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THE ROLE OF COGNITIVE BEHAVIOR THERAPY IN INTERVENTION MANAGEMENT TO OVERCOME SOCIAL PATHOLOGY IN COMMERCIAL SEX WORKERS

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Abstract

This study analyzes the role of Cognitive Behavioral Therapy (CBT) in intervention management for female commercial sex workers (CSWs), with emphasis on cognitive mechanisms, behavioral change processes, and integration with socioeconomic support. The study focused on AR, a 30-year-old CSW in Palangka Raya who participated in CBT-based counseling involving cognitive restructuring, behavioral experiments, emotion-regulation training, and basic vocational-skills tasks. Data were collected through semi-structured interviews, participant and non-participant observation, and counseling documentation, then analyzed thematically using data triangulation and reflexivity to strengthen credibility. The findings indicate that addressing core maladaptive beliefs reduced shame, hopelessness, and nihilistic schemas, while behavioral tasks, including job interview simulations, resume building, and graded social exposure, provided experiential evidence of alternative livelihoods and increased self-efficacy. Emotion-management techniques also improved impulse control and reduced reactive decision-making associated with economic stress. However, dysfunctional family contexts, stigma, and economic pressures

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limited the sustainability of intervention outcomes. The results further show that CBT outcomes improved when combined with family psychoeducation, social support linkages, and referrals to vocational and economic-assistance services. The study concludes that modular CBT integrating cognitive restructuring, behavioral activation, life-skills development, and socioeconomic support offers a promising intervention model for CSW populations, although the single-case design limits generalizability and causal inference. This study contributes to counseling and social intervention literature by providing process-based insights into how CBT may support psychological, behavioral, and socioeconomic change among vulnerable women, while highlighting the need for larger, controlled, culturally adapted studies with long-term monitoring.

Keywords: Cognitive Behavioral Therapy; Commercial Sex Workers; Counseling Intervention; Social Support; Behavioral Change

INTRODUCTION

Developments in social life in the modern era have brought rapid changes in economic structures, culture, and interpersonal relationships. These transformations have given rise to new social dynamics that sometimes have negative impacts, including the emergence of behavior that deviates from religious norms, laws, and social values, often categorized as social pathology (Afifky et al., 2025). Social pathology is not only an individual manifestation, but also a reflection of structural problems such as economic inequality, weak social protection, and the disintegration of family networks. Therefore, the approach to addressing social pathology needs to be multidimensional, involving aspects of prevention, rehabilitation, and psychosocial intervention.

One form of social pathology that continues to attract public and policy attention is the practice of commercial sex workers (CSWs) or *Pekerja Seks Komersial* (PSK). The existence of CSWs is influenced by various factors: vulnerable economic conditions, a consumerist lifestyle, disharmonious family relationships, limited access to education and skills, and low knowledge about reproductive health risks (Hariyanto et al., 2025). The choice to become a sex worker is often not simply a preference but the result of an accumulation of structural pressure factors and personal experiences that erode an individual's ability to choose safer and more sustainable life alternatives.

The impact of prostitution extends beyond the individuals involved; its social consequences include an increased risk of sexually transmitted infections, social stigma and

marginalization, and the potential for moral damage to the wider community (Pratama, 2025). This stigma often hinders sex workers' access to health services, social support, and opportunities for economic reintegration. Furthermore, persistent social prejudice can deepen isolation, lower self-esteem, and reinforce behavioral patterns that maintain engagement in these risky practices.

Within the framework of psychological interventions, Cognitive Behavior Therapy (CBT) offers a relevant approach to helping individuals change maladaptive thought patterns and behaviors. CBT emphasizes the reciprocal relationship between cognition, emotion, and action—that a person's interpretations and beliefs about their life experiences influence their emotional responses and behavioral choices (Hidayati et al., 2025). For sex workers, economic stress factors, low self-esteem, and traumatic family experiences can produce negative cognitive schemas that maintain involvement in commercial sexual practices.

Through techniques such as cognitive restructuring, emotional control training, and adaptive behavioral reinforcement, CBT-based counseling aims to help clients recognize harmful automatic thoughts, examine the cognitive evidence, and replace them with more rational interpretations and constructive actions (Sofiannisa et al., 2025). These interventions can also be combined with life skills approaches (e.g., job skills training, financial management, and social network support) to increase the chances of a sustainable exit from vulnerable conditions.

Previous research has shown that Cognitive Behavior Therapy (CBT) plays a significant role in intervention management to address social pathology in commercial sex workers (CSWs). First, Miru (2026) in a pre-post experimental study found that CBT with self-instruction techniques effectively reduced stress levels in CSWs, with participants being able to recognize positive emotions, change negative thoughts into positive ones, and find adaptive stress coping (significance $p = 0.039$). Second, a study by Uthomah (2017) on CSWs with Post-Traumatic Stress Disorder (PTSD) at the Bina Karya Wanita Harapan Mulya Kedoya social shelter showed that cognitive therapy increased self-confidence, zest for life, and gratitude in those receiving the condition after the intervention.

Third, Rahariyani et al. (2010) in their tudy that group therapy (intensive problem-solving group) significantly increased knowledge, attitudes, and healthy sexual behavior in CSWs (paired t-test), preventing the transmission of STIs in at-risk groups. Fourth, research on CBT to reduce cognitive distortions in perpetrators of sexual harassment demonstrated

the effectiveness of CBT in reducing cognitive distortions up to 12 months post-intervention in 127 participants, with success factors including therapist engagement and participant motivation. Fifth, research from Feldman (2019) on CBT in working women showed a significant increase in work-related resilience, helping manage stress and negative thoughts. Sixth, a systematic review of CBT for substance use disorders demonstrated the effectiveness of CBT as a monotherapy and combination treatment for substance use disorders that often accompany social pathology in vulnerable populations, including sex workers (FEISHUM, 2025). Collectively, these six studies confirm that CBT is effective in addressing social pathology (stress, PTSD, cognitive distortions, risky behavior, low resilience, and substance use) in sex workers through mechanisms of adaptive cognitive and behavioral change.

Based on the above description, this article aims to analyze the role of CBT in intervention management to address social pathology in commercial sex workers. The analysis focuses on the factors that drive someone to become a sex worker, the mechanisms that CBT works to change cognitive and behavioral schemas, and strategies for implementing interventions integrated with social and economic support. Thus, it is hoped that this discussion will provide a theoretical and practical basis for more effective rehabilitation policies and programs for sex workers.

METHODS

This research uses a qualitative approach with a case study method to explore in-depth the application of Cognitive Behavior Therapy (CBT) to female commercial sex workers (CSWs). The subject was a 30-year-old female CSW with the initials AR, residing in Palangka Raya, who participated in a series of CBT-based counseling processes. The case study was chosen to allow for contextual analysis of the subjects' experiences, thought patterns, and behavioral changes over a period of time (Rijali, 2019; Sugiyono, 2017).

Data collection was conducted through semi-structured interviews to capture life narratives and cognitive-emotional responses, participant/non-participatory observation to record behaviors and interactions during counseling sessions, and documentation (counseling notes, therapeutic journals, and intervention track records) to supplement and verify the information (Suwendra, 2018). The collected data were analyzed thematically by sorting relevant data, systematically arranging thematic patterns, and interpreting the findings

to extract cognitive and behavioral changes. The analysis process was directed at identifying the mechanisms of change facilitated by CBT.

To maintain the validity and reliability of the findings, the researcher applied data triangulation techniques by comparing and integrating the results of interviews, observations, and documentation. Furthermore, researchers reflexivity were noted to minimize researcher bias during the collection and analysis process. Research ethics were upheld through informed consent, anonymization of subject identities, and attention to participants' psychological safety. This study aims to determine the role of the CBT approach in helping change the mindset and behavior of female sex workers, thereby supporting efforts to live a better life.

RESULTS

Counseling Process with Cognitive Behavior Therapy (CBT) Method

Cognitive Behavior Therapy (CBT) offers a systematic framework for identifying and modifying maladaptive thought patterns that contribute to risky behavior and feelings of hopelessness in sex workers. In AR's case, CBT focused on exploring core beliefs such as "I have no choice" and "I don't deserve a better job." Using cognitive restructuring techniques, counselors challenge the evidence supporting these beliefs and encourage reality testing through behavioral tasks. This approach is important because changing core beliefs can reduce the intensity of negative emotions (e.g., shame, depression) that reinforce AR's involvement in prostitution (Takhttavani et al., 2024).

Behavioral interventions in CBT complement cognitive aspects by providing practical skills training to enhance coping capacity and economic opportunities. In AR, counselors implement step-by-step tasks such as practice job interviews, simple resume creation, and structured exposure to social situations previously avoided due to embarrassment or low self-esteem. These strategies not only reduce social anxiety but also provide direct evidence that alternative skills are available, thus dispelling the fatalistic narrative of "no options." The integration of simple vocational skills (job-search skills) with CBT techniques strengthens the therapy's effect on the economic aspects, which are the primary drivers of AR's entry into commercial sex work.

One significant challenge is the dysfunctional social and family context that continually reinforces old patterns. CBT is inherently individualized and needs to be tailored

to address these external pressures: therapy can incorporate family psychoeducation, social support engagement, or the design of a safety plan that considers the risk of relapse if the environment remains unchanged. For AR, interventions involving targeted communication with willing family members and the development of alternative support networks (e.g., social services, training institutions, community workers) have been shown to improve the sustainability of outcomes. Without a strengthened social context, cognitive and behavioral changes are vulnerable to being undermined by stigma, economic pressures, or peer expectations (National Academies of Sciences, 2016).

From a social psychopathology perspective, CBT is effective not only in reducing symptoms (depression, anxiety, shame) but also in targeting the mechanisms underlying risky behavior—e.g., avoidance, negative information processing, and loss of impulse control (Rasing et al., 2017). In AR, initial results show increased awareness of the thought-feeling-behavior relationship and decreased nihilistic beliefs after several sessions. However, sustainability of change requires ongoing therapy, booster sessions, and coordination of socioeconomic services for cognitive improvements to translate into long-term employment stability and reduced risk exposure.

Implications suggest that intervention programs for commercial sex workers (CSWs) should integrate structured cognitive-behavioral therapy (CBT) with socioeconomic service components and interventions that modify family and community contexts. Researchers need to provide several recommendations, including: (1) implementing modular CBT that includes cognitive, behavioral, and life skills modules; (2) coordinating with job training and temporary economic assistance programs; (3) actively involving family support and social networks; and (4) long-term monitoring to prevent relapse.

Application of Cognitive Restructuring Techniques

Cognitive Behavior Therapy (CBT) provides a structured intervention framework for identifying and restructuring negative thought patterns underlying involvement in commercial sex work (CSW). In AR's case, cognitive restructuring techniques are at the heart of the therapeutic process: the counselor guides the subject to identify automatic thoughts such as "I have no choice" and "I am unworthy," then challenges them with alternative evidence and the creation of functional affirmations. This cognitive shift reduces the intensity

of negative emotions (hopelessness, shame) that previously reinforced risky behavior, thus opening up space for rational thinking and more adaptive action options (Lupton, 2013).

In addition to cognitive aspects, CBT emphasizes concrete behavioral interventions to replace old patterns with healthy habits. For AR, this includes structured tasks such as interview skills training, resume creation, job search simulations, and gradual exposure to social situations previously avoided due to embarrassment. Performing behavioral tasks provides subjects with empirical evidence that economic and social alternatives are indeed possible, thus undermining the fatalistic narrative (Bernard et al., 2011). Practical outcomes, as reported, include increased motivation to seek employment and a reduced frequency of involvement in prostitution.

Emotion management is another important component: CBT techniques such as relaxation training, emotion labeling, and behavioral regulation help AR control impulses that often arise when facing economic stress or family conflict. With improved emotional regulation capacity, subjects are able to make more calculated decisions rather than reacting to meet immediate needs (Tamir et al., 2015). This ability also reduces the likelihood of relapse when external stressors arise, as subjects gain alternative coping strategies that are less self-defeating.

However, the effectiveness of CBT in cases of sex workers (FSWs) is strongly influenced by the surrounding social and economic context. For AR, factors such as dysfunctional family pressures, societal stigma, and acute economic needs have the potential to hinder individual change if not provided with additional support. Therefore, integrating CBT with socioeconomic services (temporary assistance, vocational training, access to employment) and interventions involving family or support networks increases the chances of sustainability (Harris et al., 2010). These multi-sectoral interventions reduce external pressures that drive a return to prostitution and strengthen cognitive-behavioral outcomes.

DISCUSSION

Cognitive Behavior Therapy (CBT) Approach as a Solution

The fundamental understanding of why CBT is relevant for sex workers is rooted in Aaron T. Beck's premise that core beliefs, schemas, and automatic thoughts determine the interpretation of experiences and behavioral responses (A. T. Beck, 2019). In sex workers,

traumatic experiences, social stigma, and economic pressures contribute to the formation of maladaptive beliefs—such as "I am worthless," "I have no other choice," or "the world is always dangerous"—that reinforce engagement in risky practices. CBT offers a framework for identifying and mapping these cognitive structures so that interventions not only address behavioral symptoms but also modify the cognitive resources that maintain them.

The primary therapeutic mechanisms of CBT in the context of sex workers include cognitive restructuring, behavioral experiments, and skills training (e.g., emotion management, problem solving). Cognitive restructuring helps clients examine evidence for negative beliefs and replace them with more realistic alternatives. Behavioral experiments enable empirical verification of new beliefs through concrete actions (Nezu & Nezu, 2015). Skills training enhances practical capabilities—such as stress management and negotiation—that support different behavioral choices. These three mechanisms work synergistically: cognitive changes facilitate the trial of new behaviors, which then provides experiential evidence supporting adaptive cognitions.

Changes in motivation and self-esteem are important outcomes frequently reported in CBT research among sex workers. Consistent interventions can increase self-efficacy—belief in one's ability to make changes—which in turn increases the likelihood of making alternative decisions (e.g., seeking other employment, limiting risky clients). Furthermore, therapeutic attention and providing narratives that validate clients' experiences can reduce internalized stigma, increase a sense of dignity, and open up a more empowered social identity (Sap & Stupak, 2026).

Intervention practices must be context-sensitive: structural factors such as poverty, access to health services, the rule of law, and social networks play a significant role in the success of therapy. CBT is effective when paired with comprehensive interventions—e.g., job skills training, temporary economic assistance, reproductive health services, and legal advocacy (Meara et al., 2015). Without mitigating structural barriers, individual cognitive changes alone may not be enough to sustain an individual out of prostitution.

Cultural adaptation and service format are also critical. For sex workers in local contexts (e.g., Indonesia), intervention language, therapeutic metaphors, and value focus must be tailored to be relevant and non-stigmatizing. A CBT-based group format—managed with confidentiality and a sense of security—can enhance social support, while individual

sessions provide space for personal traumatic issues (J. G. Beck, 2024). The use of peer counselors trained in CBT also bridges access and builds trust.

Empirical evidence demonstrates the relative effectiveness of CBT in improving psychological symptoms and reducing risky behaviors, but study methodologies vary. Many studies are small, non-randomized, or short in duration; therefore, longer-term RCTs with multidimensional outcomes (psychological, behavioral, and economic) are needed to assess the sustainability of change and mediating mechanisms. Evaluations should also include indicators of subjective well-being and social reintegration, not just reductions in the frequency of commercial sex practices (Hupalovska & Shevtsov, 2025).

Barriers to implementation include access to services (time, cost, location), resistance due to distrust of health/therapy institutions, and the potential for retraumatization if therapists are not trained in sexual violence and stigma. Therapist training should include trauma-informed competencies, ethics, and an understanding of social determinants. Furthermore, client safety—including data protection and privacy—must be a priority to ensure that therapy does not pose additional risks to clients who may be exposed.

Policy implications call for the integration of CBT-based mental health services into empowerment and public health programs for sex workers. Governments and NGOs can allocate funds for comprehensive services, develop multi-stakeholder referral protocols (health, social, and employment), and remove legal barriers that hinder access to services (Rukundo, 2024). Additionally, stigma reduction campaigns and local community engagement can help create a supportive environment for those who wish to exit the workforce. CBT plays a crucial role in intervention management to address social pathology in sex workers because it targets cognitive roots and provides practical skills for behavioral change. However, long-term effectiveness depends on integration with structural supports, cultural adaptation, and evidence-based implementation involving the active participation of sex workers' communities. Further, more rigorous research and integrated pilot programs will strengthen practical and policy recommendations for implementing CBT as part of a holistic empowerment and recovery strategy.

CONCLUSION

This study provides convergent evidence that Cognitive Behavior Therapy (CBT), when adapted to the socioeconomic realities of female commercial sex workers, can change

maladaptive cognitions, improve emotion regulation, and foster skills that reduce reliance on commercial sex work; however, these individual-level gains are fragile unless supported by coordinated socioeconomic services, family- and community-level interventions, and trauma-informed clinician training. Our analysis of AR's therapeutic trajectory shows that cognitive restructuring, behavioral experiments, and practical vocational tasks acted synergistically to increase self-efficacy and decrease nihilistic beliefs, yielding short-term reductions in risky behavior and improved motivation for employment. Nevertheless, the single-case, qualitative design and limited follow-up constrain generalizability and preclude causal inference about long-term outcomes. Future research should test modular CBT integrated with job-training and temporary economic assistance in larger, controlled trials with extended monitoring and culturally sensitive outcome measures (psychological, behavioral, and socioeconomic). From a policy and practice perspective, scaling CBT for sex-worker populations will require multi-sector coordination, stigma-reduction initiatives, legal and financial support mechanisms, and the systematic inclusion of peers and community stakeholders to ensure safety, accessibility, and sustainability of recovery-oriented pathways.

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