Emotional Health, Self-Acceptance in Child Victims of Violence and Parental Perception

Syajaratuddur Faiqah[1], Annisa[1], Alodya Zulaikha[1], Aprilia Ningsih[1]
[1]Department of Midwifery, Poltekkes Kemenkes Mataram

ABSTRACT

Background: *Children represent the most vulnerable age group to becoming victims of violence, with estimates indicating that one in every two children experiences some form of violence annually. Recent data show an increasing trend in reported cases, reaching 28,845 in 2025, with the highest prevalence occurring among those aged 13–17 years (35%). Such violence results in substantial psychological consequences, including anger, anxiety, depression, shame, self-blame, fear of social interaction, and diminished self-image. Accordingly, this study aims to examine differences in emotional health and self-acceptance among children who have experienced violence and to assess parental perceptions before and after the provision of educational video interventions.*
Method: *The research employed a One-Group Pre-test Post-test design, with the study population consisting of child victims of violence aged over 10 years. Using a total sampling technique, the sample included 62 child respondents and 62 accompanying parents. Comparative data analysis was carried out using the Wilcoxon test to examine differences between the Pre-test and Post-test results.*
Result*: The results of the statistical analyses demonstrated significant improvements across all measured variables, with emotional health showing a marked increase (p = 0.000), as the mean score rose from 29.81 before the intervention to 50.27 afterward. The self-acceptance variable also exhibited a significant change (p = 0.002), increasing from a mean score of 20.45 prior to the intervention to 23.45 following its implementation. Similarly, parental perception improved significantly (p = 0.000), with mean scores increasing from 35.89 to 55.32 after the intervention. Collectively, these findings indicate that the video-based intervention positively influenced the emotional health and self-acceptance of child victims of violence, while also enhancing the perceptions of their accompanying parents, thereby suggesting that video-based educational materials can be effectively integrated into psychosocial support services.*

***Correspondence**
faiqahsyajaratuddur@gmail.com

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INTRODUCTION

The escalation of violence against children has become a serious global concern, with estimates indicating that one in two children aged 2 to 17 years experiences some form of violence each year.(1)(2) Indonesia reflects a similar pattern, recording 32,493 cases in 2023, of which 80.5% involved female victims. Although this figure declined to 20,701 cases in 2024, the proportion of female victims remained disproportionately high. As of November 2025, a total of 28,845 cases had already been documented. The highest prevalence of victims falls within the 13–17 age group, accounting for 10,213 cases (35%), followed by children aged 6–12 years (19.69%).

The most common forms of violence include sexual violence (33.70%), physical violence (26.19%), psychological violence (23.76%), and other types. In the Province of West Nusa Tenggara (NTB), the number of reported cases has fluctuated significantly over the past three years, with 1,052 cases recorded in 2022, a slight decrease to 1,032 cases in 2023, and a more substantial decline to 798 cases in 2024.(3)

The child population represents one of the most vulnerable groups and is frequently targeted for acts of violence. This heightened vulnerability stems from societal perceptions of children as weak and powerless, coupled with their limited capacity for self-protection, which makes them easy targets. Moreover, violence against children is not confined to particular locations or specific times; rather, it may occur in a wide range of settings, at any moment, and may involve perpetrators from diverse backgrounds, including family members, school personnel, and other individuals.(4)(5)

Children possess greater vulnerability than adults to various forms of exploitation, deception, and coercion, and experiences of violence during childhood have the potential to cause substantial physical and psychological harm. Such violence produces far-reaching consequences that may hinder both short-term and long-term

development, typically manifesting in physical, mental, emotional, and social domains, as well as affecting overall brain function.(6)(2)

The emotional impact experienced by victims of violence may include psychological health problems, difficulties in regulating emotions, and diminished feelings of security and trust in others. An individual's inability to manage personal challenges effectively can further contribute to the development of emotional disturbances. Moreover, environmental conditions, social role demands, and intellectual challenges collectively function as significant factors that may trigger emotional strain, which in turn can act as a precursor or primary cause for the emergence of symptoms associated with depression, anxiety, and stress.(7)(8)

Previous research indicates that the emotional impact experienced by children who are victims of violence often results in prolonged trauma that affects multiple aspects of their psychological and social development. Such trauma may manifest in diminished self-confidence, reduced interest in self-care, impaired concentration, tendencies toward low self-esteem and social withdrawal, and a loss of confidence in expressing opinions. In addition, affected children may display symptoms such as confusion, self-harming behaviors, and excessive or aggressive conduct.(9)(10)

These consequences can further lead to feelings of regret, self-blame, anxiety, depression, and shame, as well as fear of social interaction and a decline in self-image. Collectively, these traumatic experiences have the potential to disrupt children's processes of maturation and the development of independence.(9) Furthermore, the psychological consequences frequently experienced by child victims of violence include post-traumatic stress disorder, depression, and diminished self-acceptance. Previous studies indicate that children who experience sexual or physical violence tend to demonstrate low levels of self-acceptance due to perceiving themselves as occupying an inferior position relative to others.(11)

To achieve healthier levels of self-acceptance, these children require structured encouragement and sustained support. Social support refers to the provision of information, guidance, and attention intended to help individuals cope with adversity while simultaneously fostering feelings of being loved and valued. Such essential support may come from various sources, including extended family members, partners, peers, and the broader social environment.(12) The more positive the social support provided by the family, the higher the likelihood that children will develop strong self-acceptance.(13)

Parents' perceptions serve as a critical foundation of support for child victims of violence, as positive parental perceptions often lead to more empathetic, protective, and effective responses. Parents' perceptions of child violence refer to their views and understanding of the definitions, forms, and implications of violence directed at children, encompassing the various types of violence that may occur and the potential physical, emotional, and psychological consequences for child development.(14) These perceptions are shaped by multiple factors, including socio-cultural background, educational level, personal experiences, and socioeconomic conditions.(15) Therefore, a comprehensive parental understanding of issues related to child violence is essential for fostering a supportive and protective developmental environment. To strengthen child protection globally, it is imperative to expand educational initiatives and enhance public awareness particularly among parents regarding the adverse effects of violence against children.(16)

Providing education can enhance the emotional well-being and self-acceptance of child victims of violence. Such educational interventions help children understand the emotions that emerge following violent experiences and develop stronger emotional regulation, thereby directly reinforcing their emotional health. At the same time, educational efforts that emphasize strengthening self-concept and cultivating positive self-perceptions play a crucial role in fostering self-acceptance.(17)(7) The use of video as an intervention tool represents an effective approach for supporting the recovery of children who have experienced violence. As a multimodal medium that integrates images, sound, narration, and music, video materials are generally more accessible for children, particularly those who have undergone trauma resulting from psychological distress.

Previous studies have demonstrated that presenting information through combined visual and auditory channels enhances retention and comprehension among child victims of violence compared with text-based materials.(18) Accordingly, this study aims to examine the influence of educational videos on the emotional well-being and self-acceptance of child victims of violence, as well as to explore parents' perceptions of such victims in West Lombok District.

METHOD

This study employed an analytic research design utilizing a One Group Pre-test Post-test Design, which assesses the effectiveness of an intervention by comparing outcomes before and after the treatment within a single group, thereby allowing a more accurate evaluation of changes between initial and final conditions.

This design was deemed appropriate because the research involved sensitive populations specifically child victims of violence for whom establishing a control group is ethically and practically challenging, and the number of

available respondents was limited. The target population comprised child victims of violence and their parents. As the population of child victims of violence in West Lombok Regency was fewer than 100, total sampling was applied.

The inclusion criteria for child victims were: age over (10) years, ability to communicate, ability to use an Android mobile phone, and willingness to participate; the exclusion criterion was the presence of depression or anxiety disorders. Parent respondents were included if they were willing to participate. A total of (62) child victims and (62) accompanying parents were recruited. Data were collected using questionnaires specifically developed for each study variable, all of which were subjected to validity and reliability testing:

1. Emotional health: The questionnaire for the emotional health variable consists of 15 questions about self-control, self-awareness, self-esteem, maintaining a balance between positive and negative emotions, and self-motivation.(19) (Cronbach's alpha = 0.75).
2. Self-acceptance: The questionnaire consists of 15 questions about self-confidence and self-esteem, pride in being oneself, willingness to accept criticism from others, and independence.(20) (Cronbach's alpha = 0.93).
3. Parental perception of child violence: about knowledge of violence, children's emotional and psychological conditions, parental roles, children's needs, and willingness to seek help.(21) (Cronbach's alpha = 0.85)

The core focus of this study was the development and implementation of educational videos on emotional health and self-acceptance for child victims of violence, alongside educational videos for their accompanying parents.

The videos for child victims of violence had a duration of 6 minutes each (emotional health and self-acceptance), while the videos for parents were 7 minutes long; all materials were developed by the research team in collaboration with a multimedia division, with content tailored to the study variables.

These videos were validated by child psychologists, child protection practitioners, and multimedia experts. For the intervention phase, respondents were divided into six groups (each consisting of child victims and their parents), with each group participating in two sessions per week, each lasting approximately one hour. The intervention was conducted at the Women and Children Protection Unit office of West Lombok Regency and was facilitated by the research team in partnership with West Lombok Women and Children Protection officers.

Data analysis employed univariate descriptive statistics to identify respondent characteristics, followed by bivariate analysis; because the data distribution for each variable was non-normal, the Wilcoxon signed rank test was used to assess differences in emotional health, self-acceptance, and parental perception before (Pre-test) and after (Post-test) the intervention. Ethically, this study obtained approval from the Ethics Committee of the Health Polytechnic of the Ministry of Health Mataram under ethical approval number No. DP.04.03/F.XL.26/617/2025.

RESULT AND DISCUSSION

Table 1. Child characteristics

Variable	n	%
Age		
11-14	14	22.6
15-17	41	66.1
18-21	7	11.3
Sex		
Male	6	9.7
Female	56	90.3
Education level		
Elementary school	5	8.1
Junior high school	25	40.3
Senior high school	27	43.5
Tertiary education	5	8.1
Types of violence		
Physical	7	11.3
Psychological	2	3.2
Sexual	32	51.6
Social	21	33.9
Total	62	100

Table 2. Parental characteristics

Variable	n	%
Age		
30 – 39	14	22.6
40 – 49	22	35.5
50 – 60	26	41.9
Sex		
Male	26	41.9
Female	36	58.1
Education level		
Elementary school	9	14.5
Junior high school	16	25.8
Senior high school	30	48.4
Tertiary education	7	11.3
Total	62	100

Based on the data presented in the table, the majority of respondents fall within the age range of 15-17 years, accounting for 41 children (66.1%). The prevalence of violence victims in this study is predominantly female children, encompassing 56 children (90.3%) of the total sample. The majority of formal education recorded for the respondents was Senior High School, constituting 43.5% of the total sample (n=27), Sexual violence emerged as the most dominant type of violence, accounting for 51.6% of the total recorded cases. The majority of parent respondents (41.9%) belong to the 50–60 years age group. The educational attainment of the parents of the violence victims is predominantly high school graduates (48.4%). The data indicate that the percentage of accompanying parents/guardians for the victims of violence is dominated by female caregivers (58.1%).

Sociocultural context

Based on the data presented in Table 1, most respondents were aged 15–17 years (66.1%), an age group that is generally at higher risk of experiencing violence. This heightened vulnerability is linked to adolescence as a critical transitional period during which protective support and parental supervision tend to diminish, while individuals have not yet fully developed the capacity to regulate their behavior or effectively navigate their social environment.(22)

The adolescent stage is characterized by an increased tendency to spend time outside the home and to engage in processes of self-identity exploration, often involving interactions with the opposite sex or participation in particular social groups, a pattern that potentially heightens their exposure to violent situations as either victims or witnesses, as indicated in several studies.(23)(24) Moreover, the high prevalence of very young victims of sexual violence is strongly associated with their psychological vulnerability, which renders children more susceptible to threats, coercion, or persuasion. This susceptibility is further exacerbated by the fact that children often lack the confidence to resist, especially when the perpetrator is someone known to them.(25)

In this study a higher proportion of girls are reported as victims of violence (90.3%). Within the context of Indonesia's deeply entrenched patriarchal culture, female children are often positioned in passive and vulnerable roles, which makes them more easily controlled and less capable of resistance. This socio-cultural dynamic substantially increases their susceptibility to becoming primary targets of various forms of violence, including physical, psychological, and sexual violence.(26)(27)

Previous research indicates that the incidence of sexual violence against female children occurs two to three times more frequently than against male children.(28) Female children are more likely to be targeted and are inherently more vulnerable to exploitation and arbitrary treatment due to their social identity. Moreover, because of their limited life experience, children in general are more easily exploited, deceived, and coerced than adults.(23)(29)

Most of the respondents' children who experienced violence were Senior High School students (43.5%). Individuals at the basic and secondary education levels often demonstrate relatively unstable emotional maturity and limited interpersonal communication skills, conditions that may increase their vulnerability to acts of violence.(30) Furthermore, inadequate educational and socialization programs addressing various forms of violence within school environments exacerbate this susceptibility. As a result, individuals with comparatively lower educational backgrounds frequently fail to recognize or identify themselves as victims of violence.(31)

Table 3. Frequency distribution of variables

Variable	Pre-test				Post-test			
	SD %	D %	A %	SA %	SD %	D %	A %	SA %
Emotional health								
I can express the feelings (happiness, sadness, anger, hatred, annoyance, etc.)	21	43	34	2	8	7	19	66
In my opinion, life is not very enjoyable.	2	24	47	27	27	58	10	5
I change my mind easily.	2	13	55	30	56	29	8	7
I have difficulties understanding my own feelings.	2	16	40	42	46	40	7	7
Even though I am right, it is difficult for me to defend myself.	0	17	57	26	50	34	6	10
I like being gloomy (sad).	5	11	48	36	58	29	10	3
I'm having a hard time accepting reality.	3	11	52	34	42	42	5	11
I have difficulty motivating myself	2	11	52	35	50	34	10	6
I tend to hope that I can get out of the problems I am currently experiencing	15	26	48	11	0	7	16	77
I know exactly how I feel right now.	40	42	18	0	5	8	31	56
I feel that my current condition is fine.	31	53	14	2	2	11	18	69
When arguing with someone, it's better for me to “back down” even if I'm right	45	27	26	2	10	3	39	48
I believe my life will be fine.	13	43	39	5	3	11	18	68
It was hard for me to connect with the new environment.	2	19	40	39	32	55	5	8
I can adjust to my new surroundings.	27	47	23	3	5	5	42	48
Self-acceptance								
I am capable and confident in facing all challenges in life.	97	3	0	0	50	2	48	0
Having good talent, I can develop my potential.	97	3	0	0	48	4	48	0
I cannot be held responsible for my actions	0	2	98	0	3	91	3	3
Being grateful for the strengths within oneself can calm the heart and mind.	3	79	18	0	13	56	31	0
I feel ashamed of all my shortcomings.	0	0	2	98	0	2	5	93
I avoid responsibility when I feel pressured.	0	0	3	97	0	3	8	89
I have no confidence in my own abilities, so I have to rely on other people.	0	0	3	97	0	5	5	90
I can endure the pain of failure or heartbreak and overcome emotional situations.	97	3	0	0	89	8	3	0
When I experience failure, I believe that God has a better plan for me	10	88	2	0	0	50	50	0
I talk about the problems I experience when I feel that my problems are too heavy to bear.	15	85	0	0	15	69	16	0
I don't feel confused when I receive input from other people	97	3	0	0	89	8	3	0
The limitations within myself make it difficult for me to move forward.	0	0	2	98	0	2	8	90
My shortcomings do not prevent me from moving forward.	90	8	2	0	90	8	2	0
I have realized my shortcomings without forgetting my strengths.	93	7	0	0	78	3	19	0
I could not be influenced by pressure from other people.	89	8	3	0	45	13	40	2
Parental perception								
I acknowledge that child violence includes physical, emotional, sexual, and neglectful	32	63	5	0	0	0	8	92
In my opinion, parents are the main source of information for children about sex education.	8	50	40	2	0	0	10	90
I regard sex education for children as taboo	5	29	60	6	97	3	0	0
I found that my child often blamed himself for the things that happened to him	3	27	70	0	0	0	10	90
I am willing to actively participate in every stage of my child's recovery process	3	47	50	0	0	2	6	92
I began talking about how to protect children's body parts.	5	29	66	0	0	2	10	88
My child needs extra support to feel safe again.	8	44	48	0	0	2	8	90
Parents teach their children to ask for help when a stranger commits an act of violence.	3	53	44	0	2	0	10	88
I taught them how to protect their privacy by adjusting their understanding.	6	45	47	2	3	0	7	90
I am not convinced that early childhood sex education can help protect children from sexual abuse.	5	50	39	6	77	20	0	3
I feel that my child is not yet able to express his emotions well.	11	34	16	39	77	21	0	2
I can distinguish between reasonable disciplinary and violent behavior.	5	44	48	3	2	2	17	79
I thought I needed to learn more about how to support children after they have experienced violence.	10	64	26	0	2	2	11	85
The child doesn't seem to want to interact with other people.	18	61	21	0	0	3	3	94
I understand that children who experience violence often feel unsafe	21	53	26	0	2	0	10	88

Note: Strongly Disagree (SD), Disagree (D), Agree (A), Strongly Agree. (SA)

Table 4. Bivariate analysis

Variable	Pre-test	Post-test	P-value
Emotional health			
Mean-SD	29.81-5.737	50.27-9.786	0.000
Min-Max	21-45	25-59	
Self-acceptance			
Mean-SD	20.45-1.953	23.45-3.232	0.002
Min-Max	19-22	20-30	
Parental perception			
Mean-SD	35.89-4.684	55.32-4.482	0.000
Min- Max	18-44	33-60	

Sexual violence (51.6%) emerged as the most commonly experienced form of violence among respondents, a trend that may be attributed not only to factors within the child's immediate environment but also to increased access to the internet and social media, which exposes children to pornography, violent material, and other harmful content. Such unrestricted access can heighten the likelihood of sexual violent acts committed by adults, particularly those operating within networks of child predators or pedophiles. Furthermore, children's susceptibility to sexual violence is shaped by their developmental stage, cognitive maturity, social interactions, and limited parental supervision.(32)(25)(33)

Table 2 shows that the majority of parent respondents (41.9%) fall within the 50–60 years age group, a period marking the transition from middle to late adulthood. This developmental stage is typically associated with heightened cognitive maturity, as increasing age often corresponds with enhanced comprehension abilities and more structured patterns of thinking, thereby contributing to the refinement and expansion of an individual's knowledge. Moreover, individuals in middle adulthood generally assume more active roles in societal and social contexts, supported by their established intellectual maturity, advanced problem-solving skills, and well-developed verbal competence.(8)

The education level of parents of victims of violence was predominantly at the high-school level (48.4%). A high-school educational background generally provides sufficient interpretive ability and knowledge, which influence behavioral formation.(8) Conversely, low educational attainment, particularly when accompanied by limited awareness and responsibility, has been identified as a contributing factor to violent behaviors, including sexual violence.(27) Overall, parental educational background plays a critical role in shaping parenting practices, as parents serve as the primary agents in establishing fundamental morals and behavior, which subsequently exert a significant influence on the child's later developmental stages.(34)

The majority of caregivers for child victims of violence are women (58.1%). Within this context, the family plays a crucial role in supporting the recovery of child victims, as it carries out fundamental functions necessary to address both the physical and psychological impacts experienced by the child.(35)

The results of the Wilcoxon test indicate that the emotional health variable yielded a p-value = 0.000, demonstrating a statistically significant difference in the mean emotional health scores of the subjects. Specifically, the mean score increased from 29.81 with a standard deviation (SD) of 5.737 prior to the intervention to 50.27 with an SD of 9.786 following the intervention, suggesting that the administered intervention produced a positive impact. Children who experience violence are particularly vulnerable to long-term consequences such as low self-esteem, anxiety, and the potential development of aggressive behaviors, and exposure to violence at an early age may disrupt the development of the brain and nervous system, contributing to deviant behavior in adolescence.(36)(2)(37)

Interventions employing educational video media have proven effective in fostering positive changes in emotional health, and in general, therapeutic approaches for child victims of violence have been successful in mitigating psychological consequences particularly reductions in anxiety and post-traumatic stress while supporting broader emotional health recovery.(38) The self-acceptance variable showed a statistically significant increase following the intervention, with a significance value of p = 0.002. The mean self-acceptance score before the intervention was 20.45 with a Standard Deviation (SD) of 1.953, which subsequently rose to 23.45 with an SD of 3.232 post-intervention. Victims of violence often withdraw from their environment, experience diminished self-worth, and struggle to accept themselves after the traumatic event; thus, the observed increase in respondents' self-acceptance reflects meaningful change.

Video-based interventions appear to equip individuals with adaptive skills necessary for post-trauma adjustment, although the process of achieving self-acceptance remains challenging, as indicated by the relatively modest change from 20.45 to 23.45 the smallest increase compared to other variables. The development of self-acceptance among child victims of sexual violence can

be strengthened through comprehensive guidance from relevant stakeholders.(11)

Neff and Germer (2018) outline several stages individuals typically undergo in cultivating self-acceptance, including resisting, exploring, tolerating, allowing, and befriending.(39) Previous research also highlights that a combination of internal coping processes and external environmental factors greatly facilitates the recovery of victims of sexual abuse; in particular, emotional, informational, and instrumental support contributes significantly to improving self-acceptance.(13)(12) Regarding the parental perception variable, the analysis revealed a statistically significant improvement (p-value = 0.000). The mean perception score prior to the intervention was 35.89 (SD = 4.684), which increased substantially to 55.32 (SD = 4.482) following the intervention. It is important to recognize that perception is not a passive outcome but an active cognitive process that unfolds from the stage of recognition to the formation of a final interpretation.

This shift is particularly consequential, as positive parental perception directly influences preventive actions and parenting practices applied to child victims of violence. The role of parents is therefore essential in determining the success of efforts aimed at preventing child violence. Moreover, parental perception of child violence, together with the quality of parent–child communication, significantly contributes to the development of children's self-protection skills.(40)(41) The results of the study indicate that improvements in emotional health and parental perception were greater than those observed in self-acceptance following the intervention. This pattern aligns with existing literature suggesting that each variable possesses distinct psychological characteristics, particularly among children who have experienced violence. Emotional health is generally more responsive to short-term interventions, and prior studies have shown that children's emotional regulation can improve significantly through counseling and brief training activities because these efforts directly target practicable behavioral skills.(42)

Likewise, parental perception demonstrated substantial gains, as educational interventions tend to produce immediate effects on parental knowledge and understanding; parents who receive information about the consequences of violence, children's emotional development, and strategies for providing support are more likely to adjust their perceptions and attitudes quickly.(15) In contrast, self-acceptance exhibited more modest improvement, which can be attributed to its nature as a component of personality structure and self-concept that develops gradually and requires a longer period to change. Children who are victims of violence often carry deep emotional wounds, feelings of worthlessness, and negative self-schemas shaped by their traumatic experiences (13), making rapid change in self-acceptance unlikely through short-term interventions alone. This research was conducted in accordance with applicable scientific review procedures; however, it has several limitations. First, the study did not employ a control group, which may affect the strength of causal inferences. Second, the victims were not easily accessible because they were under institutional protection and required the assistance of social workers and psychologists, thereby constraining recruitment and data collection. Third, it was not possible to explore experiences of violence indiscriminately due to the risk of re-traumatization, which necessitated limiting sensitive questions. As a result, some data may not be as detailed as required for a more comprehensive analysis.

CONCLUSION

The results of the study showed statistically significant differences between pre-intervention and post-intervention scores across all evaluated variables, demonstrating substantial improvements in emotional health, self-acceptance, and parental perception. These findings consistently affirm that the video-demonstration intervention has a positive and effective impact on enhancing the emotional well-being and self-acceptance of child victims of violence (subjects), while simultaneously strengthening parental perceptions. Moreover, the results indicate that video-based education can be integrated into psychosocial support services and utilized as a supportive therapeutic medium within children's mental health programs.

The study's findings also provide a foundation for expanding emotional education and violence-prevention initiatives through digital media, given its proven effectiveness and ease of implementation. However, this research has several limitations: it did not employ a control group, and the victims were difficult to access due to institutional protection protocols requiring the involvement of social workers and psychologists. Future research should incorporate control groups and further examine factors such as family dynamics, social support, parenting styles, and frequency of exposure to violence, as these variables may influence children's emotional health and self-acceptance.

Conflict of Interest

The authors declare that there's no conflict of interest.

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