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Stages of crisis counseling interventions on abortus provocatus performers in pregnancy due to rape

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Abstract

Purpose - The purpose of this study was to discuss the stages of counseling intervention for provocative abortion perpetrators in pregnancy due to rape.

Method - The research method used in this article is library research. The research was conducted by collecting information and data with the help of various materials in the library such as books, previous research results, articles, notes and various journals related to the problem to be solved systematically to collect, process, and conclude data using the method.

Result - A perpetrator of abortus provocatus in pregnancy due to rape is in dire need of crisis counseling in terms of physical, psychological, and mental trauma. The stages of crisis counseling intervention carried out by the counselor are: defining the problem, ensuring the counselee's safety, providing support, examining alternatives, making plans, and getting commitments.

Implications – This research has an impact on knowing the stages of crisis counseling intervention carried out by counselors.

Originality – This research used literature deeply about the stages of counseling intervention for abortus provocatus perpetrators in pregnancy due to rape.

Keywords: Intervention, crisis counseling, abortus provocatus.

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Abstrak

Tujuan - Tujuan penelitian ini untuk membahas tahapan intervensi konseling bagi pelaku aborsi provokatif pada kehamilan akibat perkosaan.

Metode - Metode penelitian yang digunakan dalam artikel ini adalah penelitian kepustakaan. Penelitian ini dilakukan dengan mengumpulkan informasi dan data dengan bantuan berbagai bahan yang ada di perpustakaan seperti buku, hasil penelitian sebelumnya, artikel, catatan dan berbagai jurnal yang berkaitan dengan masalah yang akan dipecahkan secara sistematis untuk mengumpulkan, mengolah, dan menyimpulkan data menggunakan metode.

Hasil - Pelaku abortus provokatus dalam kehamilan karena perkosaan sangat membutuhkan konseling krisis dari segi trauma fisik, psikis, dan mental. Tahapan intervensi konseling krisis yang dilakukan oleh konselor adalah: mendefinisikan masalah, memastikan keselamatan konseli, memberikan dukungan, memeriksa alternatif, membuat rencana, dan mendapatkan komitmen.

Implikasi - Penelitian ini berdampak pada mengetahui tahapan intervensi konseling krisis yang dilakukan oleh konselor.

Originalitas - Penelitian ini menggunakan literatur secara mendalam tentang tahapan intervensi konseling bagi pelaku aborsi provokatif pada kehamilan akibat perkosaan.

Kata kunci: Intervensi, konseling krisis, abortus provokatus.

Introduction

In human life, individuals and groups, deviations often occur from the norms in their social life. Various forms of irregularities that occur in society from an economic, political, and social point of view are caused by the negligence of the commands of Allah SWT. One of the goals of Islam to stipulate marriage is to produce offspring. However, not all pregnancies are welcomed because of unwanted circumstances or the social environment that makes it impossible to continue the pregnancy and take care of their child, as in the case of rape which finally decided to take the path of abortion.

So far, the handling of rape cases is often limited to physical trauma, while psychological and social trauma is rarely touched. This trauma, especially psychological and social trauma, will be even more severe if this woman becomes pregnant. The severity of post-traumatic stress disorder that occurs in each woman is different depending on several factors, for example, the severity of the trauma

experienced, mental condition before experiencing the trauma, support from environmental factors, the close relationship between the victim and the perpetrator, and so on. There are rape victims, even though they are pregnant, they can survive until they give birth and raise their babies, but some others who become pregnant commit suicide or choose an illegal abortion (Sulistyaningsih & Faturochman, 2002; Rochayati, 2018; Aisyah & Prameswarie, 2020; Amanda & Krisnani, 2019).

In Indonesia, the Criminal Code has technically prohibited abortion. However, Article 15 of the Health Law of 1992 concerning Health emphasizes "In an emergency, as an effort to save the life of a pregnant woman and/or her fetus, certain medical measures may be taken," which makes it ambiguous. It is not expressly permitted to have abortions, but it is said that "certain medical procedures" can be performed to save the life of a pregnant woman. The word "abortion" was not used by the drafters of this law. This law was again refuted after the issuance of Health Law number 36 of 2009, especially Article 75 paragraph 1 which states, "Everyone is prohibited from having an abortion".

However, on July 21, 2014, President Susilo Bambang Yudhoyono signed Government Regulation (PP) No. 61 of 2014 concerning Reproductive Health, again providing an opportunity for abortion for reasons of rape or pregnancy that endanger the health of the mother. In the PP, abortion is legalized for pregnant women who are indicated to have a medical emergency or become pregnant due to rape, Article 31 paragraph (2) of this PP reads: "Abortion due to rape can only be carried out if the gestational age is 40 days at the longest, counting from the first day of the last menstruation" (Republik Indonesia, 2014). It means that the problem of abortion has not been completely banned or the status of abortion in Indonesian law is ambivalent.

Legalizing regulations on abortion for women who are rape victims, even though it contains good intentions, still causes controversy among the community. Some agree but not a few disagree. Several groups who dispute the practice of abortion say that abortion is tantamount to taking away a person's right to live, and this PP has the potential to be a loophole for having an abortion on the grounds or pretending to be a victim of rape, while the reason for being a victim of rape cannot

be easily proven. Another group said that the legal basis of the PP was one of the protections for human rights for rape victims because the incident was not based on the will of the victim.

Based on data from WHO, worldwide nearly 75% of countries have allowed abortion. In 2010-2014, around 45% of unsafe abortions resulted in the death of 4.7% - 13.2% of women each year, either because of better health services or because abortion was legalized, unsafe abortion (*Abortus Provocatus Criminalis*) has 100- 500 times riskier than safe abortion (*Abortus Provocatus Medicinalis*) (World Health Organization, 2021).

In principle, Law No. 36 of 2009 concerning Health which acts as a *lex specialis* prohibits abortion (article 75 paragraph (1)), except *abortus provocatus* for pregnancy due to rape which can cause psychological trauma for rape victims (article 75 paragraph (2) letter b). One of the exemption requirements provided by Law No. 36 of 2009 as the legalization of *abortus provocatus* in rape victims is that it has gone through pre-action counseling and/or advice and ends with post-action counseling carried out by competent and authorized counselors (article 75 paragraph (3)) (Kementerian Kesehatan RI, 2009; Daryanto, 2020).

Several previous research results discuss the legal aspects and implications of *abortus provocatus* as written by Muhammad with a normative juridical approach, namely testing written law from various aspects with a statute approach and a conceptual approach stating that *abortus provocatus* is not the best step that can be chosen, but in conditions that endanger health, it is necessary to have more detailed arrangements that provide a sense of protection and health insurance (Muhammad, 2020).

From the increasing number of abortion cases in various countries, especially provocative abortions due to rape victims, it is common for them to experience trauma, mental, physical, and psychological disorders, and from various studies, it can be concluded that there is still a lack of information regarding who plays an important role in overcoming the perpetrators of *abortus provocatus* in pregnancy due to rape and several other texts only examine the legal aspect. Therefore, it is

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necessary to discuss the stages of counseling intervention for provocative abortion perpetrators in pregnancy due to rape.

Research Method

The research method used in this article is library research. According to Sugiyono, literature research is a theoretical study, references, and other scientific literature related to culture, values, and norms that develop in the social situation under the study (Sugiyono, 2013). A literature review is a literature search and research by reading various books, journals, and other publications related to the research topic, to produce an article regarding a particular topic or issue (Marzali, 2017). The research question that will be reviewed by researchers from various literature is "What are the stages of Crisis Counseling Intervention for perpetrators of abortion provocateur in pregnancy due to rape".

In this case, the perpetrator of abortus provocatus in pregnancy due to rape is the subject of research used by researchers to make the stages of crisis counseling intervention by looking at some of the physical and psychological conditions of the perpetrator in terms of various literature regarding the impact of abortus provocatus on pregnancy due to rape.

The research was conducted by collecting information on the impact of abortus provocatus on pregnancy due to rape and related data with the help of various kinds of literature in the library such as books, results of previous research, articles, notes and various journals related to the problem to be solved. A systematic way was used to collect, process, and conclude data by using certain methods or techniques to find answers to the problems faced to get conclusions about the study of literature.

Results and Discussion

Psychological Impact of Women Victims of Rape

A woman who is a rape victim experiences severe physical, psychological, and social trauma. Physical trauma due to rape includes sexually transmitted infections, damage to reproductive organs, unwanted pregnancies, and even death. Psυχical

trauma is usually in the form of self-concept damage, shame, feeling dirty, low, nightmares, fear of meeting strangers, and many more, which sometimes require the guidance of a psychologist for the rest of their life. The last is social trauma, where victims usually withdraw themselves from social life. The surrounding environment or even the family, who are expected to be supportive, sometimes even ostracize the victim. This trauma will be even more severe if the rape victim is pregnant. Victims who try their best to forget the incident will always remember what had happened to them because of their pregnancy, especially if the pregnancy occurs as a result of a relationship with a relative who is still related by blood (incest) (Sulistyaningsih & Faturochman, 2002).

As a result of the severe trauma she received, it is easy for rape victims to fall into a psychiatric emergency, especially if the woman is raped by incest or if she is pregnant. Rape victims easily fall into a state of acute madness, restlessness, and even a suicidal crisis, which are part of emergency psychiatry. Every woman with pregnancy due to rape who is referred to the psychiatry department must be evaluated for the presence or absence of a risk of suicide, the risk of violence that can injure herself and her environment, and a psychosocial evaluation. Not all rape victims fall into a psychiatric emergency, but if they do, improper handling will further worsen the patient's condition. Sufferers can injure themselves, others or seek help for illegal abortions.

In psychiatric emergencies, the treatment process is carried out simultaneously with the evaluation process. The initial interview serves not only to obtain important diagnostic information but also to therapy. In general, there are 3 therapeutic modalities used in emergency psychiatry (Pinastikasari, 2009):

1. Pharmacotherapy or medication administration;
2. Physical isolation and fixation;
3. Psychotherapy.

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After the condition is stable, the victim is usually offered three options for her pregnancy, namely abortion or adoption, or the baby is fully preserved.

The Psychological Impact of Unsafe Abortion

The term abortion in the big Indonesian dictionary means killing a fetus. In terms of Islamic law, it means the expulsion of the product of conception from birth prematurely (before it can be born scientifically) (Dahlan, 2011). Abortion in the medical world means the expulsion of the products of conception (the meeting of the egg and sperm cells) before the fetus can live outside the womb. This is a process of ending the life of the fetus before it is allowed to grow (Hawkey et al, 2021).

Abortus Provocatus, also known as abortion, comes from a Latin word that means intentional abortion. *Abortus provocatus* is one of the various types of abortion. The meaning is the termination or expulsion of the results of pregnancy from the uterus prematurely. Expulsion is meant that the expulsion of the fetus is intentional with human intervention, either through mechanical means, drugs, or other means (Cahill & Doyle, 2021).

Abortion is a female reproductive problem because it can interfere with women's reproductive health. Women's reproductive health cannot be separated from an abortion performed by women due to various reasons, including medical, psychological, economic, environmental coercion, and rape. Safe abortion is an abortion that uses a medical process that is guaranteed to avoid the negative effects of post-abortion both physically and mentally. For this safe abortion process, pre-and post-abortion medical and psychological advocacy is also needed, or what is known as counseling-based abortion (Cholil, 2013).

Counseling-based abortion is carried out by a counselor whose function is to provide medical and psychological considerations so that the patient (client) can determine which action is best for them. In this case, the religious aspect is also a consideration because it involves issues of religious law. Unsafe abortion and not based on counseling that is carried out has a psychological impact on the client, including:

1. Trauma

Every patient who has had abortion experiences a psychological shock, even if the abortion was wanted. The psychological shock stems from the physical condition that has just been experienced, as well as feelings of guilt for their decision (Rahmat & Alawiyah, 2020).

2. Depression

After the abortion is performed, the patient experiences feelings of guilt over the decisions he or she makes and sometimes even blames himself for it. He is always haunted by feelings of guilt.

Basic Concepts of Crisis Counseling

Crisis counseling is the use of a variety of direct and action-oriented approaches to help individuals find resources within themselves or deal with crises externally. In all forms of crisis counseling fast and efficient services are provided in a special way (Rahayu, 2017). A crisis is the perception or experience of an event or situation as an intolerable difficulty that exceeds one's resources and ability to cope at that time.

Crisis counseling aims to provide immediate assistance in various forms to people in need. What happens during a crisis determines whether the crisis will become a vessel for a disease that will turn into a chronic and long-term condition or not. This service is different from brief counseling which tries to help people find a cure for their current problem. Long-term adjustment and wellness require considerable follow-up on the part of a crisis counselor or other specialist.

Crisis Counseling Techniques

The techniques used in crisis counseling vary according to the type of crisis and its consequences. First, the counselor must assess a person's crisis experience which is carried out continuously and flowing, after the assessment, there are three essential listening activities that must be implemented, among others: Defining the problem, namely exploring and defining the problem from the client's point of view, using active listening techniques, including open-ended questions, pay attention to messages conveyed by the client verbally and non-verbally, ensure the

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safety of the client, namely assessing the level of danger, critical, immobility or seriousness of the threat to the client's physical and psychological safety and if necessary ensuring that the client is aware of alternatives other than impulsive actions that can self-destruct, providing support i.e. communicating with the client that the crisis counselor is an appropriate support figure, demonstrating to the client (with words, voice and body language) personal involvement that is compassionate, positive, non-possessive, non-judgmental and self-reliant accept.

After and sometimes during, mid listening strategies are used to assist the client in exploring the options they currently have, facilitating the search for urgent situational support, coping mechanisms, and positive thinking, making plans i.e. assisting the client in developing a long-term plan, realistic short-term plan that identifies additional resources and provides a defense mechanism. Action steps that can be owned and understood by the client, get a commitment, namely helping the client commit to herself to determine positive actions that can be owned and achieved or accepted by the client realistically (Lockard et al, 2021).

Stages of Crisis Counseling Interventions for Abortus Provocatus Perpetrators

The researcher uses Dustin's theory in his intervention in crisis counseling. Several stages of the crisis counseling intervention in Dustin's perspective are as follows, which were then implemented by researchers to perpetrators of abortus provocatus in pregnancy due to rape (Stybel, 1994) in figure 1,

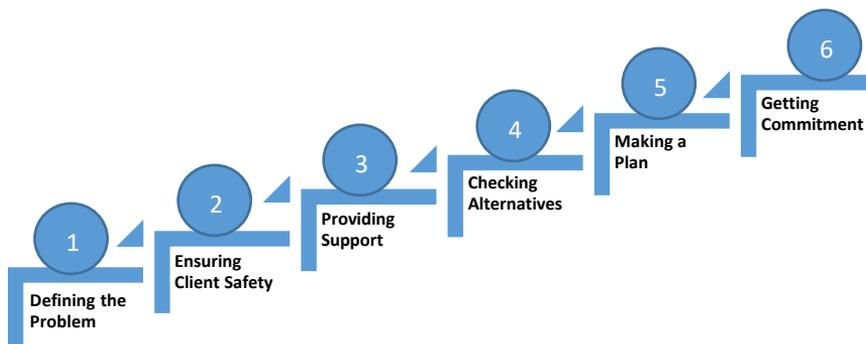


Figure 1 Dustin Theory Crisis Counseling Intervention Stages

Step 1. Defining the Problem

The first step in the counseling process in crisis intervention is to determine exactly what the problem is. This part of the process helps build the relationship between the Counselor and the Counselee. The process of active listening is critical here: open-ended questions and the core factors of empathy, authenticity, and positive appreciation.

In this case, the perpetrators of abortus provocatus in pregnancy due to rape have a chaotic condition as described at the beginning of the impact of abortus provocatus and rape victims, so that it can be interpreted in a crisis or dangerous condition and can experience high distress. So that in defining the problems faced by clients, counselors must be more careful in asking the problems experienced by clients, listening by showing empathy and openness. Thus, building a relationship between the counselor and the counselee is essential.

Step 2. Ensuring Client Safety

The next step is to ensure the safety of the counselee. This involves assessing the risk of suicide, as well as examining the risk of homicide. Therefore, in this case, the counselor removing access to lethal suicide kits and other items that can be used to injure oneself and the client is a very important action. For example, in the office, there are usually scissors, paper cutters, staplers, and so on that fall into the category of sharp objects and can be used to injure yourself or others. These objects must be kept away or stored in a safe place so that they cannot be reached by the client.

Step 3. Providing Support

Once the client is physically safe and the problem has been adequately defined, the next step is for the crisis counselor to accept the client as a valuable person and communicate that they care about them. This can involve talking to clients about what is going on in their lives, taking care of basic needs (eg. food and shelter). This is required to perform so that the counselee or client begins to open up and believe that they are safe with the counselor.

Once the client's basic needs are met, the next part of providing support is ensuring that the client has sufficient information to understand the options available to deal with their situation by providing the best understanding and solution to the problem the client is facing.

Step 4. Checking Alternatives

In step 4, Examine Alternatives by encouraging the counselee to explore potential solutions to what they are facing. A counselee whose coping skills are suspended will have a hard time finding options and this is where the crisis counselor comes in. James identified three categories of potential alternatives (James & Gilliland, 2016):

1. Situational Support; individuals around the counselee who "may care about what happens to the counselee". This positive support is needed by clients who do abortus provocatus in pregnancy due to rape. The choice of abortus provocatus has been considered very carefully and is following the requirements for legalizing abortion set by the government. Thus, there is no reason for the surrounding environment not to care about the conditions experienced by the client.
2. Coping mechanisms - "Actions, behaviors, or environmental resources" that counselees can use to help get through their situation. Assessing coping skills is an important part of crisis intervention in counseling, which should explore what they have done in the past, present, and future. The following alternative is considered very helpful in the crisis counseling stage because, with this structured life, the client can describe how her life is in the post-crisis period.
3. Positive and constructive thinking patterns - New ways of thinking about clients' situations that can help them reorganize. This potential alternative is charged to the counselor to assist the client in reorganizing the initial strategy so that the client can rediscover his identity as a normal human being with a new life. At this stage, the counselor does not bring up the past or the problems that the client is facing as the perpetrator of abortus provocatus in pregnancy due to rape.

Step 5. Making a Plan

At this stage the client or counselee trusts the counselor, they have provided immediate security and fulfilled basic needs, exploring alternatives, it's time to make plans for their new life. The purpose of this step is to focus on concrete steps that can help restore control in the client's life, and identify other sources of referral that can help provide additional support to the counselee.

In this case, the plans made must be realistic and not excessive. Clients must feel empowered by the plan for them to proceed with it, which is why working together is so important. Many counselees are powerless or depressed before seeking (or being forced to) treatment, and continuing this pattern will lead to poor outcomes. Therefore, this is where the role of the counselor, to empower the counselee for their new life.

Step 6. Getting Commitment

The final step of the process is getting a commitment. If the Counselor has worked closely with the Counselee, then it is easy for the Counselor to get a commitment. The counselor may need to write a plan for the counselee and ensure that they have followed the plan thoroughly. Clients can move between these steps, moving back and forth as their situation changes. The counselor needs to be at least confident in the client's stages so that he or she can respond appropriately.

Conclusion

From the results of the discussion above, it can be concluded that some previous research results have not carried out the stage of crisis counseling intervention for perpetrators of abortus provocatus in pregnancy due to rape, the implementing element of Regional Autonomy in the Health sector which should carry out monitoring, reporting, evaluation in the medical and protective fields, preventing a woman from having an abortion in an indication of a medical emergency and an indication of a rape victim because she does not understand how the stages of crisis counseling intervention are for perpetrators of abortus provocatus in pregnancy as a result of rape even though they need crisis counseling

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seen from the condition of physical, psychological, and mental trauma. Therefore, in this study it was concluded that the stages of crisis counseling intervention carried out by counselors were by defining the problem, ensuring the counselee's safety, providing support, examining alternatives, making plans, and getting commitments.

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