

Family intervention model for changes in family behavior in problems of sexual violence in children and adolescents

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Abstract

Family is the smallest unit in society that significantly contributes to protecting family members, one of which is protecting and preventing sexual violence against children and adolescents. The family intervention model (FIM) is a family-based intervention model through efforts to change cognitive, affective, and behavioral aspects. This model seeks to impart knowledge and change parents' behavior concerning the issue of sexual violence in children and adolescents through the application of the family intervention model. This research used a quasi-experimental mixed-method with both quantitative and qualitative approaches. This study found that the paired sample t-test statistically showed that family intervention model contributed to changes in parental behavior toward sexual violence ($p\text{-value} = 0.000$). The results of the regression analysis showed that the family intervention model helped bring about changes in family behavior toward sexual violence in children and adolescents, by 64%. It is importance to improve the role of parents in increasing communication and assertiveness within the family as a preventive measure against sexual violence.

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INTRODUCTION

Efforts to improve the welfare of children and adolescents entail addressing their physical and psychological needs throughout their developmental stages. Family plays a pivotal role in shaping a child's personality, fostering positive values, and cultivating strong character in response to environmental influences. Through mentorship, parents acquire the skills needed to educate their children, particularly in aiding them in navigating negative associations within their surroundings. In essence, the family serves as the smallest unit of society, wherein individuals grow and develop, while also contributing to the protection of their family members, including the prevention of sexual violence against children and adolescents.

Violence directed at children encompasses unjust physical and emotional mistreatment, sexual neglect, and exploitation that adversely affects a child's well-being, growth, or self-worth. As per the provisions outlined in Law No. 35 of 2014, violence against children constitutes any actions involving physical, psychological, or sexual harm and neglect, which result in suffering or misery. Instances of sexual violence against children and adolescents have seen an annual rise. Children and adolescents, in

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their individual capacity, are particularly vulnerable to becoming victims of sexual violence. Sexual violence refers to behavior of a sexual nature that is carried out forcefully or unexpectedly by one party, leading to a distressing experience for the victim subjected to it (WHO, 2021).

Quantitative data shows an increase in the incidence of sexual violence against children. Based on the 2018 National Life Experience Survey of Children and Adolescents, 36.43% of boys and 19.35% of girls aged 13-17 had experienced physical violence. In addition, as many as 6.31% of boys and 9.96% of girls aged 13-17 years have experienced sexual violence in their lifetime. Data for 2019 recorded that out of 1,686 child victims of sexual violence, 1,095, or > 50% were girls. West Kalimantan Province is one of the regions in Indonesia prone to sexual violence against children and adolescents. In 2018, woman and children experience sexual violence at high rates in West Kalimantan. Of the 425 cases in 2018, 329 were sexual violence against women and children.

Information provided by the Commission on the Promotion and Protection of the Rights of Women and Children (CPPRWC) indicated that in January 2020, there were 36 reported cases, including both formal complaints and non-complaint-related instances, involving violations of children's rights. Among these cases, Pontianak City and Sambas Regency had the highest reported incidents of sexual crimes against children, as reported by Kalbar online.

Obtaining data numerically also shows that the number of incidents of physical violence, psychological violence, and sexual violence recorded in Pontianak City in 2018 11 cases, which ranked ranking the highest, and the second highest number of cases was in Kubu Raya Regency with 5 cases. In 2019 there was an increase in the number of cases of sexual crimes by 12 cases, with 26 cases in total, in Pontianak City and Kubu Raya Regency.

Table 1. Distribution of types of sexual violence cases in Sambas District

No	Case Type	Year			Total Cases
		2019	2020	2021	2019 - 2021
1	Fornication/intercourse	23	35	37	95
2	Physical/Psychological Violence	0	2	3	5
	Number	23	37	40	100

Table 1, shows that the recorded cases of sexual immorality are the highest in Sambas Regency, with 95 cases. The number cases increased yearly from 2019 to 2021. The high rates of violence against children and adolescents may indicate the existence of a gradient of sexual violence and mental health in children (Schönbucher et al., 2012). This can dramatically affect the children socially, psychologically, and physically. The family plays a crucial role in addressing this issue, which requires collaboration with other family members and demands a high level of skill and knowledge for effectiveness. The Family Intervention Model (FIM) is a family-centric intervention approach aimed at modifying

cognitive, emotional, and behavioral aspects, as mentioned by Bailey *et al.* (1986). FIM strives to engage and enhance family dynamics so that changes in one family member can positively influence others. In this context, family behaviors are geared toward safeguarding children, including taking action against sexual violence.

The application of FIM is based on psychodynamic theory, which assumes that behavior originates from movement and interaction in the human mind. Thoughts will stimulate behavior, and the two will influence each other, resulting in cognitive and individual behavior changes. Previous research findings on the effectiveness of implementing family intervention indicate that it can enhance the parental role, reduce parenting-related stress (as demonstrated by Ducharme *et al.*, 2000; Peled *et al.*, 2010 as cited in Rizo *et al.*, 2011), foster improvements in parent-child relationships (as shown by Ducharme *et al.*, 2000; Scott & Crooks, 2007 as cited in Rizo *et al.*, 2011), and enhance fathers' understanding of the impact of intimate partner violence (IPV) on children.

Research on sexual violence was conducted in Sajingan Besar Sub-District through observation and field interviews with the sub-district head and several village heads from April 27 to -28, 2022. The research produced two main finding. First, the demographic data showed that parents had a low education, resulting in lack of parental involvement in sexual education. Second, sexual violence occurred to minors in the Sajingan Besar Sub-District (Ramadhani, 2018). This case became the basis for the family-based intervention model.

The selection of the Family Intervention Model as the intervention strategy in this research was based on its primary objective of enhancing parental involvement through improved communication, the provision of knowledge, problem-solving skills, and the promotion of assertive family responses to sexual violence. Consequently, this model has the potential to cultivate strong, communicative, and resilient families capable of safeguarding children and youth against sexual violence. The overarching goals and objectives of this study revolve around imparting knowledge and effecting behavioral changes in parents concerning the issue of sexual violence in children and adolescents in West Kalimantan Province, achieved through the application of the Family Intervention Model approach.

METHODS

This study adopts a quasi-experimental mixed-method research design, incorporating both quantitative and qualitative approaches. The quantitative aspect involves the utilization of the Family Intervention Model scale, while the qualitative component derives its data from the outcomes of focus group discussions (FGD). The intervention strategies encompass the delivery of knowledge, psychoeducation, and training.

The sample selection method employed in this research is purposive sampling, with subjects chosen based on specific criteria. The criteria for selecting participants in this study include the

following: (1) parents with children aged 6-17 years, (2) both male and female participants, (3) individuals who have completed at least junior high school, (4) residing in Sajingan Besar Sub-District within one of the following villages: Sebunga, Kaliau, and Sanatab, and (5) a willingness to engage in Family Intervention Model (FIM) intervention activities until their completion.

The data was collected from observations and questionnaires about sexual education to adolescent. The data was related to cognitive, affective, and behavioral changes during the pre-test, post-test, and treatment sessions. The data analysis used the t-test analysis technique (paired sample t-test).

The aspects measured were are parents' attitudes and behavior toward sexual violence with three indicators: cognitive, affective, and conative abilities, as described in Table 2.

Table 2. Aspects and Indicators of Parental Behavior

No	Aspect of Parental Behavior	Indicator	Items
1	Cognitive	Knowledge of sexual violence	16
2	Affective	Parents' feelings and emotions toward sexual violence	16
3	Conative	Forms of parental action against sexual violence	16

After analyzing the results of the calculation of the overall categorization, we determine the level of the cognitive, affective, and conative aspects, which is summarized in Table 3.

RESULTS AND DISCUSSION

The research was carried out in Sajingan Besar Sub-District, and data was collected from 100 respondents, in 3 (three) villages, namely Kaliau Village, Sanatab Village, and Sebunga Village. The demographic data of respondents shows that, the percentage of elementary school graduates is, the highest (43%), while the percentage of those who had completed tertiary education is the lowest (4.3%). As for the age of the respondents, 50% were over 40 years. Table 3 shows the analysis of the categorization results.

Table 3. Result of the categorization of each aspect

Aspect	N	%	Categorization
Cognitive	260	86.7	Low - Moderate
Affective	264	88	Low - Moderate
Conative	264	88	Low - Moderate

Table 3 shows that the average category is at low-medium level. This indicates that respondents lacked knowledge about sexual violence and the importance of assertive attitude when facing sexual violence.

Providing psychoeducation is an intervention in the form of education based on learning principles and psychological theory. This is particularly done by providing information and skills

training to increase knowledge, and improve attitude, and behavior. The method used in social skills training is role play and parent communication training on assertive behavior towards sexual violence, as shown from the intervention activities in the focus group discussion (FGDs).

Based on the formulation of the research problem using the family intervention model approach, the measurement of the results of the study was determined from the results of the pre- and post-treatments using the family intervention model and differences in the effects of interventions on behavioral change on sexual violence. The results of the pre-test to determine the initial conditions before treatment are shown in Table 4.

Table 4. Accumulation of the Pretest of The Third Villages

Village	Pre-Test		
	Cognitive	Affective	Conative
Sebunga (n=16)	423	524	382
Kaliau (n=14)	278	343	283
Sanatab (n=16)	389	471	370
Total	1090	1338	1035

Tabel 4 shows the pre-test scores from the three villages which are different in each aspect. In Sanatab Village and Sebunga Village, the lowest scores were found on the conative aspect, with scores of 23.125 and 23.875. Several factors that prevented actions or behavior include personal factors related to habits and willingness to act. By contrast in Kaliau Village, the lowest aspect was the cognitive aspect, with a score of 19.857. This may indicate that intellectual aspects or knowledge possessed by parents, is primarily related to sexual violence.

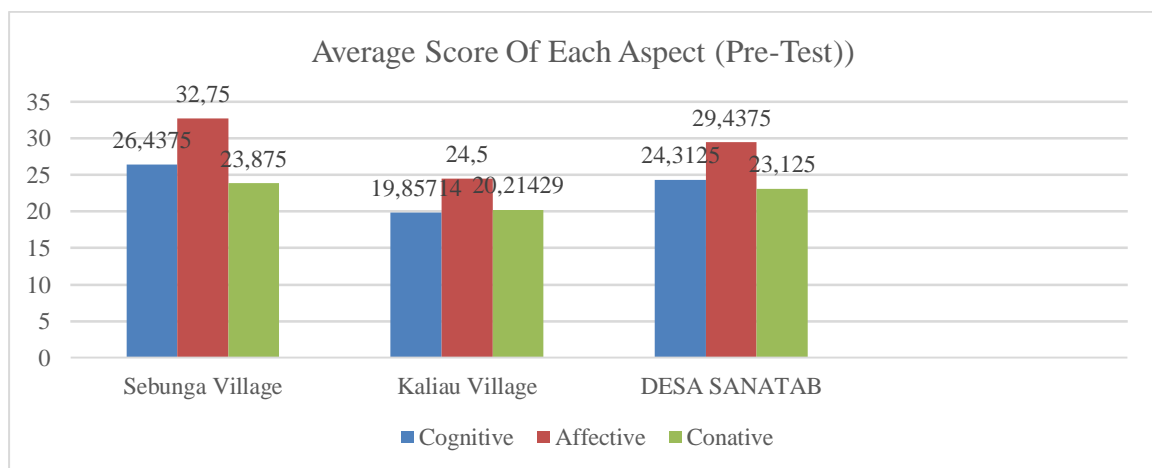


Figure 1. Average Score of Each Aspect (Pre-Test)

After the intervention, the participants were given a post-test, to measure their abilities after given treatment. In the post-test, the participants had to fill out a questionnaire. The results of the post-test completed by the participants from the three villages are shown in Table 5:

Table 5. Results of the Post-test of the Three Villages

Village	Post-test		
	Cognitive	Affective	Conative
Sebunga (n=16)	471	571	391
Kaliau (n=14)	325	430	316
Sanatab (n=16)	448	537	373
Total	1244	1538	1080

Table 5 shows that each aspect has different score. The conative aspect has the lowest score of all aspects. We found that emotional reactions were one of the most prominent behaviors in the final measurement results. This suggests that the respondents showed more feelings and emotions than obtaining prior knowledge and taking action on sexual violence issues. The emotional reactions can also be seen from the average results of each aspect.

The following figure displays the average score of the post-test.

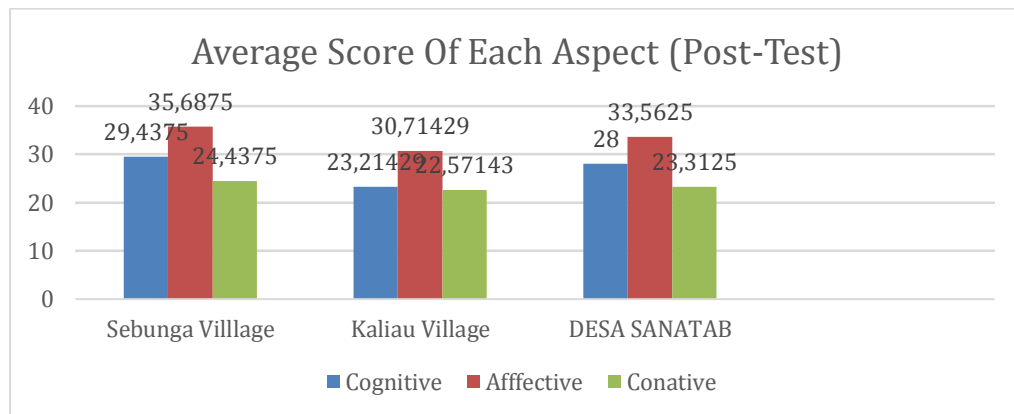


Figure 2. Average Score of Each Aspect (Post-Test)

The pretest and post-test data showed different results of behavior measurement based on the: cognitive, affective, and conative aspects, as presented in Table 6.

Table 6. Scores of Each Aspect in the Three Villages

Village Name	Subjects (N=46)	Pre-Test			Post-Test		
		Cognitive	Affective	Conative	Cognitive	Affective	Conative
Sebunga (n=16)							
Kaliau (n=14)		1090	1338	1035	1244	1538	1080
Sanatab (n=16)							
Total			3463			3862	
Difference of pre-test and post-test Information					154	200	45
						Highest	Lowest

Table 6 shows that there are differences in score of the pre-test and post-test of the three behavioral aspects in the three villages. The highest aspect with a score of 200, and the lowest is the conative aspect with score of 45.

Other data also shows an increase in the ability after the intervention. Participants' ability to respond to sexual violence through parental communication skills, intervention activities, and actions against sexual violence showed an increase in the post-test, as shown in Figure 3.

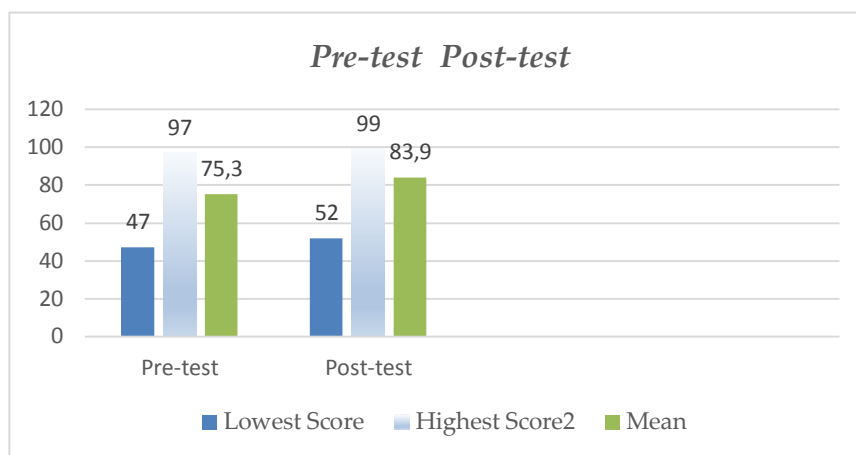


Figure 3. Pre-test & Post-test

Demonstrates the effectiveness of the intervention for parents to change their behavior towards child and adolescent sexual violence. Our finding suggest that after FIM intervention, the participants' abilities improved, especially in their knowledge of sexual violence, and they were more courageous to show attitudes and to act assertively against sexual violence.

The results of the regression analysis using the paired sample t-test showed that the family intervention model as an effort to change family behavior toward sexual violence in children and adolescents had an influence with a percentage of 64%. In this research, behavioral change involves the provision of information and knowledge that impacts parents' perspectives on sexual violence, followed by training and role play.

The results of the statistical analysis indicate significant differences between the outcomes before and after the intervention. In the experimental group, there was an increase of 5.5 points between the pretest and posttest scores. This suggests that the implementation of the Family Intervention Model (FIM) had both a qualitative and quantitative impact on the experimental group. The paired t-test results also revealed significant differences in the significance of communication skills and assertive parental behavior toward sexual violence, with a p-value of .000 for parents who underwent the FIM intervention.

Towards the conclusion of the intervention activities, a focus group discussion (FGD) was conducted. In this FGD, two primary assessments were carried out, focusing on skills related to effective communication with parents and the issue of sexual violence.

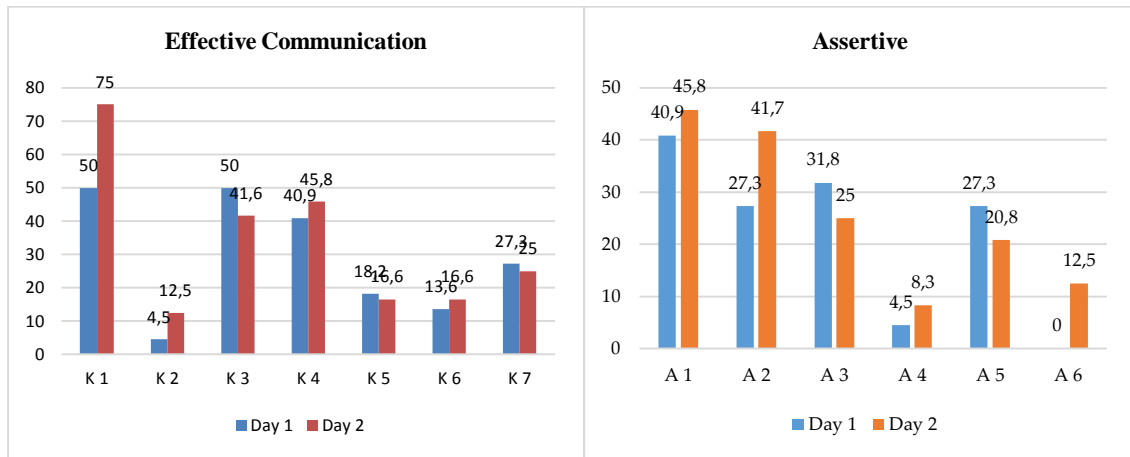


Figure 4. Effective Parental Communication

Figure 5. Assertive Behavior of Parents

The observations conducted during the intervention activities revealed a notable enhancement in the skills and capabilities of the participants. Specifically, improvements were evident in the participants' communication skills and assertive behavior, as demonstrated in various aspects such as question-and-answer discussions, role-play activities, assertive training, and focus group discussions (FGD) by the conclusion of the activity sessions. Figure 4, which displays parents' effective communication, shows that aspects K1 (ability to answer questions), K2 (ability to tell events), K4 (open in accepting other people's opinions), and K6 (ability to communicate well) show a higher percentage on the second day of the activity. Meanwhile, aspects K3 (expressing opinions), K5 (actively speaking), and K7 (easiness to get along with) show a higher percentage on the first day. Figure 5, which illustrates the assertive behavior of parents shows aspects A1 (open in accepting other people's opinions), A2 (interest in discussing material), A4 (expressing feelings), and A6 (ability to defend rights) have a higher percentage on the second day. The A3 aspect (ability to work with others) shows a higher percentage only on the first day. All in all, parents' practical communication skills and assertive behavior showed higher results on the second day of the activity.

The results of the measurement of the behavioral aspect shows that the highest score is on the affective aspect with two indicators; feelings and emotional reactions of parents towards sexual violence.

Differences in the results of the three villages on the behavioral aspect are summarized in Table 6, which shows that the highest aspect is the affective aspect and the lowest is the conative aspect. A low score on the conative aspect may indicate that parents could not act, which was manifested in the parents' actions towards acts of sexual violence. Several factors may influence parents' absence of act.

According to Notoatmodjo (2007), these factors are knowledge, attitudes, beliefs, and values. Based on the results of the observations during the FIM intervention, particularly during the FGD, parents generally did not have the courage to express their thoughts openly and showed little ability to defend their rights. In the cognitive aspect, parents showed a high score of 200. Most parents already had knowledge and information about sexual violence, but efforts and skills for prevention and to deal with problems of sexual violence were inadequate.

Based on the results of the observation, the participants were aware of sexual violence. This was shown from the participants responses when asked about sexual violence. This ability is related to cognitive abilities, suggesting meaning that participants could answer questions, tell events, express opinions, and were open to accepting the opinions of others.

Table 7. Combined Data on the Results of Pre-Test and Post-Test

Village Name	PRE-TEST			POST-TEST		
	COGNITIVE	AFFECTIVE	CONATIVE	COGNITIVE	AFFECTIVE	CONATIVE
SEBUNGA (n=16)	26.4375	32.75	23.875	29.4375	35.6875	24.4375
KALIAU (n=14)	19.85714	24.5	20.21429	23.21429	30.71429	22.57143
SANATAB (n=16)	24.3125	29.4375	23.125	28	33.5625	23.3125
AVERAGE TOTAL	70.60714	86.6875	67.21429	80.65179	99.96429	70.32143
INFORMATION		HIGHEST	LOWEST	[↑]	[↑] HIGHEST	[↑] LOWEST

The scores of each aspect of behavior in the pre-test and post-test were different. On the cognitive aspect, the increase in the average score was 10.04. The aspect with the highest average score was the affective aspect, with an increase in the average score of 13.27. In contrast, the conative aspect was the aspect that had the lowest increase in average score with 3.10

When the final average score of these three aspects was compared with the average score of each village, we found a similar pattern of increase in Sebunga Village and Kaliau Village. The highest average increase in Sebunga Village and Kaliau Village was in the affective aspect, which increased from 2.9 to 4.1, while the aspect with the lowest average number in these two villages was the conative aspect, which increased from 0.1 to 0.5. Different variations in the average increase were shown by the average score of Kaliau Village. In the pre-test, the cognitive aspect had the lowest average score. However, there was a significant increase in the average score in the post-test, which was 3.3. In the post-test, the cognitive aspect was no longer the aspect with the lowest average in Kaliau Village. Like the other two villages, the aspect with the highest average in Kaliau Village was the affective aspect, with a total increase of 6.2. Based on the total average score of the three villages, Kaliau Village had the lowest average score of all villages for all aspects. Meanwhile, Sebunga Village had the highest average score for all aspects of behavior change.

This suggests the effectiveness of changing behavior, especially in the affective aspect because it showed the highest increase of score. In the conative aspect, even though it showed a slight increase in the average score, this aspect often had a higher score than the other aspects.

The analysis of statement items related to the conative aspect revealed that parents exhibited proactive behaviors in addressing sexual violence. These parents scored highly in their actions, as they were inclined to remind their children to be cautious in their associations, seek media and psychological assistance when their children experienced abuse, and teach their children to be polite and cautious. The pre-test and post-test scores displayed minimal differences, indicating that parents had a strong grasp of their attitudes toward cases of sexual violence both before and after the intervention. This suggests that their understanding and approach remained consistent throughout the study.

Meanwhile, the affective aspect showed a high increase in almost every item. This may indicate that the intervention contributed to behavior change toward sexual violence in children and adolescents. This was demonstrated by a feeling of sadness when hearing that only girls were harassed, feelings of pleasure because they had introduced sexuality education to children from an early age, and feeling fearful when they felt that they were unable to protect their children from people who might try to harm them.

In addition to the affective aspect, the cognitive aspect also showed a high increase with an average score of 10. This suggests that parents had a good understanding of the need for sexuality education provided by parents and external parties. The increase in the average score may indicate that the parents' understanding improved after the intervention. The role of parents is vital in providing sexual education to family members through good communication within the family. A good interaction between parents and children is important for children to allow openness and understanding about sex education (Yafie, 2017). Through effective communication, a harmonious relationship can be established (Padillah & Nurchayati, 2022). Parents need to have sufficient knowledge, know their child's social life, and provide a sense of security to encourage open communication with children. Through good communication, families can become protectors and make efforts to prevent sexual violence against children. As explained by Kalifah et al. (2022), parents play a role in promoting a positive change for children according to the norms and regulations governing their social life.

Based on the results of the study, the FIM as an effort to provide knowledge for changing parents' behavior regarding the problem of sexual violence in children and adolescents in West Kalimantan Province, especially in Sajingan Sub-District showed a positive effect with an influence percentage of 64%. In addition, based on the pre-test and post-test scores, there was a substantial increase in the participants' ability by 17.7% (in the high category). This finding suggests that there was a significant achievement which indicates that FIM could be an effective method for providing psychoeducation in the form of knowledge, practical communication skills, and the ability to assert attitudes and parents'

behavior toward sexual violence. As stated by Suprpto (2018), effective communication is communication that can produce changes in attitude or behavior of people seen in communication. In addition to improving communication skills, assertiveness toward sexual violence increased in the focus group discussion. Assertiveness is a part of dealing with sexual violence. In line with a view emphasized by Hamzah (2006), assertiveness is the ability to express opinions, the ability to communicate directly and openly where one can voice opinions, express disagreement, and be assertive, even though it is emotionally challenging to do this, or one may have to sacrifice something. Family communication and assertive behavior are essential components in efforts to overcome the problems of sexual violence in children. The combination of good communication between parents and children and assertive behavior toward sexual violence may help parents overcome sexual violence against children and adolescents.

The results of the observations during the activities demonstrated an enhancement in the skills and capabilities of the participants. They actively engaged in question-and-answer discussions, role-play activities, and focus group discussions (FGDs) by the end of the activity session. The Family Intervention Model (FIM) serves as an intervention approach designed to impart knowledge and training, thereby improving parents' comprehension of their crucial roles in terms of communication and assertive behavior concerning sexual violence. In each psychoeducation session of the FIM activities, participants were allowed to ask questions and discussed related materials that we provided. During the psychoeducation session, only a few participants in groups 1 and 2 needed to be more active in asking questions and being listeners. However, in the role play and FGD sessions, participants demonstrated the ability to communicate and discuss with their partners and small groups. Several studies have shown that family intervention has helped improve psychological conditions in the family. The results of previous studies indicate that family interventions are used to treat conditions clinically and socially. Significant improvements in adolescent behavioral health include a 50% reduction in drug abuse, depression/ anxiety, and child abuse (Kumpfer & Magalhães, 2018). Furthermore, the results of previous research showed that the family-focused intervention model was used as a model for treating children with disabilities in the family (Caro & Derevensky, 1991). Kumpfer and Magalhães (2018) underscore the role of the family in enhancing parenting skills through attention, appreciation, and effective intra-family communication. This, in turn, can lead to improved problem-solving, reduced conflict and stress, and the mitigation of negative behaviors, especially substance abuse.

Furthermore, Caro and Derevensky (1991), in their research which was based on teaching skills inventory, emphasized that parental skills can be cultivated through example, emotional support, positive reinforcement, and practice. Such efforts empower parents to interact effectively with family members, including setting aside quality time to face and overcome life's challenges together. Equipped with these skills, parents can fulfill their function of meeting family needs, engaging in alternative problem-solving solutions to achieve goals, and maintaining a balance among all family members'

needs. Built upon research that underscores the role of family, this study advances the family's role in addressing cases of sexual violence against children and adolescents, intending to serve as a model for all family members to follow. The FIM underscores the family's indispensable role in addressing family-related issues pertaining to sexual violence. The applied efforts encompass knowledge dissemination, communication training, and instruction regarding appropriate responses when confronted with sexual violence within the family. These measures aim to enhance effective communication skills among family members and empower parents to assertively address sexual violence issues, serving as a preventive measure for anticipating and addressing issues related to sexual violence.

Actions and manifestations of assertive behavior take the form of responses aimed at conveying thoughts and emotions in social situations. According to Lazarus (Karniyanti & Lestari, 2018), assertive behavior is the individual's capacity to confidently and openly express both positive and negative feelings and thoughts while remaining attuned to the feelings of others. Assertive individuals can assertively decline harmful or undesirable requests, express their emotions accurately without resorting to aggression, and effectively communicate their beliefs and opinions.

The FIM incorporates several components that assess assertive parental behavior, including the ability to express emotions (receiving and conveying emotions) and the capacity to openly articulate beliefs and thoughts (expressing opinions and dissent). Within the intervention process, the stages of assertive behavior encompass introducing the concept of assertive behavior, identifying issues, particularly cases of sexual violence involving children and adolescents, teaching non-verbal communication techniques, differentiating between non-assertive and aggressive responses or behaviors, and providing training in creating and expressing opinions assertively

CONCLUSION

Based on the findings of the study, the hypothesis posited in this study has been substantiated, indicating the effectiveness of the family intervention model (FIM) in altering family behavior related to the issue of sexual violence against children and adolescents. The statistical analysis of the data, employing the paired sample t-test, unequivocally reveals a substantial impact of the FIM on modifying parental attitudes and actions concerning sexual violence ($p\text{-value} = 0.000$). The magnitude of this influence amounts to 64%, signifying that other variables contribute to the remaining 36%.

This study underscores the pivotal role of parents in enhancing intra-family communication as a preventive measure against sexual violence. In conjunction with augmenting knowledge about sexual violence, the FIM equips families with assertive responses to sexual violence, thus illustrating various forms of parental action against such incidents and laying the groundwork for proactive measures and problem-solving strategies. The outcomes of the FIM, disseminated through psychoeducational

activities and focus group discussions, have produced tangible changes in parental behavior. These changes were assessed across multiple dimensions, including cognitive, affective, and conative abilities, as well as communication skills and assertive conduct, with data derived from three distinct villages serving as the empirical basis for this study.

SUGGESTIONS

Sexual violence prevention programs could be improved at the family level through continuing education and improving family assertive skills for parents and children.

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