

# Implementation of Education Services for Children Victims of Violence at the Integrative Child Social Welfare Center in Mataram City, Indonesia

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**Abstract.** The phenomenon of children becoming victims of violence is increasingly prevalent in various regions of Indonesia. The impact of child violence cases includes school dropouts due to feelings of shame, fear, and lack of confidence to return to school. This study aims to describe the implementation of services for child victims of violence at the Integrated Child Social Welfare Center in Kota Mataram. The qualitative approach and case study design were employed. Data collection was conducted through in-depth interviews, observations, and document analysis. Data analysis techniques included data collection, condensation, presentation, and conclusion. The study's validity was ensured through credibility, transferability, dependability, and confirmability tests. The results of this study indicate that 1) The service flow and collaboration of the Integrated Child Social Welfare Center in assisting child victims of violence are as follows: Complaint stage; Victim data identification stage; Intervention planning stage (case conference); Intervention stage (referral); Monitoring and evaluation stage; Termination stage (reintegration); 2) In the implementation of services for child victims of violence, 92% require legal assistance, 77% require social services, 67% require healthcare services, 50% require educational services, 40% require shelter services, and 35% require administration and population services, based on the total number of victims. In the provision of interventions, particularly educational services, the Integrated Child Social Welfare Center collaborates with the Department of Education in Kota Mataram, the Ministry of Religious Affairs in Kota Mataram, Child Social Welfare Institutions, and Islamic Boarding Schools to ensure that children receive continuous education and do not drop out of school.

**Keywords:** Implementing Educational Services; Child Victims of Violence; Integrated Child Social Welfare Center.

## INTRODUCTION

Child violence is now a big problem in countries like Indonesia. Over time, the reality of violence became more intense, and it became clear that victims of violence were often children and women [1, 2]. Violence against children comprises a range of abuses experienced by children, including physical, sexual and psychological abuse, neglect or neglect, abuse and exploitation [3].

According to the data from the Online Information System for the Protection of Women and Children accessed through the website

[www.data.ntbprov.go.id](http://www.data.ntbprov.go.id), there were 64 reported cases of child victims of violence in the city of Mataram throughout the year 2021.

The cases above are just a few reported cases, but the number of unreported cases far exceeds the actual issues [4]. Therefore, it requires a synergistic approach of various aspects and special consideration from governments, local authorities, community institutions and society [2]. The effects of violence on children include school dropouts due to stress, depression, fear, lack of confidence to return to school, and even death when children attempt suicide [3, 5]. Incidents of violence against children are a severe and highly

worrying problem that adversely affects the nation and its future [6].

According to [7, 8], children are the nation's assets and the future generation. Children who experience violence should receive optimal intervention to restore them to normal conditions.

Governments should, therefore, be able to protect children's rights as provided for in Article 13(1) of the Child Protection Act No. 23 of 2002. The law states that all children, while in the care of their parents, have the right to protection from them, including discrimination, economic and sexual exploitation, neglect, cruelty, violence, persecution, and injustice. In addition, all children have the right to education and instruction for their personal and intellectual development according to their interests and talents, and children with disabilities have the right to exceptional education [8].

From the above article, it is clear that our country has policies in place to protect children from various forms of violence. No one should use violence against a child for any reason and should cooperate in safeguarding children from acts of violence. Therefore, child support and protection require responses that address specific issues, particularly comprehensive education services that lead to the integrated realization and safety of children's social well-being [9]. Therefore, the state program Integrative Child Social Welfare Program (PKSAI) was created.

Mataram is one of Indonesia's cities with a comprehensive social welfare program for children. Based on reported case data recorded at the Integrative Child Social Welfare Program in Mataram, 110 cases were processed in 2021-2022. They have handled 110 cases, consisting of 29 reports of physical abuse cases, 36 pieces of sexual assault and rape cases, eight reports of neglect cases, and 37 reports of mistreatment.

The Mataram City Comprehensive Child Social Welfare Program is a non-structural organization that coordinates providing comprehensive social welfare programs for children – established under the Mataram Mayor's Decree No. 38 of 2019 on the Integrative Children's Social Welfare Center (PKSAI). PKSAI provides victim assistance and support, health, education, social welfare, legal aid, mediation, administrative and population services and safe housing. Target beneficiaries of PKSAI in Mataram City are vulnerable children such as street children, children who are

victims of violence, children who are against the law, school dropouts, children who are victims of marriage, and abandoned children and their families [9].

Therefore, the purpose of this study is to describe the implementation of services for child violence victims at the Integrative Child Social Welfare Program in Mataram City.

## METHOD

This study uses A qualitative approach to understand unfamiliar situations to gain new perspectives and detailed information that is subsequently narratively explained [10]. Furthermore, the research focus was determined before the study was conducted, thus categorizing this study as an embedded case study [11]. This means that researchers will use a descriptive research design to describe the implementation of services for victims of child violence at the Integrated Child Social Welfare Center in Mataram City.

Data collection techniques are necessary to gather data sources through observation, interviews, and documentation studies. In this case, data collection is used to obtain accurate data sources aligned with the research objective, which is about implementing, inhibiting, and supporting factors of the Integrated Child Social Welfare Center in providing services for child victims of violence in Mataram City.

The data analysis techniques used by the researchers [12] interactive model, which includes data condensation, data display, and conclusion drawing/verification. Researchers used triangulation techniques to ensure the study's validity, precisely source and technique triangulation [13].

## RESULTS AND DISCUSSION

This research was implemented at PKSAI Mataram City, West Nusa Tenggara in 2022. The informants in this study were PKSAI Coordinators, the Social Workers Task Force, Professional Social Workers, the Mataram City Social Office, and the Mataram City Education Office.

*Service Mechanism for Child Victims of Violence in PKSAI Mataram City.* The study's results prove the mechanism of PKSAI service flow in Mataram City, as shown in Figure 1.

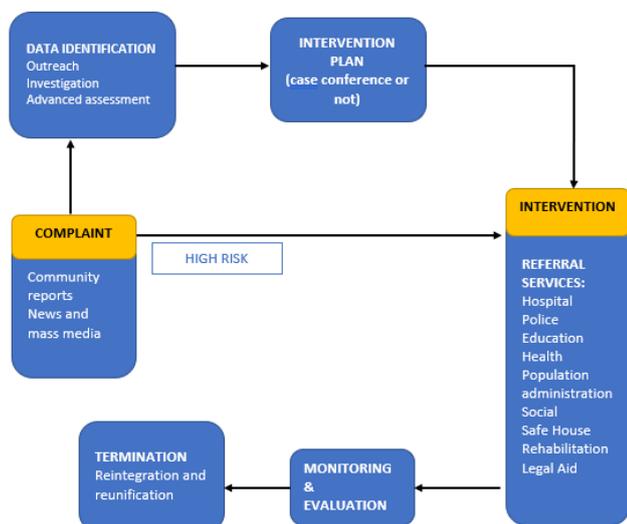


Figure 1 – PKSAI service flow in Mataram City

In addition, the results of this study found data on the number of children victims of violence received by PKSAI during 2021-2022, which are presented in Table 1.

Based on Figure 1, the service mechanism for child victims of violence starts from the complaint stage to the termination stage, as explained as follows:

**Complaint Stage.** The complaint stage involves receiving complaints from the community through phone calls, citizen reports, the police, and even direct visits to the Integrated Child Social Welfare Center (PKSAI) in Mataram City. Filing a complaint can be done by the victim or other related parties by coming directly to the complaint location or by making a direct report. Complaints can be made through available hot-lines [4].

The administrative staff then record the complaints in the complaint book, provide complaint forms, and input the data results, including the child's and parents' identities and the chronology of the issues and the child's needs. They then submit the results to the coordinator.

**Data Identification Stage.** In the data identification stage, data analysis is conducted by the coordinator to determine whether the received reports can proceed to the following process. However, before that, the staff must verify the reference data previously sent to the referring institution [14]. Afterwards, the coordinator assigns the Social Workers Task Force to conduct outreach

activities once the social workers receive their assignment letters.

Outreach activities are conducted to understand the victims' situation and condition, including identifying the victims and collecting information about them. This information may include their names, ages, genders, religions, and emergency contact information such as phone numbers and addresses. Furthermore, the Social Workers create a list of the types of violence experienced by the victims. Violence can be physical, sexual, psychological, or financial, and the identification of the impact of violence on the victims is also conducted.

In agreement with [15], it is stated that when there is physical contact, such as beating, assault, or causing injury to a person, especially when it falls within the legal domain, it is classified as high-risk or severe violence.

A study [4, 16] found that even though the companions are already aware of most of the information about the victims, during the accompaniment process, the companions usually still conduct identification on the children to verify that the incoming data is genuinely valid.

**Intervention Plan Phase (Case Conference).** Authors [4] point out that receiving complaint reports and identifying cases equates to helping determine the next steps. After all, child needs lists have been well documented and tailored to the needs of child victims of violence. The next step is for professional social workers to work with coordinators, administrative staff and the Social Work Task Force. to develop an intervention plan. PKSAI will then hold case conferences with local governments, NGOs and other service providers, including experts from Mataram City, to fulfil their commitment to care for children of victims of violence according to the services they need.

**Referral Stage.** The referral phase provides services that meet the needs and risks of childhood violence survivors. This may include referrals for medical, rehabilitation, legal aid, education, social assistance, administrative documents, etc.

This is consistent with the views of [2, 3, 4], who argued that combating sexual violence against children requires holistic and integrated synergies between families, communities and nations, including medical, personal, legal, social and other dimensions.

Therefore, PKSAI Kota Mataram cannot directly intervene in referral services because each service provider, including government agencies, has its own Standard Operating Procedures (SOP). In this stage, the role of PKSAI Kota Mataram is to integrate all these services to avoid working in isolation, as PKSAI is not owned by the Department of Social Services but by the city of Mataram.

*Monitoring and Evaluation Phase.* PKSAI Kota Mataram and relevant Government Departments (OPDs) should continue coordinating with Referral Agencies and/or Service Providers by Standard Operating Procedures (SOPs) for monitoring.

PKSAI conducts case assessments during coordinating meetings between PKSAI and service providers that address the needs of victims of child violence regarding the progress of cases being processed. For example, suppose your child is referred to the Department of Education for a transfer. In that case, PKSAI may inquire about the progress of the issue being processed by the Department of Education. If there are obstacles, shortcomings, additional interventions, or ways to resolve them, they should be communicated [16].

The Ministry of Education has advised that the transfer cannot be processed due to ongoing administrative proceedings against the child. Accompanied by a social worker, the child will then

coordinate with the Department of Population and Civil Affairs to complete the necessary paperwork so that the Department of Education's educational services process can be maximized. Even if the Department of Education requires the child to be referred to another facility, the procedure remains the same until the child's merits are met, and the child is ready for termination.

*Termination Stage.* Reintegration into society and the community involves professional social workers to ensure the readiness of the child's local family and community to accept the reintegration of the victim of childhood violence into the community conducted by the coordinator. Reintegration provides parental support in adopting children who have been victims of violence. Parents of children of victims of violence need help and ongoing aid to improve their mental health, reduce feelings of inferiority, and reduce their levels of anxiety and stress [17].

According to [18], reintegration occurs by strengthening the family's role of monitoring the child and maintaining the family's responsibility to the child. With the proper support, victims of violence can become active members of society again and start living healthy and happy lives. Moreover, implementing the reintegration process for children of victims of violence requires cooperation between different actors [2].

Table 1 – Data on the number of children victims of violence received by PKSAI during 2021-2022

| Case               |        |     | Service |    |           |    |        |    |                  |    |                         |    |            |    |
|--------------------|--------|-----|---------|----|-----------|----|--------|----|------------------|----|-------------------------|----|------------|----|
| Type               | Amount |     | Health  |    | Education |    | Social |    | Legal Assistance |    | Administration Resident |    | Safe House |    |
|                    | Total  | %   | Total   | %  | Total     | %  | Total  | %  | Total            | %  | Total                   | %  | Total      | %  |
| Persecution        | 29     | 26  | 28      | 25 | 12        | 11 | 20     | 18 | 24               | 22 | 10                      | 9  | 15         | 14 |
| Intercourse & Rape | 36     | 33  | 30      | 27 | 15        | 14 | 27     | 25 | 36               | 33 | 13                      | 12 | 20         | 18 |
| Neglect            | 8      | 7   | 6       | 5  | 8         | 7  | 8      | 7  | 6                | 5  | 7                       | 6  | 4          | 4  |
| Mistreatment       | 37     | 34  | 10      | 9  | 20        | 18 | 30     | 27 | 35               | 32 | 9                       | 8  | 5          | 5  |
| Total              | 110    | 100 | 74      | 67 | 55        | 50 | 85     | 77 | 101              | 92 | 39                      | 35 | 44         | 40 |

Based on Table 1, it is known that the data on the number of child victims of violence cases in 2021-2022 is dominated by instances of mistreatment, which reached 37 points or 33.64%. Mistreatment cases include actions that can harm others, such as causing disturbances, gambling, illegal racing, and brawling. This is followed by claims of sexual assault and rape, which amounted to 36 cases or 32.73%. Next is cases of physical abuse, totalling 29 cases or 26.36%. Lastly,

there are cases of neglect, amounting to 8 points or 7.27%.

Therefore, there is a distribution of child victims of violence who require services facilitated by the PKSAI for child victims of violence. The various services needed by child victims of violence are as follows:

*Legal Aid Services.* Legal assistance services for children who have experienced violence include

receiving police reports, legal aid, and lawyer assistance. Out of a total of 110 cases received by the PKS AI in 2021-2022, 92% of child victims of violence require legal aid. Legal assistance is particularly crucial in cases of sexual assault and rape. Child victims of violence can report these incidents to seek justice [19].

Furthermore, there are strong reasons why child victims of violence, especially those of sexual violence, require more legal assistance, as there are regulations that hinder them from seeking mediation outside the legal system or restorative justice. Additionally, authors [20] explained that providing legal information and support is vital for victims, as many individuals lack understanding, resulting in the withdrawal of police reports by victims due to their lack of legal knowledge.

The PKS AI refers child victims of violence in need of legal assistance to the police, Legal Aid Institutions, and the Indonesian Child Protection Commission (KPAI). Each institution provides services according to its respective Standard Operating Procedures (SOPs), and the PKS AI solely accompanies the victims.

*Social Services.* Social services are one of the most crucial services needed for child victims of violence. In this regard, social rehabilitation is necessary, such as counselling and psychological recovery for child victims of violence provided by psychologists and psychiatrists. According to [18], psychological protection, including the provision of psychological and sociological counselling, is essential in minimizing trauma resulting from violence experienced by children. Out of a total of 110 cases received by the PKS AI in 2021-2022, 77% of child victims of violence require social services, particularly in cases of sexual assault or rape. Social services are necessary to ensure the proper recovery of the mental and emotional well-being of child victims.

An important reason why child victims of violence require social services is that they experience deep trauma that needs to be addressed, as failure to do so can lead to suicidal tendencies [3, 21]

According to [22, 23], the failure to address violence (sexual assault and rape) against children seriously can have wide-ranging social impacts on society. Therefore, it is imperative to handle such cases promptly, as they can adversely affect children's mental and social development into adulthood if left unaddressed.

The PKS AI will refer child victims of violence in need of social services to the Department of Social Services of Mataram City, PARAMITA Child Social Rehabilitation Center, SASAMBO MATUPA Social Protection and Shelter Home for Children, and DP3AP2KB Rehabilitation Center.

*Healthcare.* Healthcare services are also essential for child victims of violence, especially in cases of sexual assault or rape. The PKS AI directly refers child victims of violence to hospitals for initial assistance after the child has reported the chronological details of the incident. The healthcare services needed for child victims of violence include forensic facilities, examinations, treatments, medical care, and hospitalization. Out of a total of 110 cases received by the PKS AI during 2021-2022, 67% of child victims of violence require healthcare services, particularly in cases of sexual assault and rape, as well as cases of physical abuse that require healthcare services for biological treatment in the event of injuries and forensic examinations as evidence in the police investigation [8].

Furthermore, an important reason why child victims of violence require medical services is that their physical health should be a primary concern and a matter of ensuring their safety. If there are signs of physical violence, such as bleeding, immediate attention and medical intervention are necessary [19].

The PKS AI refers child victims of violence in need of healthcare services to the Mataram City General Hospital (RSUD Kota Mataram) and the Mataram City Health Department.

*Education Services.* Education services are provided by the PKS AI after child victims of violence receive healthcare and/or social services. Once the child victims of violence have physically and mentally recovered, the PKS AI is responsible for granting them access to educational services. Out of a total of 110 cases received by the PKS AI in 2021-2022, 50% of children affected by violence require educational services.

The main reason for changing schools is that child victims of violence are still vulnerable in their current environment, which could lead to a recurrence of the traumatic experiences they have endured. The setting is one factor that influences a person's development [24].

According to [25], if child victims of violence have to discontinue their education, social workers can assist them by providing educational re-

sources such as school transfers, educational assistance from Baznas (National Alms Agency), and alternative education programs. School transfers help child victims of violence by placing them in a new school environment that can protect them from further acts of violence [26]. Conversely, inadequate school systems have the potential to contribute to child victimization [22].

Education must be provided to ensure that children who are victims of violence do not drop out of school, as allowing them to do so would negatively impact their access to knowledge and information [27].

The PKSAI refers child victims of violence in need of educational services to the Mataram City Education Office, the Ministry of Religious Affairs in Mataram City, the Child Social Services Office, and Islamic boarding schools.

*Safe Home Services.* A secure house service is a temporary residential facility that protects children who are victims of violence from various threats. Child victims of violence are vulnerable to dangers from both their families and the community, which can make them feel unsafe. According to [18], if a victim is deemed unsafe to remain in their environment, they are referred to a safe house. There are several facilities available in a safe place to support the recovery of child victims of violence, such as psychosocial, spiritual, and psychiatric support.

Out of a total of 110 cases received by the PKSAI during the 2021-2022 period, 40% of child victims of violence require safe house services. This is especially true in cases of sexual assault/rape and physical abuse, where social services are needed to protect their identity and physical well-being, to prevent intimidation, bullying, and to avoid dangerous environments that increase the risk of injury from individuals close to the child [28].

The author [29] states that child victims of sexual violence need to stay in a safe house for reasons of safety, legal processes, and recovery. In a safe home, children who have been victims of violence receive guidance and services aimed at restoring their self-worth, self-confidence, awareness, willingness, competence, and sense of responsibility.

Therefore, they shouldn't be disturbed by individuals who may trigger traumatic experiences during the rehabilitation period. The violence experienced by children throughout their lives

can have long-lasting traumatic effects on their well-being [5, 21].

The PKSAI refers child victims of violence in need of safe house services to the Safe House UPTD PPA Prov NTB and the Safe House of the Child Protection Agency in Mataram City (Rumah Aman Lembaga Perlindungan Anak Kota Mataram).

*Administration and Population Services.* Child victims of violence need the administration and population services as part of their identity requirements. Children who are victims of violence, especially those who are homeless, often lack identity documents such as family cards and birth certificates. Out of a total of 110 cases received by PKSAI from 2021 to 2022, 35% of child victims of violence require population administration services. The administration service received by child victims of violence is the creation of birth certificates. Apart from serving as a form of identification for the child, population administration facilitates school enrollment and other administrative processes. As the author [30] mentioned, the more uncertain a child's identity is, the more susceptible they are to becoming victims of violence. Therefore, expediting the ownership of a birth certificate is equivalent to accelerating the fulfilment of a child's identity rights and protection.

Population administration services are highly beneficial for child victims of violence, as they ensure that these children are recorded in civil registration and enjoy their rights as members of civil society. PKSAI refers child victims of violence who require population administration services to the Department of Population and Civil Registration in Mataram City.

Suppose a child victim of violence is referred or intervened by a service provider. In that case, it is essential to note that all services provided by the service provider must comply with the relevant institutions' Standard Operating Procedures (SOP). Furthermore, all expenses supported by PKSAI are free of charge as they are funded by the Mataram City Regional Budget (APBD).

## CONCLUSIONS

The implementation of services for child victims of violence in PKSAI Kota Mataram has been effective and systematic. This process is carried out gradually, from receiving reports, followed by

data identification, intervention planning, and intervention implementation. Interventions or referrals in a single case are not limited to a single service but can involve four or even six different services.

Based on the data on the number of child victims of violence in 2021-2022, which totalled 110 cases, legal assistance was provided to 92% of the victims, social services to 77%, and healthcare services to 67% of the total victims. Educational services were provided to 50% of the victims, shelter services to 40%, and administration and population services to 35%.

According to the data on reports of child victims of violence in 2021-2022, 50% of the cases required educational services. The implementation is carried out by standard operating procedures and tailored to the needs of each child. The educational services provided include school transfer access to alternative education programs such as equivalency programs and non-formal education centres. Additionally, options such as transferring to Islamic boarding schools or child welfare institutions, particularly for homeless chil-

dren, are available to prevent educational discontinuity.

In cases where child victims of violence have to discontinue their education, social workers can assist them in accessing alternative education sources such as homeschooling or other educational institutions based on the victim's circumstances. In addition to the services above, child victims of violence can also receive academic scholarships such as the Program for Poor Students, assistance from Baznas, and the Smart Indonesia Card.

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### REFERENCES

1. Bjørnseth, I., & Szabo, A. (2018). Sexual Violence Against Children in Sports and Exercise: A Systematic Literature Review. *Journal of Child Sexual Abuse*, 27(4), 365–385. doi: [10.1080/10538712.2018.1477222](https://doi.org/10.1080/10538712.2018.1477222)
2. Masyhurah, Yuningsih, T., & Hayu Dwimawanti, I. (2021). Peran Stakeholder Dalam Upaya Reintegrasi Sosial Kasus Kekerasan Pada Anak di Kota Semarang [The Role of Stakeholders in Social Reintegration of Child Abuse Cases in Semarang City]. *Jurnal Ilmu Administrasi Negara ASIAN (Asosiasi Ilmuwan Administrasi Negara)*, 9(1), 249–260. doi: [10.47828/jianaasian.v9i1.56](https://doi.org/10.47828/jianaasian.v9i1.56) (in Indonesian).
3. Hillis, S. D., Mercy, J. A., & Saul, J. R. (2016). The enduring impact of violence against children. *Psychology, Health & Medicine*, 22(4), 393–405. doi: [10.1080/13548506.2016.1153679](https://doi.org/10.1080/13548506.2016.1153679)
4. Widayawari, M., Hardika, & Dayati, U. (2021). Strategi Pendampingan Sebagai Upaya Pemenuhan Hak Anak Korban Kekerasan di Kota Pasuruan. *Jurnal Pendidikan Nonformal*, 16(1), 34-46 (in Indonesian).
5. Kurniasari, A. (2019). Dampak kekerasan pada kepribadian anak [The impact of violence on a child's personality]. *Sosio Informa: Kajian Permasalahan Sosial dan Usaha Kesejahteraan Sosial*, 5(1) (in Indonesian).
6. Lesko, N. (2018). The Phenomenon of Violence against Children in the Educational Environment of Ukraine. *Path of Science*, 4(5), 1001–1007. doi: [10.22178/pos.34-1](https://doi.org/10.22178/pos.34-1)
7. Hasanah, U., & Raharjo, S. T. (2016). Penanganan Kekerasan Anak Berbasis Masyarakat [Community-based Child Abuse Response]. *Share: Social Work Journal*, 6(1) (in Indonesian).
8. Mulyana, N., Resnawaty, R., & Kamil Basar, G. G. (2018). Penanganan Terhadap Anak Korban Kekerasan [Treatment For Child Abuse]. *Al-Izzah: Jurnal Hasil-Hasil Penelitian*, 13(1), 77. doi: [10.31332/ai.v13i1.871](https://doi.org/10.31332/ai.v13i1.871) (in Indonesian).

9. Azizah, W. I., & Tukiman, T. (2021). Implementasi Kebijakan Pusat Kesejahteraan Sosial Anak Integratif Di Kabupaten Jombang [Policy Implementation of the Integrative Child Social Welfare Centre in Jombang Regency]. *AS-SIYASAH: Jurnal Ilmu Sosial Dan Ilmu Politik*, 6(2), 9. doi: 10.31602/as.v6i2.5001 (in Indonesian).
10. Archer, E. (2018). *Qualitative data analysis: A primer on core approaches*. Retrieved from [https://www.researchgate.net/publication/328577005\\_Qualitative\\_Data\\_Analysis\\_A\\_primer\\_on\\_core\\_Approaches](https://www.researchgate.net/publication/328577005_Qualitative_Data_Analysis_A_primer_on_core_Approaches)
11. Nugrahani, F. (2014). *Metode Penelitian Kualitatif* [Qualitative Research Methods]. Solo: Cakra Books (in Indonesian).
12. Miles, M., Huberman, A., & Saldana, J. (2014). *Qualitative Data Analysis* (3rd ed.). London: SAGE Publications.
13. Hadi, S. (2017). Pemeriksaan Keabsahan data penelitian kualitatif pada skripsi [Data validity check of qualitative research in the thesis]. *Jurnal Ilmu Pendidikan*, 22(1), 74–79 (in Indonesian).
14. Mozin, N., & Sunge, M. (2021). Pemberian Edukasi Dan Bantuan Hukum Terhadap Anak Korban Kekerasan [Providing Education and Legal Assistance for Child Victims of Violence]. *Jurnal Ius Constituendum*, 6(1), 166. doi: 10.26623/jic.v6i1.2485 (in Indonesian).
15. Hamidsyukrie, Z., Ilyas, M., Suryanti, N. M. N., & Handayani, N. (2020). Bullying Practice and the Understanding of Gender Equality in Senior High School Students in Mataram City. *Proceedings of the 1st Annual Conference on Education and Social Sciences (ACCESS 2019)*. doi: 10.2991/assehr.k.200827.057
16. Arouf, A., & Nurul Aisyah, V. (2020). Strategi Keterbukaan Diri Oleh Pendamping kepada Anak-anak Korban Kekerasan Seksual di Surakarta [Self-Disclosure Strategies by Caregivers to Child Victims of Sexual Violence in Surakarta]. *Jurnal Komunikasi*, 15(1), 35–48. doi: 10.20885/komunikasi.vol15.iss1.art3 (in Indonesian).
16. Taufiqurokhman., & Satispi, E. (2018). *Teori dan Perkembangan Manajemen Pelayanan Publik* [Theory and Development of Public Service Management]. Jakarta: UMJ PRESS (in Indonesian).
17. World Health Organization. (2009). *Violence prevention: The evidence. Changing cultural and social norms that support violence*. Retrieved from [https://iris.who.int/bitstream/10665/44147/1/9789241598330\\_eng.pdf](https://iris.who.int/bitstream/10665/44147/1/9789241598330_eng.pdf)
18. Lubis, E. Z. (2017). Upaya Perlindungan Hukum Terhadap Anak Korban Kekerasan Seksual [Legal Protection Efforts for Child Victims of Sexual Violence]. *JUPIIS*, 9(2), 141. doi: 10.24114/jupiis.v9i2.8242 (in Indonesian).
19. Irawan, A. V. P., & Puspitasari, C. D. (2022). Perlindungan Anak Terhadap Kekerasan oleh Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Perempuan dan Perlindungan Anak Kabupaten Sragen [Protection of Children Against Violence by the Population Control, Family Planning, Women's Empowerment and Child Protection Office of Sragen Regency]. *E-CIVICS*, 11(1), 108-122 (in Indonesian).
20. Lestari, E. P., Dwimawanti, I. H., Lituhayu, D., & Yuniningsih, T. (2022). Evaluasi Kebijakan Perlindungan Anak Korban Kekerasan di Kota Semarang [Evaluation of Child Victims of Violence Protection Policy in Semarang City]. *Journal of Public Policy and Management Review*, 11(3), 83-100 (in Indonesian).
21. Oram, S., Khalifeh, H., & Howard, L. M. (2017). Violence against women and mental health. *The Lancet Psychiatry*, 4(2), 159–170. doi: 10.1016/s2215-0366(16)30261-9
22. Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and violence against women and children*. Retrieved from <https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf>
23. Jiwandono, I. S., Setiawan, H., Witono, A. H., & Hazmi, H. Y. (2020). Pendampingan Rehabilitasi Psikososial Penyintas Gempa Lombok Berbasis Kearifan Lokal [Assistance for Psychosocial

- Rehabilitation of Lombok Earthquake Survivors Based on Local Wisdom]. *Jurnal Warta Desa*, 1(3). doi: 10.29303/jwd.v1i3.76 (in Indonesian).
24. Halimatussakdiah, B., Sumardi, L., & Zubair, M. (2022). Penyimpangan Moral Siswa: Studi Kasus di SMPN 2 Kediri, Lombok Barat [Moral Deviation of Students: A Case Study at SMPN 2 Kediri, West Lombok]. *Jurnal Pendidikan Kewarganegaraan*, 6(1), 103–112 (in Indonesian).
25. Kurniawan, R. A., Nurwati, N., & Krisnani, H. (2019). Peran Pekerja Sosial Dalam Menangani Anak Korban Kekerasan Seksual. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 6(1), 21. doi: 10.24198/jppm.v6i1.21801 (in Indonesian).
26. World Health Organization. (2019). *School-based violence prevention. A practical handbook*. Retrieved from <https://www.unicef.org/media/58081/file/UNICEF-WHO-UNESCO-handbook-school-based-violence.pdf>
27. Syafruddin, S., ZM, H., Wadi, H., & Risprawati, R. (2018). Peranan Pendidikan Gender Dan Kesehatan Reproduksi Untuk Mencegah Terjadinya Pernikahan Usia Dini (Pendidikan Dan Penyuluhan Pada Siswa Mts Di Kecamatan Bayan Kabupaten Lombok Utara) [The Role of Gender Education and Reproductive Health to Prevent Early Marriage (Education and Counselling for Mts Students in Bayan District, North Lombok Regency)]. *Jurnal Pendidikan Dan Pengabdian Masyarakat*, 1(2). doi: 10.29303/jppm.v1i2.854 (in Indonesian).
28. DePanfilis, D. (2006). *Child neglect: A guide for prevention, assessment, and intervention*. Retrieved from [https://www.researchgate.net/publication/242514380\\_Child\\_Neglect\\_A\\_Guide\\_for\\_Prevention\\_Assessment\\_and\\_Intervention](https://www.researchgate.net/publication/242514380_Child_Neglect_A_Guide_for_Prevention_Assessment_and_Intervention)
29. Hasyim, N. (2018). Menyoal Pemulihan Anak Korban Kekerasan di Indonesia [Questioning the recovery of child victims of violence in Indonesia]. *PALASTREN*, 9(2), 305–323 (in Indonesian).
30. Setiawan, H. H. (2017). Akte Kelahiran Sebagai Hak Identitas Diri Kewarganegaraan Anak. *Sosio Informa*, 3(1). doi: 10.33007/inf.v3i1.520 (in Indonesian).