

The Effect of Cognitive Restructuring on Enhancing Resilience among Young Adult Women Victims of Online Gender-Based Violence (OGBV)

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Abstract

This study aims to examine the effect of cognitive restructuring on improving the resilience of young adult women who are victims of online gender-based violence. The research employed a quasi-experimental approach using a one-group pretest–posttest design, in which participants' resilience levels were measured before and after the intervention. The participants consisted of three young adult women selected through purposive sampling, all of whom had experienced online gender-based violence and demonstrated low resilience due to irrational thoughts. Data were collected using interviews and resilience questionnaires, while the intervention was conducted through cognitive restructuring techniques aimed at modifying maladaptive thinking patterns. The data were analyzed using Baseline Corrected Tau (BCT) to measure the effectiveness of the intervention between pretest and posttest conditions. Based on data from Komnas Perempuan (2023), cases of online gender-based violence have continued to increase over the past five years, and such traumatic experiences can disrupt individuals' functioning and quality of life. The results showed a Baseline Corrected Tau (BCT) value of 0.774 with SETau = 0.091, indicating that the cognitive restructuring intervention had a significant and consistent effect in improving participants' resilience. These findings suggest that cognitive restructuring can serve as an effective psychological intervention to strengthen resilience among victims of online gender-based violence.

Keywords: *Cognitive Restructuring, Resilience, Online Gender-Based Violence*

INTRODUCTION

Young adult women are in the developmental stage of intimacy versus isolation as proposed by Erikson. At this stage, individuals begin to establish intimate, stable, and emotionally attached relationships (Friedman-Wheeler et al., 2008). The primary developmental task of young adulthood is intimacy, which requires individuals to build close relationships with partners; those who fail to develop such closeness are considered to be in the stage of isolation. Erikson emphasized that a key task in young adulthood is the formation of attachment relationships, highlighting the need for strong, stable, and caring bonds as the foundation of human behavior (Southwick et al., 2014).

Along with the advancement of the times, the internet has facilitated individuals in forming relationships with one another, while social media has also become a space in which gender-based violence has emerged and proliferated, with women constituting the majority of victims (Scali et al., 2012). Technological and internet developments have transformed the ways individuals interact and build relationships, while simultaneously creating opportunities for new forms of violence, namely Online Gender-Based Violence (OGBV). Online Gender-Based Violence refers to violence that occurs based on gender power relations between the victim and the perpetrator in the online sphere or through the use of digital technologies as its medium. Such violence may occur exclusively in online spaces or concurrently affect victims in both online and offline contexts (Sari, 2018).

As time has progressed, the terminology used to describe OGBV has evolved. Initially, the National Commission on Violence Against Women (Komnas Perempuan) referred to it as cybercrime, which later developed into Cyber Violence Against Women, Online Gender-Based Violence, and most recently Gender-Based Cyber Violence. This term is defined as any act of gender-based violence committed through information technology that targets women and results

in, or is likely to result in, physical, sexual, or psychological suffering, including threats, coercion, or deprivation of liberty occurring in both private and public spaces. Following the enactment of Law Number 12 of 2022 on Sexual Violence Crimes, cases of technology-facilitated sexual violence are classified as Electronic-Based Sexual Violence, as stipulated in Article 4 paragraph (1) letter i of the Law (Kaisar & Kurniawan, 2022).

Data from the UPTD PPA in Bandung City also indicate a threefold increase in cases of sexual violence and Online Gender-Based Violence (OGBV) between 2021 and 2022. According to data from the National Commission on Violence Against Women in 2023, over the past five years OGBV cases have continued to rise, from 97 cases in 2018 to 1,697 cases in 2022, with the peak occurring in 2021 at 1,721 cases. Reports originated from both personal and public spheres. In the personal sphere, there were a total of 821 reported cases, most frequently perpetrated by former partners, followed by current partners. In the public sphere, there were 876 reported cases, most commonly perpetrated by acquaintances met through social media, followed by unknown individuals. In the personal sphere, reported forms of violence included online sexual harassment (cyber harassment); cyber hacking; the taking and dissemination of intimate images or videos intended to control victims (non-consensual intimate images); extortion through threats of misusing victims' sexual content to obtain money or other benefits (sextortion); the misuse of victims' personal data through digital technologies to upload offensive, provocative, or sexual content aimed at damaging or defaming the victim's reputation (impersonation); the sending of explicit images or videos of genitalia (sexting); and the electronic dissemination of sexually explicit material for retaliatory purposes (revenge porn).

Victims of violence may experience a range of psychological impacts, including depression, anger, stress, fear, profound shame, and post-traumatic (Quiros et al., 2020). These experiences can lead to self-harm and, in severe cases, suicide. According to SAFEnet, the non-consensual dissemination of private content causes victims to withdraw from their social environments, including family and relatives, and evokes feelings of shame and helplessness (Perangin-Angin et al., 2021).

Online gender-based violence can result in trauma for affected individuals. Psychological consequences commonly include anxiety, depression, intense shame, and trauma-related symptoms such as post-traumatic stress (Patel et al., 2021). Victims who do not promptly seek psychological assistance to support their recovery are at increased risk of prolonged trauma and depression. In general, the primary challenges faced by victims of online gender-based violence lie in post-incident recovery, including the management of emotional difficulties and the development of the capacity to recover after experiencing violence. This condition indicates that the core problem does not end with the violent act itself, but rather with the victim's inability to psychologically recover. Consequently, victims require internal strength and resilience to overcome psychological and emotional distress. One key capacity that plays a crucial role in this process is resilience, defined as an individual's ability to restore healthy psychological functioning following traumatic experiences (Nalipay & Mordeno, 2016).

Individuals with higher levels of resilience are better able to restore their psychological well-being and recover from adverse conditions. In contrast, individuals who experience traumatic events often lack resilient characteristics (Mueser et al., 2008). When problems are perceived as overwhelming, severe, and intense, feelings of helplessness and reduced resilience frequently emerge. Resilience is viewed as a dynamic process involving adaptation to experiences of violence (Mueser et al., 2015) serves as a protective factor that can assist individuals in coping with traumatic events. Enhancing resilience is therefore a critical aspect, as this capacity enables individuals to effectively confront adversity (Mehta et al., 2019).

Based on interviews conducted by the researcher with ten young adult women in Bandung City who had experienced Online Gender-Based Violence, seven participants reported psychological conditions such as low self-esteem, anxiety, and excessive concern about others'

judgments, which made it difficult for them to recover from the experience. They expressed various irrational thoughts, including negative self-labeling and mental filtering, such as “My future is already ruined,” “I can no longer achieve my goals,” and “What happened means I will not be able to graduate and have a bright future.” Other irrational thoughts reflected negative self-evaluation and catastrophic predictions, such as “Everyone thinks I am very dirty,” and beliefs of social rejection, such as “Everyone hates me after knowing my shame.” These cognitions represent forms of irrational thinking held by victims as a consequence of the violence they experienced.

This study focuses the cognitive restructuring intervention on the cognitive behavioral and affective emotional domains, as these aspects are most closely associated with cognitive distortions, negative thoughts, and irrational beliefs commonly experienced by survivors of Online Gender-Based Violence (OGBV), such as feelings of worthlessness or a perceived loss of future prospects. Through the identification and modification of irrational thoughts, cognitive restructuring assists victims in developing more realistic interpretations, enhancing optimism, and strengthening problem-solving abilities key components that contribute to increased resilience (Whitty & Buchanan, 2016).

The classification of resilience domains is particularly relevant because the intervention employed cognitive restructuring within the framework of Cognitive Behavioral Therapy (CBT) primarily targets the cognitive behavioral and affective emotional domains. Cognitive restructuring operates through the processes of identifying, evaluating, and challenging automatic thoughts and dysfunctional beliefs that emerge following experiences of violence, thereby modifying traumatic interpretations that trigger fear, guilt, or hopelessness among OGBV survivors (Ledesma, 2014). This intervention has a direct impact on problem-solving abilities and the enhancement of optimism, both of which are important indicators of psychological resilience. Recent meta-analyses have also demonstrated that CBT-based interventions consistently improve resilience components in individuals who have experienced trauma or severe stress, particularly through the reduction of cognitive distortions and the enhancement of emotional regulation (Koçturk & Bilge, 2017).

Cognitive-based interventions, such as Cognitive Behavioral Therapy (CBT), also assist individuals in developing more adaptive coping mechanisms, which significantly influence individual resilience capacities (Kavanagh et al., 2019). One of the techniques within CBT is cognitive restructuring, defined as the process of recognizing, evaluating, and replacing negative or irrational thoughts with more realistic and adaptive ones (Johnson & Thompson, 2008). Research on the effectiveness of cognitive restructuring for individuals who have experienced traumatic events indicates that cognitive-based interventions such as trauma-focused CBT addressing trauma memories and their personal meanings are effective in alleviating traumatic experiences. A systematic review concluded that trauma-focused CBT utilizing cognitive restructuring is an effective intervention for individuals who have experienced trauma.

Cognitive restructuring involves identifying, evaluating, and modifying thoughts and beliefs through techniques such as Socratic questioning to transform irrational thoughts into rational ones, thereby altering an individual’s underlying beliefs (Hofmann et al., 2012). This technique not only facilitates changes in thinking patterns but also promotes the development of effective coping skills, including learning and identifying alternative solutions to problems faced by individuals. Effective coping skills are an important predictor of resilience; individuals with strong coping abilities are better able to manage stressful situations, supporting their capacity for recovery and adaptation (Grych et al., 2015). Cognitive restructuring techniques have been shown to be effective in addressing cognitive problems among young adults, with findings indicating that individuals who receive this intervention are able to think more positively and experience reduced intensity of cognitive distortions (Garcia et al., 2021).

Other studies have demonstrated that cognitive restructuring is more effective than relaxation techniques in reducing symptoms among individuals who have experienced traumatic events in their lives (Folkman & Moskowitz, 2004). Cognitive restructuring has also been found to have a significant impact on reducing trauma symptoms and improving functioning among individuals with severe mental health problems, compared to breathing retraining and psychoeducation within CBT programs (Connor & Davidson, 2003). Evidence from multiple studies suggests that cognitive-based interventions are effective in reducing trauma and are closely associated with enhanced resilience. Interviews conducted in this study revealed that several participants exhibited irrational thoughts such as self-labeling, negative forecasting, and catastrophic thinking. To reduce these irrational thoughts and replace them with more rational cognitions, an intervention emphasizing cognitive change is required. Cognitive restructuring is particularly necessary for victims because it provides a specific approach to modifying irrational beliefs into more rational ones, thereby enhancing resilience.

However, there is a lack of research specifically addressing the enhancement of resilience among young adult women who are survivors of Online Gender-Based Violence. Therefore, this study aims to examine the effectiveness of cognitive restructuring interventions for young adult female survivors of OGBV. Despite the increasing prevalence of OGBV cases, particularly among young adult women, limited attention and intervention efforts have been directed toward addressing the needs of survivors, resulting in negative self-perceptions that further exacerbate their psychological distress following such experiences.

Accordingly, this study seeks to support survivors of Online Gender-Based Violence through the implementation of cognitive restructuring techniques aimed at enhancing resilience, particularly within the cognitive domains of optimism and problem-solving. Previous cognitive-based research has been conducted to assist survivors of dating violence, demonstrating that such interventions are effective in reducing trauma symptoms and recommending the enhancement of resilience among victims (Catabay et al., 2019). Given the limited number of studies focusing on Online Gender-Based Violence and, specifically, on resilience enhancement, this research aims to employ cognitive-based techniques to strengthen resilience among OGBV survivors. It is expected that through cognitive restructuring interventions, survivors will develop more positive perceptions of themselves, their environment, and their future, enabling them to cope with severe stressors and recover from psychological adversity. Based on the above considerations, this study seeks to examine the effect of cognitive restructuring on improving resilience among survivors of Online Gender-Based Violence.

RESEARCH METHODS

This study employed a quasi-experimental design using a one-group pretest–posttest approach to examine the effect of cognitive restructuring interventions on the improvement of resilience by comparing participants' conditions before and after the intervention without a comparison group. Quasi-experimental research is commonly used when random assignment and control groups are difficult to implement, allowing researchers to evaluate the effect of an intervention in natural settings (John W. Creswell, 2012). The one-group pretest posttest design measures participants' conditions before and after treatment to determine whether significant changes occur following the intervention.

The study population consisted of young adult women in Bandung City who had experienced Online Gender-Based Violence, with a sample of three participants selected through purposive sampling, a technique in which participants are chosen based on specific criteria relevant to the research objectives (Lee, 2024). The inclusion criteria included age (20–30 years),

experience of violence at least six months prior, low levels of resilience, and willingness to participate throughout the intervention process.

Resilience was measured using the Trauma Resilience Scale (TRS), which consists of 48 items rated on a 1–7 Likert scale and covers several dimensions, including supportive relationships, optimism, problem-solving, and spirituality. Data collection involved scoring and tabulating the test results obtained during the pretest and posttest stages. The collected data were then analyzed quantitatively to determine changes in resilience levels following the cognitive restructuring intervention, and the findings were interpreted based on the theoretical framework to formulate conclusions and recommendations regarding the effectiveness of the intervention.

RESULTS AND DISCUSSION

Research Results

Results of Resilience Measurement for All Research Subjects

This section presents changes in the mean resilience scores before and after the intervention. Measurements were conducted twice, namely the pre-test (before the cognitive restructuring intervention) and the post-test (after the cognitive restructuring intervention). The results obtained from the three research subjects are presented as follows.

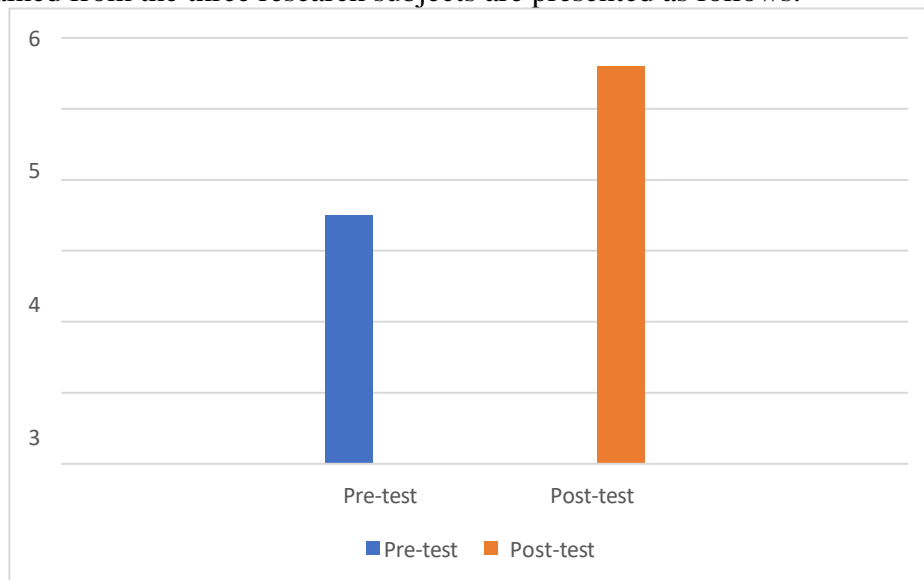


Figure 1. Overall Resilience Measurement Results of Research Subjects

Table 1. Overall Resilience Measurement Results

Pre-Test		Post-Test		Improvement
Mean	Category	Mean	Category	
3,5	Low	5,6	High	31%

Based on the figure and table above, there is a change in the level of resilience among subjects who had experienced Online Gender-Based Violence after receiving the cognitive restructuring intervention. The pre-test results showed an average resilience score of 3.5, categorized as low. After the intervention, the post-test results indicated an average score of 5.6, categorized as high, with an increase of 31 percent.

Table 2. Resilience Measurement Results of Each Subject Before and After Cognitive Restructuring Intervention

Subject	Pre-Test		Post-Test		Improvement
	Mean	Category	Mean	Category	
Subject 1	4	Rendah	5,8	Tinggi	26%
Subject 2	2,6	Sangat Rendah	5,5	Tinggi	41%
Subject 3	3,7	Rendah	5,5	Tinggi	26%

Based on the table above, all three subjects experienced an increase in resilience levels after receiving the cognitive restructuring intervention. Subject 1 showed a pre-test mean score of 4.0 (low category) and a post-test mean score of 5.8 (high category), reflecting an improvement of 26 percent. Subject 2 demonstrated a pre-test mean score of 2.6 (very low category) and a post-test mean score of 5.5 (high category), with an improvement of 41 percent. Subject 3 exhibited a pre-test mean score of 3.7 (low category) and a post-test mean score of 5.5 (high category), indicating an improvement of 26 percent.

Table 3. Overall Resilience Aspect Measurement Results Before and After Intervention

No	Aspect	Category Pre-Test Taking		Category Post-Test Taking		Percentage Increase
		Sum	Mean	Sum	Mean	
1	Supportive Relationship	125	3,2	195	5	26%
2	Optimism	123	3,4	239	6,7	46%
3	Problem Solving	108	3,6	184	6,1	36%
4	Spirituality	140	3,6	192	4,9	19%

Based on the table above, all four resilience aspects showed increases in mean scores after the cognitive restructuring intervention. The optimism aspect exhibited the highest increase at 46 percent, followed by problem-solving at 36 percent. The supportive relationship aspect increased by 26 percent, while spirituality showed the smallest increase at 19 percent.

Table 4. Mean Scores of Resilience Aspects for Each Subject Before and After Intervention

Aspect	Measurement results								
	Subject-1			Subject-2			Subject-3		
	Mean Pre test	Mean Post test	%	Mean Pre test	Mean Post test	%	Mean Pre test	Mean Post test	%
Supportive Relationship	3,7	5	19%	2,6	5	34%	3,3	5	24%
Optimism	3,9	6,7	40%	2,8	6,6	54%	3,5	6,7	46%
Problem Solving	4	6,3	33%	2,9	6,1	46%	3,9	6	30%
Spirituality	4,4	5,4	13%	2,3	4,5	31%	4	4,8	11%

Based on the table, all subjects demonstrated improvements across all resilience aspects, namely supportive relationships, optimism, problem-solving, and spirituality. Subject 1 experienced increases of 19 percent in supportive relationships, 40 percent in optimism, 33 percent in problem-solving, and 13 percent in spirituality. Subject 2 showed improvements of 34 percent in supportive relationships, 54 percent in optimism, 46 percent in problem-solving, and 31 percent in spirituality. Subject 3 exhibited increases of 24 percent in supportive relationships, 46 percent in optimism, 30 percent in problem-solving, and 11 percent in spirituality.

Results of Changes in Irrational Thoughts for Each Subject

Table 5. Changes in Irrational Thoughts Across Each Resilience Aspect for Each Subject

No	Subject	Resilience Aspect	Before (Irrational Thoughts & Behaviors)	Treatment & Thoughts & Behaviors	After Treatment (Alternative Thoughts & Behaviors)
1	Subject 1	Supportive Relationship	Irrational thought: "Everyone whose contact is on my phone must know all of my personal data that was hacked." Behavior: Limiting social interactions, closing all		Alternative thought: "If all my contacts really knew my personal data, some of them would have told me, but none of them did." Behavior: Gradually opening up to others, creating a new social media account

		social media accounts, and using self-destructing messages.	with limited access only for close friends.	
	Optimism	Irrational thought: “I have no future because it could be destroyed anytime if the perpetrator spreads my data.” Behavior: Feeling pessimistic about the future.	Alternative thought: “Even if the data were spread, it does not necessarily mean people would recognize me, and it does not mean my future is over.” Behavior: Becoming more optimistic, shown by increased activity and engagement at work.	
	Problem Solving	Irrational thought: “I don’t know what to do; no one can help me solve this problem.” Behavior: Not seeking help and keeping the problem to herself.	Alternative thought: “I can seek help from the perpetrator’s wife, who is also a victim and understands his behavior.” Behavior: Approaching the perpetrator’s wife to seek assistance in deleting stored personal data.	
	Spirituality	Irrational thought: “Why did this happen to me, especially since I come from a broken home?” Behavior: Reduced involvement of spirituality in coping with problems.	Alternative thought: “Despite what happened, there are still many things to be grateful for, such as being alive today.” Behavior: Gradually re-engaging in religious practices and involving God in coping with difficulties.	
	Supportive Relationship	Irrational thought: “Everyone knows I’m problematic and have a ‘psycho’ ex; they must be afraid to be friends with me.” Behavior: Withdrawing from campus friends and organizational activities.	Alternative thought: “They may not be avoiding me, but are simply afraid of being dragged into the case.” Behavior: Beginning to make eye contact and smile at campus peers when encountering them.	
2	Subject 2	Optimism	Irrational thought: “The university treats me like a stepchild; others get internships while I don’t because of what happened.” Behavior: Passively waiting for internship placement.	Alternative thought: “It might be due to limited internship slots and many students in my cohort.” Behavior: Becoming proactive by contacting the university to inquire about internship placement and preparation.
		Problem Solving	Irrational thought: “Everyone on campus knows about my problem; lecturers and friends are distancing themselves.” Behavior: Becoming inactive in academic life.	Alternative thought: “They might just be cautious to prevent the issue from becoming public.” Behavior: Becoming active in class, submitting assignments on time, and participating in discussions.
		Spirituality	Irrational thought: “Why does God keep giving my family trials? It feels like God doesn’t love me.” Behavior: Neglecting religious practices.	Alternative thought: “If God didn’t love me, I might not still be alive today.” Behavior: Resuming religious practices and seeking forgiveness for negative thoughts toward God.
3	Subject 3	Supportive Relationship	Irrational thought: “Everyone knows about my private photos; they must think badly of me and avoid me.” Behavior: Avoiding friends due to fear of being talked about.	Alternative thought: “There is no evidence that my friends know about the leaked photos.” Behavior: Becoming more confident, smiling at people encountered on campus.

Optimism	<p>Irrational thought: “I don’t want a good job because the perpetrator might find out and extort me.” Behavior: Choosing freelance work done from home.</p>	<p>Alternative thought: “That hasn’t happened; it’s only in my thoughts, and fear is limiting my future.” Behavior: Seeking stable employment with career development opportunities.</p>
Problem Solving	<p>Irrational thought: “I should report the perpetrator, but no one supports me; even my father forbids it.” Behavior: Taking no action regarding the incident.</p>	<p>Alternative thought: “My father may mean well, but the perpetrator still needs consequences to prevent future victims.” Behavior: Contacting the campus Sexual Violence Prevention Task Force to report the perpetrator.</p>
Spirituality	<p>Irrational thought: “Even my parents don’t support me; maybe God doesn’t love me.” Behavior: Lying to parents about performing religious practices.</p>	<p>Alternative thought: “If God didn’t love me, I might not be alive now; my parents still accept me as their child.” Behavior: Focusing on blessings from God rather than dwelling on distress.</p>

The statements above represent the irrational thoughts of each subject who was provided with the cognitive restructuring technique, aimed at transforming their thinking into a more rational pattern following the experiences of violence they had endured.

Hypothesis Testing Results

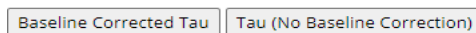
Hypothesis testing was conducted using the Baseline Corrected Tau (BCT) method. According to Tarlow and Penland (2016), BCT is used to examine changes in a tested variable before and after an intervention is administered.

Baseline Trend:

- Tau = -0.244, $p = 0.038$

Recommended Effect Size:

- **Baseline Corrected Tau;** reject null hypothesis of stable baseline



Effect Size:

- Baseline Corrected Tau = 0.774, $p = 0.000$ ($SE_{\text{Tau}} = 0.091$)

Figure 2. Baseline Corrected Tau Statistical Test

Based on the figure above, the Baseline Corrected Tau (BCT) value obtained was 0.774. This value is not equal to zero. A BCT value of 0.774 indicates that, after the cognitive restructuring intervention, there was an increase in resilience of 77.4% compared to the condition prior to the intervention. This finding suggests that cognitive restructuring has a substantial and meaningful effect on improving resilience among young adult women who have experienced Online Gender-Based Violence.

The SETau value of 0.091 indicates that the BCT estimate is relatively stable and exhibits low variability. This suggests that the results obtained are consistent and enhances confidence in the findings of the analysis.

Therefore, it can be concluded that the cognitive restructuring intervention has a positive and statistically meaningful effect on increasing resilience among young adult women who have experienced Online Gender-Based Violence.

Discussion

This study aimed to examine the effect of cognitive restructuring in enhancing resilience among young adult women who have experienced Online Gender-Based Violence (OGBV). The

findings indicate that the application of cognitive restructuring was able to increase resilience among young adult women who experienced OGBV. This improvement is evidenced by an increase in the overall mean resilience score of the research subjects from the pre-session to the post-session, amounting to 31%. The resilience measurement instrument used in this study was designed specifically for individuals who have experienced trauma, enabling an accurate assessment of resilience levels among victims of OGBV. The instrument encompasses four aspects of resilience: supportive relationships, optimism, problem-solving, and spirituality. Based on the results, it can be concluded that the cognitive restructuring intervention had a positive effect on increasing the resilience of the research subjects. This improvement was observed both quantitatively, through an increase in mean resilience scores from the low to the high category, and qualitatively, through changes in the subjects' patterns of thinking, emotional responses, and behaviors following the intervention process. Increased resilience is reflected in more positive views of oneself, one's environment, and one's future (Bonanno et al., 2011). This aligns with one of the primary objectives of cognitive restructuring, namely to modify irrational thoughts that may lead to more adaptive and realistic behaviors following traumatic experiences of violence (Candtika & Santoso, 2023).

Women who have experienced violence tend to exhibit higher levels of stress compared to individuals who experience other types of adversity (Berliana et al., 2023). This condition is often associated with low perceived self-control, significant life changes, and limited coping abilities when facing difficulties. Traumatic experiences can disrupt an individual's functioning and overall quality of life. Individuals who maintain irrational beliefs are more likely to remain in a prolonged state of psychological distress and may struggle to recover, as such beliefs can exacerbate and hinder the recovery process (Anderson & Bang, 2012). Conceptually, resilience is not merely understood as the ability to endure traumatic experiences, but also as an individual's capacity to recover, adapt, and reconstruct psychological functioning after experiencing distressing or painful events.

Unmarried young adult women who have experienced violence tend to have lower levels of trauma resilience compared to married adult women. Resilience refers to a phenomenon that enables individuals to regain functional capacity after experiencing violent events. A systematic review concluded that trauma-focused Cognitive Behavioral Therapy (CBT), which incorporates cognitive restructuring techniques, is an effective intervention for individuals who have experienced trauma (Nalipay & Mordeno, 2016).

Cognitive restructuring focuses on cognitive distortions by reshaping the way individuals interpret situations, replacing irrational thoughts and beliefs with more rational and adaptive ones. This technique has been shown to be effective in addressing cognitive difficulties among young adults, with results indicating that individuals who receive this intervention are able to think more positively and experience a reduction in the intensity of cognitive distortions (Garcia et al., 2021). Subjects who demonstrated increased resilience gained the ability to recognize the irrational thoughts that emerged as a result of their experiences of violence. They learned to transform these irrational thoughts into more rational ones by identifying the cognitive distortions they experienced. Through repeated practice, subjects were able to observe their own progress by comparing their initial irrational thoughts with the more rational alternatives they developed following the intervention.

According to (Catabay et al., 2019) the cognitive restructuring process involves several key components, including collaborative empiricism, which emphasizes the development of a therapeutic alliance between therapist and client. In this process, both parties collaboratively examine and evaluate the client's irrational thoughts in a systematic and evidence-based manner, helping the client identify supporting or contradicting evidence and challenge maladaptive beliefs to form more accurate and realistic ones. Another component is verbal intervention, which involves modifying irrational thoughts into more rational ones by identifying cognitive biases,

evaluating these biases, and encouraging clients to generate alternative perspectives. The third component, empirical hypothesis testing, encourages individuals to apply the learned interventions through homework assignments, helping them realize that their thoughts may not always be accurate and that more balanced perspectives may better reflect reality. These three processes are interrelated and mutually reinforcing, requiring clients to actively collaborate in the intervention process and complete assigned tasks to ensure effective outcomes.

In terms of resilience aspects, each aspect showed improvement across all subjects. The largest increase was observed in the optimism aspect, with a 46% improvement. Optimism represents a cognitive-emotional component related to positive evaluations of life and the future, as well as coping abilities following traumatic experiences. Young adult women who experienced OGBV often held irrational beliefs that their future had been permanently destroyed by the violence they endured. For example, in Subject 1, prior to the intervention, the irrational thought was, “I have no future because it could be destroyed at any time if the perpetrator spreads my personal data,” accompanied by pessimistic behaviors regarding the future. After the intervention, this thought shifted to, “Even if the data were spread, not everyone would recognize me, and there is nothing specific in the data that identifies me, so it does not mean my future is over,” which was followed by more optimistic behaviors, such as increased engagement in the workplace. Similar cognitive and behavioral shifts toward optimism were observed in Subjects 2 and 3. Through cognitive restructuring, subjects were taught to transform irrational future-oriented fears into rational thoughts grounded in present facts, thereby fostering optimism about their future.

Optimism, as a resilience component, reflects the belief that positive outcomes are possible in the future and that individuals possess the capacity to overcome adversity. Experiences of OGBV were perceived by the subjects as deeply painful and traumatic. Trauma is defined as an emotional response to shocking, frightening, or distressing events (American Psychological Association, n.d.). Optimism plays a crucial role in resilience by motivating individuals to seek solutions and engage in activities that enhance well-being, thereby strengthening the effects of cognitive restructuring. Cognitive restructuring directly targets irrational beliefs such as “I have no future” and replaces them with more balanced and realistic thoughts, leading to increased optimism (Candtika & Santoso, 2023). This reflects a positive shift in how individuals perceive future challenges and opportunities.

The problem-solving aspect also showed a substantial increase of 36%. Problem-solving refers to an individual’s ability to identify creative solutions to challenging situations. This capacity is essential for young adult women who have experienced OGBV to recover and move forward. Resilience serves as a protective factor that enables individuals to confront traumatic experiences and resolve difficulties (Kusristanti et al., n.d.). Through cognitive restructuring, subjects were guided to replace irrational problem-focused thoughts with more effective and rational alternatives, enabling them to take constructive actions to address their difficulties.

The supportive relationship aspect, which refers to the ability to establish mutually supportive relationships, also improved. Victims of violence often withdraw from social environments due to irrational beliefs that others perceive them negatively or are aware of their traumatic experiences. Cognitive restructuring helped subjects challenge these assumptions by examining factual evidence, leading to increased social openness and engagement.

The spirituality aspect involves deeply held personal beliefs that transcend worldly activities. Subjects initially exhibited irrational beliefs reflecting diminished faith and negative perceptions of God following their traumatic experiences. Cognitive restructuring assisted subjects in reframing these beliefs by recognizing alternative interpretations and sources of gratitude, thereby fostering gradual improvements in spiritual engagement. However, spirituality showed the smallest increase, which aligns with the understanding that spiritual change often requires prolonged reflection and meaning-making processes (Koçturk & Bilge, 2017). While

cognitive restructuring primarily targets specific thought patterns, it nevertheless contributed to initial shifts toward more balanced spiritual interpretations, laying the foundation for longer-term spiritual recovery.

Statistical analysis further supports these findings. The Baseline Corrected Tau (BCT) value of 0.774 indicates a substantial effect of the cognitive restructuring intervention on resilience improvement, with a SETau value of 0.091 demonstrating consistency and reliability of the results. These findings reinforce prior evidence that cognitive restructuring is an effective intervention for enhancing resilience among individuals who have experienced trauma. By transforming irrational thoughts into more rational and adaptive ones, individuals experience improvements not only at the cognitive level, but also in emotional, behavioral, and relational domains. In the context of OGBV survivors, cognitive restructuring was shown to help rebuild a sense of control, hope, and meaning in life, which are core components of psychological resilience

CONCLUSION

Based on the results of data processing and the discussion presented in the discussion chapter, the following conclusions can be drawn:

1. The results of descriptive statistical analysis indicate that cognitive restructuring has a positive effect on enhancing resilience among young adult women who have experienced Online Gender-Based Violence, with an increase of 31% based on pretest and posttest comparisons.
2. Among the resilience aspects measured, optimism showed the highest improvement at 46%, followed by the problem-solving aspect, which increased by 36%.

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