excessive anxiety, persistent feelings of insecurity, sleep disturbances, and challenges in forming interpersonal relationships. In the long term, trauma that is not addressed in a sensitive manner may develop into post-traumatic stress disorder (PTSD), depression, and behavioral problems (Cohen *et al*., 2017; van der Kolk, 2014) [14, 44]. These conditions become increasingly complex when children are re-exposed to certain stimuli such as questions, situations, or interactions that remind them of their traumatic experiences during the accompaniment process. This phenomenon, again referred to as *retraumatization*, reflects the recurrence of traumatic responses due to interactions or environments that lack

sensitivity to the child's trauma history (Spinazzola *et al*., 2021).

In the context of accompanying child survivors of sexual violence, the *Trauma-Informed Care* (TIC) approach serves as a crucial framework to ensure that all interactions do not exacerbate the child's psychological condition. *Trauma-Informed Care* emphasizes core principles such as the creation of safety, the development of trustworthiness, collaboration, and the empowerment of trauma survivors throughout the recovery process (Avery *et al*., 2021; Ashworth *et al*., 2023). This approach recognizes that the responses of practitioners must take into account the impact of trauma experienced by the child, rather than focusing solely on information extraction or the completion of administrative case requirements. *Trauma-Informed Care* also emphasizes an understanding that children's behaviors and emotional responses are adaptive reactions to past traumatic experiences, rather than mere manifestations of "problematic behavior" or non-cooperation (SAMHSA, 2014) [36].

Field findings from interviews with child companions in Bekasi City indicate that the principles of *Trauma-Informed Care* have been actively pursued in accompaniment practices. Companions from the Regional Child Protection Commission (Komisi Perlindungan Anak Daerah/KPAD) of Bekasi City consciously avoid approaches that are interrogative or that place pressure on children. The strategies employed include limiting repeated exploration of traumatic narratives, utilizing *safe houses*, and coordinating across institutions to ensure children's safety throughout the accompaniment process (Firli, KPAD Bekasi City staff member, personal interview, 2024). This approach is grounded in practical experience showing that repeated retelling of traumatic events without adequate emotional readiness can worsen a child's psychological condition.

The core principles of *Trauma-Informed Care* include safety, trustworthiness, choice, collaboration, and empowerment (Avery *et al*., 2021; Ashworth *et al*., 2023). In practice, *Trauma-Informed Care* requires companions to focus more on the emotional and psychological needs of the child rather than merely reconstructing the chronology of events or fulfilling administrative case requirements. Thus, the accompaniment process is understood as a space for healing and recovery, rather than simply a procedural stage.

Consistent with these findings, interviews with clinical psychologists reveal that psychological accompaniment typically begins with an emotional stabilization phase. During this phase, companions consciously regulate their tone of voice, body language, and use non-confrontational methods such as drawing and role-playing to build a sense of safety and help children manage their emotional responses before entering the trauma-processing stage (Rika, Clinical Psychologist, personal interview, 2024). This approach reflects a deliberate effort by companions to adjust their interactions to the psychological conditions of traumatized children. It is based on the understanding that repeated exploration of traumatic narratives without adequate emotional readiness can exacerbate psychological distress. Previous studies similarly indicate that rushed trauma exploration may trigger dissociation, acute anxiety, and withdrawal in child survivors of sexual violence (Courtois & Ford, 2016 [15]; Spinazzola *et al*., 2021).

Further interviews with clinical psychologists involved in supporting child survivors of sexual violence also show that trauma-based interventions emphasize the importance of building safety and attachment before engaging in deeper trauma processing. Non-confrontational techniques, including symbolic play, drawing, and role-play, are used to help children express emotions safely and in ways that are appropriate to their developmental capacities (Cohen *et al*., 2017; Perry & Szalavitz, 2017) [14, 33].

These practices indicate that the empathy demonstrated by companions is not merely spontaneous affective empathy, but rather empathy accompanied by trauma awareness and self-regulation of emotional responses. Companions function as *co-regulators* of children's emotions individuals who help stabilize children's emotional states through safe, controlled, and professionally bounded interactions (Spinazzola *et al*., 2021). In this study, such a form of empathy is conceptualized as *Trauma-Sensitive Empathy*, defined as empathy enacted with trauma awareness, emotional regulation, and the maintenance of professional empathic boundaries as an integral component of *Trauma-Informed Care* (Avery *et al*., 2021). *Trauma-Sensitive Empathy* does not position companions as individuals who become emotionally immersed in the child's distress, but rather as professionals who can remain empathically present while retaining reflective capacity and professional integrity.

Although trauma-sensitive empathic approaches are evident in field practices, empirical research in Indonesia remains relatively limited in examining companion empathy as a distinct focus within the *Trauma-Informed Care* framework. Most existing studies have concentrated on policy dimensions, reporting mechanisms, or intervention effectiveness, without closely examining how empathy is consciously managed to prevent *retraumatization* in children. Therefore, this article aims to explore in depth how *Trauma-Sensitive Empathy* is understood and applied by companions of child survivors of sexual violence in Bekasi City within the framework of *Trauma-Informed Care*. This study is expected to contribute both theoretically and practically to the development of trauma-based child accompaniment practices in Indonesia, while enriching scholarly discourse on the role of professional empathy in the protection and recovery of child survivors of sexual violence.

Method

This study employed a qualitative approach with a *case study* design as articulated by Robert K. Yin (2018) [35]. A *case study* design was selected because the research aimed to develop an in-depth understanding of a contemporary phenomenon within its real-life context, particularly the empathic practices of companions supporting child survivors of sexual violence in Bekasi City. The *case study* approach enables researchers to explore processes, meanings, and the dynamics of participants' experiences holistically, especially when the boundaries between the phenomenon under investigation and its context cannot be clearly delineated (Yin, 2018).

The case examined in this study was the accompaniment of child survivors of sexual violence, with the analytical focus directed toward how companions understand and enact *Trauma-Sensitive Empathy* within the framework of *Trauma-Informed Care*. The unit of analysis consisted of child companions directly involved in the accompaniment process, specifically staff members of the Regional Child Protection Commission (Komisi Perlindungan Anak

Daerah/KPAD) of Bekasi City and a clinical psychologist. Participants were selected using purposive sampling based on criteria that included direct involvement in supporting child survivors of sexual violence and professional experience in handling trauma-based cases.

Data were collected through in-depth semi-structured interviews. This method was chosen to provide participants with sufficient space to articulate their experiences, reflections, and the accompaniment strategies they apply in daily practice. The interviews focused on participants' experiences in creating a sense of safety, managing emotional responses, preventing *retraumatization*, and building empathic relationships with child survivors of sexual violence. All interviews were conducted with participants' consent, audio-recorded, and transcribed verbatim for analytical purposes.

Data analysis was conducted using *thematic analysis*, guided by the analytical framework proposed by Thornton *et al*. (2025). *Thematic analysis* was selected because it allows researchers to systematically and flexibly identify, analyze, and interpret thematic patterns emerging from qualitative data. The analytical process followed six stages: (1) familiarization with the data through repeated reading of interview transcripts; (2) initial coding of relevant meaning units; (3) searching for preliminary themes; (4) reviewing and refining themes; (5) defining and naming themes; and (6) constructing thematic narratives that represent the research findings. The resulting themes were then interpreted to explain the practice of *Trauma-Sensitive Empathy* among child companions.

Data trustworthiness was ensured through source triangulation by comparing experiences and perspectives between KPAD companions and the clinical psychologist, as well as through limited *member checking* to confirm the alignment between the researcher's interpretations and participants' lived experiences. This study was conducted in accordance with qualitative research ethics principles, including providing participants with clear information about the study, obtaining *informed consent*, safeguarding the confidentiality of participants' identities, and maintaining sensitivity to the trauma-related issues discussed throughout the research process.

Research Findings and Discussion

Findings

Based on the analysis of interview data with companions supporting child survivors of sexual violence, three main themes emerged that illustrate empathic practices in accompaniment: awareness of the risk of child *retraumatization*, emotional regulation of companions during the accompaniment process, and the use of non-confrontational empathic approaches. These themes reflect empathy that is consciously enacted and oriented toward the psychological protection of the child.

Theme 1: Companions' Awareness of the Risk of Child Retraumatization

Companions perceived the initial phase of accompaniment as the most vulnerable period for child survivors of sexual violence. This awareness emerged from their experiences when encountering children who displayed emotional instability when asked to recount their traumatic experiences. Consequently, companions understood that rushed and pressuring approaches could potentially worsen the child's psychological condition.

> "If a child is forced to tell the story in too much detail, it can actually make them more distressed. So we limit it the most important thing is that the child feels safe first."
>
> *(Firli, personal interview, 2024)*

Awareness of the risk of *retraumatization* was also reflected in companions' prioritization of the child's sense of safety over administrative demands or the need to extract case-related information. Companions recognized that the success of accompaniment should not be measured by the amount of information obtained, but by the extent to which the child feels emotionally protected throughout the process.

> "The main thing is not immediately getting the story, but making sure the child feels secure"
>
> *(Firli, personal interview, 2024)*

Companions also demonstrated caution in determining the appropriate timing for continuing the accompaniment process. Not all children were considered ready to discuss their traumatic experiences immediately. This awareness encouraged companions to postpone narrative exploration until the child reached a more emotionally stable condition.

> "Some children are simply not ready to talk yet. If they are forced, it can actually worsen their trauma."
>
> *(Rika, personal interview, 2024)*

In addition, companions recognized that the child's surrounding environment could function as a trauma trigger. Decisions to relocate children to safer spaces were therefore made as preventive measures against *retraumatization*. Companions considered not only physical safety but also the child's psychological condition within their original environment.

> "If the environment is no longer conducive, we secure the child first. That's important so they don't become more distressed."
>
> *(Firli, personal interview, 2024)*

This awareness was also evident in how companions managed communication settings. They intentionally created non-threatening atmospheres in terms of physical space, the presence of others, and modes of interaction. Companions understood that social pressure and feelings of being observed could trigger anxiety in children.

> "The main thing is not immediately getting the story, but making sure the child feels secure"
>
> *(Firli, personal interview, 2024)*

From the perspective of the clinical psychologist, this awareness was closely linked to an understanding that chronological discussions of traumatic events constitute a highly sensitive phase. Initiating accompaniment with direct

narrative exploration was seen as posing a high risk of triggering intense trauma responses.

> "If you go straight into the chronology, it's very vulnerable to triggering trauma. Emotional strengthening has to come first."
>
> *(Rika, personal interview, 2024)*

Companions were also aware that inappropriate physical contact could act as a trauma trigger for child survivors of sexual violence. Therefore, physical touch was deliberately avoided, with companions relying instead on verbal and symbolic approaches that were safer for the child.

> "In cases of sexual violence, physical touch must be avoided because it can become triggers."
>
> *(Rika, personal interview, 2024)*

Awareness of children's limited verbal capacities also shaped companions' interactions. Companions understood that children had not yet developed mature emotional and cognitive regulation, making verbal disclosure potentially distressing.

> "Children can't regulate their emotions like adults, so the approach can't be the same."
>
> *(Rika, personal interview, 2024)*

As an alternative, companions adopted safer approaches, such as drawing or play activities, to understand children's emotional states without directly activating traumatic memories.

> "One way is through drawings later the psychologist can interpret them."
>
> *(Firli, personal interview, 2024)*

Overall, this theme demonstrates that companions' empathy was grounded in a deep awareness of the risk of *retraumatization*. Companions consciously restrained the urge to probe traumatic narratives, adjusted their approaches, and prioritized the child's psychological protection. This pattern indicates that the empathy enacted was not spontaneous, but rather trauma-sensitive and oriented toward preventing further psychological harm.

Theme 2: Emotional Regulation of Companions As a form of Professional Empathy

Companions viewed self-emotional regulation as a fundamental prerequisite in supporting child survivors of sexual violence. This awareness stemmed from their experiences that companions' emotional responses could directly influence the child's psychological state. Expressions of panic, excessive sadness, or uncontrolled emotional reactions were understood to potentially intensify the child's sense of insecurity.

> "If the companion panics or becomes emotional, the child can become even more afraid."
> *(Rika, personal interview, 2024)*

Companions recognized children's heightened sensitivity to adults' emotional cues. Consequently, they sought to maintain calmness in all interactions through controlled tone of voice, body language, and facial expressions. Emotional regulation was regarded as a professional responsibility in creating a soothing environment.

> "Children can sense it, even if we don't say anything."
>
> *(Firli, personal interview, 2024)*

Companions emphasized the importance of self-control when listening to distressing stories or observing children's traumatic conditions. They distinguished empathy from emotional over-involvement, understanding that being empathic did not require becoming emotionally overwhelmed.

> "We have to hold back our own reactions so the child doesn't feel like we're falling apart."
>
> *(Rika, personal interview, 2024)*

Excessive displays of sadness or anger were intentionally avoided, as companions feared these reactions could cause children to feel guilty or responsible for adults' emotions.

> "If we look too sad, the child might feel like they caused the adult's sadness."
>
> *(Rika, personal interview, 2024)*

Emotional regulation was also viewed as a form of self-protection for companions. Maintaining emotional stability helped prevent emotional exhaustion and enabled companions to sustain their roles over time.

> "If we don't take care of ourselves, eventually we'll burn out."
>
> *(Firli, personal interview, 2024)*

In practice, companions deliberately used gentle and consistent tones of voice, which were perceived as signals of safety for children experiencing fear or anxiety.

> "Tone of voice is very important it shouldn't be loud or harsh."
>
> *(Rika, personal interview, 2024)*

Body language was also carefully managed to avoid appearing threatening. Open and unhurried postures were used to convey readiness to accompany the child without pressure.

> "How we sit, how we look at the childeverything is considered so the child doesn't feel intimidated."
>
> *(Firli, personal interview, 2024)*

Companions demonstrated emotional regulation by delaying responses when children displayed intense emotional reactions. Rather than correcting or suppressing these

responses, companions allowed space for children to self-soothe.

> "If the child is having an emotional outburst, we wait first we don't immediately pressure them."
>
> *(Rika, personal interview, 2024)*

Stable presence was regarded as the most essential form of empathy. Children did not always need verbal reassurance, but rather consistent and calm adult figures.

> "In cases of sexual violence, physical touch must be avoided because it can become triggers."
>
> *(Rika, personal interview, 2024)*

This theme illustrates that empathy was enacted through conscious and professional emotional regulation. Emotional regulation functioned not only as an accompaniment strategy but also as a form of empathy that allowed companions to serve as emotional anchors for children.

Theme 3: Non-Confrontational Emphatic Approaches in Child Accompaniment

Companions consistently employed non-confrontational approaches when supporting child survivors of sexual violence. This approach was chosen based on the understanding that direct questioning and verbal pressure could provoke fear and anxiety in children.

> "Children shouldn't feel like they're being interrogated. They will shut down."
>
> *(Firli, personal interview, 2024)*

Companions recognized that empathy did not always need to be expressed through deep conversation. In many situations, calm and non-demanding presence was more beneficial, acknowledging that each child has different rhythms and levels of readiness.

> "Sometimes the child doesn't want to talk yet, so we just accompany them."
>
> *(Firli, personal interview, 2024)*

Non-confrontational empathy was also reflected in the use of symbolic activities, such as drawing and role-play, to understand children's emotional states without directly triggering traumatic memories.

> "Children are more comfortable with drawing or playing than being asked questions repeatedly."
>
> *(Rika, personal interview, 2024)*

Symbolic activities were viewed as providing safer expressive spaces, allowing children to communicate emotions indirectly and with less emotional pressure.

> "Through drawings, we can see their emotions without asking them to tell the story."
> *(Rika, personal interview, 2024)*

Providing choices was another key element of the non-confrontational approach. Companions avoided forcing children to engage in activities or discussions they were not ready for.

> "Children are given choices whether to continue or take a break."
>
> *(Rika, personal interview, 2024)*

Offering choices was seen as restoring children's sense of control, which is often disrupted by experiences of sexual violence.

> "What matters is that the child feels they have control, not that we control everything."
>
> *(Firli, personal interview, 2024)*

Language use was carefully monitored to avoid blame or judgment. Companions recognized the power of language in shaping children's sense of safety.

> "Language has to be carefully chosen so the child doesn't feel blamed."
>
> *(Rika, personal interview, 2024)*

When children expressed strong emotions during accompaniment, companions did not suppress or correct these expressions but allowed space for emotional release.

> "If the child cries or gets angry, we let it happen first we don't immediately stop."
>
> *(Rika, personal interview, 2024)*

Companions conceptualized empathy as the ability to walk alongside the child at the child's own pace, rather than imposing predetermined goals for each session.

> "The process follows the child, not the other way around."
>
> *(Firli, personal interview, 2024)*

Overall, this theme demonstrates that non-confrontational empathic approaches served as a primary strategy for preventing *retraumatization*. Empathy was enacted through respect for boundaries, rhythms, and children's readiness, emphasizing safe spaces, choice, and non-pressuring interactions that allowed children to engage in the accompaniment process with a sense of safety and protection.

Discussion

The findings of this study indicate that empathic practices in the accompaniment of child survivors of sexual violence are inherently complex and multilayered. Empathy is not merely expressed as spontaneous emotional responsiveness but is consciously guided by the principles of *Trauma-Informed Care* (TIC), which emphasize trauma awareness, emotional regulation, and non-confrontational engagement. This finding aligns with the foundational definition of TIC, which

underscores the necessity of understanding the pervasive impact of trauma in order to respond in ways that do not exacerbate survivors' psychological distress (Harris & Fallot, 2001; SAMHSA, 2014) [20, 36].

At its core, *Trauma-Informed Care* seeks to ensure both emotional and physical *safety* while actively preventing *retraumatization* throughout service delivery or accompaniment processes (SAMHSA, 2014) [36]. The empirical findings of this study demonstrate that these principles are not merely abstract guidelines but are operationalized through concrete empathic practices enacted by companions in their daily interactions with child survivors.

Trauma Awareness and the Prevention *Retraumatazion*

The awareness demonstrated by companions regarding the risk of *retraumatization* (Theme 1) reflects a critical understanding that direct and premature exploration of traumatic experiences can intensify psychological distress in children. This finding is consistent with trauma literature emphasizing that recounting traumatic memories without sufficient emotional readiness may reactivate trauma responses, particularly in children whose cognitive and emotional regulation capacities are still developing (van der Kolk, 2014 [44]; Spinazzola *et al*., 2021).

Previous studies have highlighted that TIC requires practitioners to recognize trauma as a pervasive experience that shapes how individuals perceive and respond to their environment (Harris & Fallot, 2001) [20]. In this study, companions' decisions to limit narrative repetition, delay chronological disclosure, and prioritize emotional stabilization illustrate a trauma-aware orientation that places the child's psychological well-being above procedural or administrative demands. This approach aligns with empirical findings suggesting that TIC implementation necessitates respecting clients' readiness and pacing before engaging in detailed trauma processing (Lotty *et al*., 2024).

Furthermore, the companions' sensitivity to environmental triggers such as unsafe home settings or intimidating interview spaces reinforces the TIC principle of *safety*. Research has consistently shown that environmental cues can serve as trauma reminders and provoke distress in child survivors (Bath, 2008; Briere & Scott, 2015) [7, 13]. The use of safe houses and controlled interaction settings in this study exemplifies a proactive effort to mitigate such risks.

Emotional Regulation as Professional Empathy

Theme 2 highlights emotional regulation by companions as a core dimension of *Trauma-Sensitive Empathy*. Rather than expressing empathy through overt emotional displays, companions deliberately managed their own affective responses to avoid transferring anxiety, fear, or distress to the child. This finding resonates with trauma-informed literature emphasizing that practitioners' emotional stability is essential in fostering a sense of safety and predictability for trauma survivors (Knight, 2015 [24]; Nikopaschos *et al*., 2025).

Research in trauma-informed mental health services suggests that staff members' ability to regulate their emotions enhances client engagement and reduces the likelihood of escalation during emotionally charged interactions (Isobel & Edwards, 2017) [23]. In the context of child accompaniment, companions' calm tone of voice, controlled body language, and non-reactive presence functioned as stabilizing cues, positioning the companion as a *co-regulator* of the child's emotional state (Spinazzola *et al*., 2021).

Importantly, emotional regulation also emerged as a protective mechanism for companions themselves. The literature indicates that sustained exposure to traumatic material places practitioners at risk of secondary traumatic stress and *compassion fatigue* (Figley, 1995 [18]; Madden & Coffey, 2025). By consciously regulating their emotional responses, companions not only protected children from emotional overload but also preserved their own psychological well-being, supporting sustainable and ethical practice.

Non-Comfrontational and Child-Centered Engangement

Theme 3 reveals that companions consistently employed non-confrontational empathic strategies, including symbolic activities, non-verbal expression, and the provision of choices. These practices align closely with TIC principles that caution against authoritative or interrogative communication styles, which may replicate dynamics of powerlessness experienced during abuse (Bath, 2008 [7]; Berring *et al*., 2024).

Symbolic modalities such as drawing and play are well-established trauma-informed techniques for children, allowing emotional expression without requiring explicit verbalization of traumatic events (Malchiodi, 2015). These approaches respect children's developmental limitations while reducing the risk of *retraumatization*. The use of non-verbal methods observed in this study supports previous findings that trauma-informed child interventions are most effective when they are developmentally attuned and flexible (Asmussen *et al*., 2022) [3].

Providing children with choices whether to continue, pause, or shift activities emerged as another critical element of non-confrontational empathy. This practice directly reflects the TIC principle of *empowerment*, which seeks to restore a sense of control often disrupted by experiences of sexual violence (SAMHSA, 2014 [36]; Lotty *et al*., 2025). Empowerment-oriented practices have been shown to strengthen therapeutic alliances and enhance trust in service providers (Briere & Scott, 2015) [13].

Empathy as a Core Mechanism Within *Trauma-Informed Care*

Collectively, the three themes demonstrate that empathy in trauma-informed accompaniment extends beyond affective compassion to encompass deliberate interactional strategies that prioritize safety, trust, and empowerment. This conceptualization aligns with scholarship arguing that empathy in trauma contexts must be understood as both an emotional stance and a communicative practice oriented toward minimizing harm (Asmussen *et al*., 2022) [3].

The findings further suggest that *Trauma-Sensitive Empathy* plays a pivotal role in establishing *trustworthiness*, a core TIC principle. Trust is particularly critical for child survivors of sexual violence, whose experiences often involve betrayal by trusted adults (Herman, 1992) [21]. By demonstrating consistency, emotional containment, and respect for boundaries, companions in this study fostered relational conditions that allowed children to feel heard, valued, and protected.

Moreover, the synergy between trauma awareness and emotional regulation observed in this study reinforces the

literature emphasizing that trauma-responsive services must avoid replicating threat or coercion within helping relationships (Berring *et al*., 2024). When enacted together, these practices form a stable, responsive presence that mitigates the risk of *retraumatization* and supports recovery-oriented engagement.

Finally, existing research underscores the importance of TIC education and training in strengthening practitioners' capacity to implement these principles effectively. Studies in pediatric and mental health settings indicate that TIC training enhances knowledge, shifts professional attitudes, and improves trauma-responsive practices (Thornton *et al*., 2025; Isobel & Edwards, 2017 [23]). The findings of this study suggest that similar investments in training are essential to sustain *Trauma-Sensitive Empathy* in child accompaniment contexts.

In conclusion, empathy in the accompaniment of child survivors of sexual violence should be understood as an integral component of comprehensive *Trauma-Informed Care*. Empathy functions not merely as emotional concern but as a structured, reflective, and ethically grounded practice aimed at preventing *retraumatization*, fostering *safety* and *trustworthiness*, and promoting *empowerment* through respectful and responsive relationships.

Trauma-Sensitive Empathy as an Integrative Construct

Synthesizing these themes, this study conceptualizes Trauma-Sensitive Empathy (TSE) as an integrative construct encompassing trauma awareness, emotional regulation, and non-confrontational interaction. Unlike traditional empathy models that prioritize emotional resonance, TSE emphasizes reflective distance, professional boundaries, and intentional modulation of empathic responses (Avery *et al*., 2021).

This conceptualization advances existing literature by framing empathy as a clinical and relational competence rather than a purely affective disposition. It resonates with scholarship that critiques unregulated empathy for its potential to blur boundaries and increase emotional exhaustion among practitioners (Decety & Jackson, 2004; Asmussen *et al*., 2022) [17, 3].

Implications for Practice and Policy

The findings carry important implications for child protection systems in Indonesia and comparable contexts. First, they highlight the necessity of embedding TIC principles into formal training programs for child protection professionals. Evidence suggests that TIC education significantly enhances practitioners' confidence, trauma literacy, and interactional competence (Thornton *et al*., 2025).

Second, recognizing empathy as a professional skill supports the development of supervision and reflective practice structures that reinforce emotional regulation and ethical boundaries. This is particularly relevant in resource-limited settings where emotional overload among practitioners is common.

Finally, this study contributes to global trauma discourse by offering empirical insight from a non-Western context, addressing calls for culturally grounded trauma research that reflects diverse service environments (Betancourt *et al*., 2016) [11].

Conclusion

This study demonstrates that empathy in the accompaniment of child survivors of sexual violence should be understood as a structured and professional practice rather than a purely affective or spontaneous emotional response. Drawing on thematic analysis of interviews with child companions from the Regional Child Protection Commission (KPAD) of Bekasi City and a clinical psychologist, the findings reveal that empathic engagement is intentionally enacted through trauma awareness, emotional regulation, and carefully calibrated interactional strategies.

The three central themes identified awareness of retraumatization risk, emotional regulation as a form of professional empathy, and non-confrontational empathic approaches illustrate how companions operationalize empathy within everyday accompaniment practices. Awareness of retraumatization leads companions to limit direct probing of traumatic experiences, prioritize psychological safety, and adapt the pace of intervention to the child's emotional readiness. These practices underscore a shift from information-centered engagement toward child-centered support that emphasizes protection and emotional containment.

Emotional regulation emerged as a critical component of empathic practice, positioning companions as emotional co-regulators who contribute to maintaining children's emotional stability. Rather than relying on emotional immersion, empathy is enacted through the companion's capacity to remain emotionally present, composed, and responsive. This finding challenges conventional assumptions that equate empathy with emotional intensity and instead highlights emotional self-regulation as a professional skill essential for trauma-informed accompaniment.

Additionally, the use of non-confrontational strategies uch as symbolic activities, offering choices, and minimizing verbal pressure demonstrates that empathy is expressed through respect for children's autonomy, boundaries, and individual pacing. These approaches align closely with the core principles of Trauma-Informed Care, particularly safety, trustworthiness, and empowerment, reinforcing the centrality of children's psychological well-being in accompaniment processes.

Based on the integration of these themes, this study proposes the concept of **Trauma-Sensitive Empathy (TSE)** to conceptualize empathy as an operational psychological competence within trauma-informed practice. TSE encompasses trauma awareness, emotional self-regulation, and interactional sensitivity aimed at preventing retraumatization while fostering a sense of safety and agency in child survivors.

The primary contribution of this study lies in advancing the conceptualization of empathy beyond an affective orientation toward a practice-based, trainable competence embedded in Trauma-Informed Care. These findings have practical implications for the development of trauma-based training programs for child companions and contribute to the growing body of scholarship on trauma psychology and child protection, particularly within the Indonesian context. Future research may further examine the applicability of Trauma-Sensitive Empathy across different institutional settings and explore its impact on long-term recovery outcomes for child survivors.

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