

Relationship of the Self-Concept of Children and the Role of the Friends on the Risk of Sexual Violence in Children in Palopo City

Minorva Datulinggi¹, Ridwan Mochtar Thaha², Andi Zulkifli³

¹ Masters in Public Health, Faculty of Public Health, Hasanuddin University

² Lecturer at the Faculty of Public Health, Hasanuddin University

³ Lecturer at the Faculty of Public Health, Hasanuddin University

Corresponding Author: Minorva Datulinggi

Abstract: This study aims to determine the risk of the child's self concept and the role of peers in the incidence of sexual violence in children in Palopo City. The design of this study is quantitative research using analytic observational methods with a case control study design for 39 respondents. Data analysis techniques used univariate analysis, bivariate analysis, and multivariate analysis with logistic regression and data processing using SPSS version 23. The results showed that: (1) children's self-concept is a risk factor for sexual violence in children in Palopo City where children with a high-risk self-concept, the risk is 8.311 times compared to children who have a positive self-concept, and (2) the role of peers is a risk factor for the incidence of sexual violence in Palopo City with a negative peer role (high risk) 4,750 times compared to positive peer role (low risk).

Keywords: self-concept, peers, sexual violence, children.

Date of Submission: 25-07-2019

Date of Acceptance: 10-08-2019

I. Introduction

Sexual violence on children according to the WHO (World Health Organization) is the involvement of a child in sexual activity that he does not fully understand, cannot give consent to, or whose child is not progressively prepared and cannot give consent, or who violates the law or social taboos of society. Child sexual abuse is evidenced by this activity between children and other adults or children based on age or development in a relationship of responsibility, trust or power, activities intended to satisfy the needs of others. This may include but is not limited to: the persuasion or coercion of a child to engage in unlawful sexual activities: exploitative use of children in prostitution or other sexual harassment that violates legal practices; exploitative use of children in pornographic material and performance (Murray et al., 2014).

Sexual violence on children is not just sexual intercourse, but these actions also include sexual violence against children, namely using coercion, threats of fraud, bribery or other trickery to force children to commit sexual acts, touch the child's body or genitals that cause children are frightened, confused or depressed, forcing children to see a person's genitals and / or touching these body parts, forcing the child to pose, undressing or acting sexually on the film or directly, making threats or using deception or blackmail children and force them to take part in sexual harassment, make sexual or offensive statements, force children to see pictures of adult sex acts in magazines, photos and films, make embarrassing comments about the actions or bodies of children using sexual language (Esposito and Ellen, 2016).

Sexual violence is a fundamental violation of children's rights and is a major risk factor for various diseases. In addition to HIV and other sexually transmitted diseases, children who experience violence have been linked to several non-communicable diseases including heart disease, cancer, diabetes, and tobacco, alcohol, and drug addiction. Trauma felt by children can contribute to biological changes, such as changing hormonal responses and mental illnesses, such as depression, or other psychological changes such as poor social relationships and low self-esteem, which all increase the risk of developing chronic diseases (Summer et al, 2015).

Other impacts felt by children who experience sexual violence are sexual trauma, betrayal, helplessness, stigmatization, risky sexual behavior, trying or committing suicide, experiencing delusions, hallucinations, high obesity rates (Vezina et al, 2013), increased anxiety, anger, guilt, shame, posttraumatic stress disorder (PTSD), marriage problems in adulthood (Murray et al., 2014), regression in school performance, academic difficulties (Essabar et al, 2015), the desire to live freely, have a negative assessment of themselves and the environment, poor relationships with family or the surrounding environment and the existence of unwanted pregnancies (Pramudita et al, 2012).

The negative self-concept of children, namely those who have the personality of shy children, lack of confidence and passivity are the types of personality that are vulnerable to making children victims of sexual violence. This is in line with the research conducted by the Indonesian Social Welfare Service Research and Development Center (B2P3KS) of the Ministry of Social Affairs in collaboration with End Child Prostitution, Child Pornography & Trafficking of Children For Sexual Purposes (ECPAT) Indonesia in 2017. The study involved 49 children who experience sexual violence and 35.44% of the victims are quiet, whiny and shy (Ministry of Health, 2018).

In addition, the role of peers can also be a risk factor for children experiencing sexual violence, because association with peers can influence children's behavior. The influence can be in the form of positive influences and negative influences. Positive influence in question is when children with peers do useful activities such as forming study groups and adhering to the norms in society. While negative effects can be in the form of violations of social norms such as drug use, delinquency in adolescents, and sexually active (Darmayanti et al., 2011).

Identifying risk factors for sexual violence in children can help various parties to plan better preventive interventions in the field of sexual violence, especially sexual violence in children by allowing them to target higher-risk groups and follow up on the risk factors concerned.

II. Literature Review

The Concept of Sexual Violence in Children

The definition of violence against children according to WHO includes all forms of physical and / or emotional, sexual, sexual abuse, neglect and exploitation that have an impact or have the potential to endanger children's health, child development, or children's self-esteem in the context of responsibility relationships. Based on these definitions, child violence can be physical violence, sexual violence and emotional or psychological violence (Thematic Gender Statistics, 2017). Violence in children is an action carried out by an individual or group in those who have not reached the age of 18 years which causes their physical or mental condition to be disturbed.

According to Katjasungkana (2000), sexual violence against children is an act of coercion to engage in sexual relations and other sexual activities, carried out by adults against children, whether or not violence can occur in various places regardless of culture, race and the level of society. The victims can be boys or girls, but generally are girls under 18 years old.

In society, it is generally common to equate sexual violence with sexual abuse as an act of the same nature, but actually sexual harassment is actually part of a form of sexual violence. In the criminal law the term sexual harassment was not introduced but sexual violence was divided into two, namely intercourse and sexual abuse.

The impact experienced by children caused by sexual violence is very large and not easy to cure, has long-term effects and even persists. Various impacts experienced by children victims of sexual violence, namely:

a. Physical Impact

Physical injury, death, pregnancy, unsafe abortion, sexually transmitted diseases and sexually transmitted infections and HIV/AIDS infections.

b. Psychological Impact

The psychological impact experienced by the subject can be classified into three parts, namely behavioral disorders (lazy to do daily activities), cognitive impairments (difficulty concentrating, not focused while studying, often daydreaming, self-reflection) and emotional disorders (the presence of mood disorders and mood) and blame yourself. Besides that there is depression, shame because of being a victim of violence, post-traumatic stress disease, loss of self-confidence and self-esteem, self-mutilation and suicidal thoughts and actions.

c. Social Impact

Exile and rejection by family and society, social stigma and long-term impact and loss of opportunities to get education, training, skills and employment and the small opportunities for marriage, social acceptance and integration.

Child's Self Concept

Atwater (in Desmita, 2010) says that self-concept is an overall self-image which includes individual perceptions of self, feelings, beliefs and values associated with him. This is related to the condition of the self, feelings that have been experienced so far and values related to self. These values can be obtained from the teachings of religion, society, customs and others.

Fitts (in Agustiani, 2006) argues that self-concept is a very influential thing on a person's personality. Someone who has a negative self concept will tend to have a personality that is less good (inferior, easy to give up / pessimistic, low fighting ability, easy to depression, maladaptive). Meanwhile, someone who has a positive self-concept will have a good personality (optimistic, high fighting ability, easy to open).

Based on research conducted by Elliot (1995) who interviewed 91 perpetrators of sexual violence against children about the methods they used to target children, nearly half (49%) of the perpetrators reported that they were interested in children who seemed to be less have confidence or have low self-esteem. Pedophilia also tends to choose victims who resemble or their own age when they first experience sexual violence and have characters that tend to be passive and weak in various aspects of life.

The perpetrators of sexual violence in children generally look for children who are unsure of themselves and target it with positive praise and attention. Actors often form relationships with potential victims and their families before abuse. This is called "care." Care is the process by which the offender gradually pulls the victim into sexual relations and keeps the relationship in secrecy. At the same time, the offender can also fill the role in the victim's family which makes the perpetrator trusted and valued. Care behaviors can include: special attention, sightseeing, and gifts, isolating children from others, filling unmet child needs, filling needs and roles in the family, treating children as if they were older, gradually crossing physical boundaries, and becoming more intimate / sexual, use of confidentiality, errors, and threats to maintain control of children (Darkness to Light, 2017).

Role of Peer Friends

The peer group is the "second" environment after the home environment. Peer relationships have a strong role in the lives of children who are teenagers, and teenagers usually prefer a number of friendships that are few but more intimate and intense than childhood. Conformity to peer pressure can be positive and negative. Positive association can form a good personality that can be accepted in various walks of life, while negative relationships can form a deviant personality. In adolescence this is also the involvement of adolescents to all types of negative conformity behavior or peaks antisocial standards (Darmayanti et al., 2011).

Intercourse outside the family can be called friendship or friendship. Intercourse has a big influence in forming an individual's personality. As a form of adolescent loyalty to the group, teenagers will behave in the same way as their group, without thinking of the risks they face, and even tend to endanger themselves. They easily exchange material self pleasures with risky behavior. Moreover, in adolescents who are unstable and who are looking for identity, they will easily be at risk of behavior such as being involved in criminal acts, drug abuse, alcoholic beverages, extramarital sexual relations or early sexual activities, including prostitution, cohabiting and rape (Kurniasari, 2016).

The dynamics of sexual violence in adolescents, begins when girls are friends or have boyfriends who try or force to have sex or be accompanied by threats until they have had sexual relations. In addition, perceptions of peer group standards, where a teenager will start and want to engage in sexual activity because they believe most friends have done it.

Having peers who have access to things related to pornography can make children become involved in it. Having a dating relationship also increases the child becoming a victim because dating will make sexual violence easier which he does not realize (Abshor, 2018).

Research conducted by Savitri et al (2015) showed that the violence experienced by young women in dating was verbal violence (13.5%), sexual violence (42.7%) and physical violence as much as 42.7%. Likewise with the research conducted by Ayu et al (2012) that the violence experienced by young women from their partners was sexual violence by 34.7%, physical violence from being beaten by 30.8%, economic violence (25.83%) and violence emotional at 17.5%.

III. Methodology

This type of research is analytic observational research with a case control study design that is a study that begins by identifying groups with certain diseases or effects (cases) and groups without effects (controls), then retrospectively investigates risk factors that might explain why cases are affected while no control (Hasmi, 2012).

In a case-control study, a group of cases (groups suffering from the disease or effects being studied) were compared with the control group (those who did not suffer from disease or effects). In this study, we want to know whether certain risk factors have a significant effect on the occurrence of the effects studied by comparing the exposure frequency of these risk factors in the case group to the control group (Hasmi, 2016).

In this study, there were 2 populations, namely: case population, namely all children who received sexual violence recorded in the Palopo Police Women's and Children Protection Unit during 2016 - 2018, namely 39 people, and the control population were all children who were not victims of violence sexual in Palopo City. Case samples in the case group used total sampling, which meant the entire population became the

study sample. The sample in the case group was 39 people with sample ownership techniques using the Slovin formula. While the control sample in the control group in this study is to use a case group comparison: the control group is 1: 2. With the choice of a ratio of 1: 2, the number of control samples is doubled from the number of sample cases, namely 72 respondents. The withdrawal of case and control samples is done by using purposive sampling technique, namely by selecting samples based on certain criteria set by the researcher. In the control group, respondents were chosen based on the same age and living environment with the case group.

Data collection is done by observation (observing the condition of the child, whether or not having a disability) and interview using a questionnaire. The types of data collected in this study are primary data and secondary data. Primary data collection uses research instruments in the form of questionnaires used in interviews with respondents. Interviews were conducted directly in the respondent's house (door to door). Before the interview, each prospective respondent was given an explanation regarding the purpose of the research and was asked to be willing to become a respondent by signing informed consent. In addition to primary data, data collection was also carried out through secondary data obtained from the Palopo Police Women's and Children's Protection Unit about the number of cases of sexual violence against children from 2016-2018 along with the names and addresses of respondents.

The analysis in this study consisted of univariate analysis, bivariate analysis, and multivariate using logistic regression. Univariate analysis is used to describe the frequency distribution of each variable, both the dependent variable and the independent variable, while the bivariate analysis is done in two stages, namely to find out the relationship between each independent and dependent variable using the chi-square test, taking into account whether there is a cell value have expected (E) less than 5. If there is no cell value that has an E value of less than 5, the p value used is Chi Square corrected, whereas if there is a cell value that is less than 5, the p value used is the Fisher Exact Test. Data analysis was performed using SPSS version 23 software.

IV. Results

Univariate Analysis

Univariate analysis is intended to analyze the distribution of the general characteristics of respondent variables which are considered to be related to the incidence of sexual violence in children. The results of univariate analysis can be seen in the following table.

Table 1 Distribution of types of sexual violence based on the perpetrators of violence and the age of respondents in Palopo City

Perpetrator	Age of Respondents	Types of sexual violence				Total	
		obscene		intercourse		n	%
		n	%	n	%		
Friend	12	0	0,0	1	11,1	1	5,6
	14	3	33,3	2	22,2	5	27,8
	15	3	33,3	3	33,3	6	33,3
	16	2	22,2	2	22,2	4	22,2
	17	1	11,1	1	11,1	2	11,1
	Total		9	100	9	100	18
Neighbor	11	3	75	0	0	3	37,5
	12	1	25	1	25	2	25
	13	0	0	1	25	1	12,5
	14	0	0	2	50	2	25
	Total		4	100	4	100	8
Family	17	0	0	2	100	2	100
	Total		0	0	2	100	2
Foreigners	12	0	0	1	100	1	100
	Total		0	0	1	100	1
Contact	12	0	0	1	100	1	100
	Total		0	0	1	100	1

Source: Primary Data, 2019

From Table 1 it can be seen that obscene and intercourse are the most types of sexual violence committed by friends in 15-year-old children (33.3%). For the type of sexual violence in the form of obscene performed by neighbors, the highest occurred at the age of 11 years (75%) while the highest sexual intercourse was made at the age of 14 years (50%). In the case of sexual violence committed by the family in the form of intercourse occurs at the age of 17 years (100%) while sexual violence in the form of intercourse carried out by strangers and acquaintances, occurs in children aged 12 years (100%).

Bivariate Analysis

Bivariate analysis was carried out to determine the risk factors for independent variables on the dependent variable, namely the risk of child self concept, child disability, parental divorce, family affective function, family income, parental education level and peer role on the incidence of sexual violence in children . Statistical analysis used to see the risk of each variable on the incidence of sexual violence in children is to use the Odds Ratio test.

Table2: The Relationship of the Child's Self Concept to Sexual Violence in Children in Palopo City

Child's Self Concept	Sexual Violence				Total		p	ORCI 95% Value (LL-UL)
	Case		Control		n	%		
	n	%	n	%				
High Risk	23	76,7	17	28,3	40	44,4	0,000	8,311 (3,011-22,943)
Low Risk	7	23,3	43	71,7	50	55,6		
Total	30	100	60	100	90	100		

Source: Primary Data, 2019

Based on the table above it can be seen that the number of children who have a high-risk self-concept in the case group is 76.7% while in the control group, children who have a high-risk self-concept are 28.3%. From the results of data analysis between the child's self-concept and the incidence of sexual violence using the Chi Square test obtained a significant value (p = 0,000). Because the value of p <0.05, there is a relationship between the child's self-concept and the incidence of sexual violence. Based on the analysis of the risk obtained OR = 8.311. This means that the child's self-concept is a risk factor for the incidence of sexual violence in children (OR> 1).Significance test results with 95% CI obtained the Lower Limit (LL) and Upper Limit (UP) values of 3.011-22,943 (not including the value 1). This means that the child's self concept (OR = 8.311) is a risk factor that is statistically significant for the incidence of sexual violence in children, so it can be concluded that children who have a negative self-concept (high risk) have 8.33 times greater risk of experiencing sexual violence than with children who have a positive self-concept.

In addition, the relationship of peer roles to the incidence of sexual violence in children in Palopo City is shown in the following table.

Table3 Relation of Peer Role to Sexual Violence Event in Children in Palopo City

Role of peers	Sexual Violence				Total		p	ORCI 95% Value (LL-UL)
	Case		Control		n	%		
	n	%	n	%				
High Risk	22	73,3	22	36,7	44	48,9	0,002	4,750 (1,810 – 12,463)
Low Risk	8	26,7	38	63,3	46	51,1		
Jumlah	30	100	60	100	90	100		

Source: Primary Data, 2019

Based on the table above it can be seen that the number of children who have negative peer roles (high risk) in the case group is 73.3% while in the control group, children who have negative peer roles (high risk) are 36.7% while the number of children who have positive peer roles (low risk) in the case group is 26.7% and in the control group is 63.3%.The results of the analysis of the relationship between peer roles and the incidence of sexual violence using the Chi Square test obtained a significant value (p = 0.002). Because the value of p <0.05, there is a relationship between the role of peers and the incidence of sexual violence. Based on the analysis of the risk obtained OR = 4.750.This means that the role of peers is a risk factor for the incidence of sexual violence in children (OR> 1). The results of the significance test with 95% CI obtained the Lower Limit (LL) and Upper Limit (UP) values of 1,810-12,463 (not including the value 1). This means that the role of peers (OR = 4.750) is a risk factor that is statistically significant for the incidence of sexual violence in children. Thus it can be concluded that children who have negative peer roles have a risk of 4.750 times greater sexual violence compared to children who have a positive peer role.

Multivariate Analysis

Multivariate analysis is used to determine the effect of independent variables together on the dependent variable and to find out which independent variable has the most influence on the dependent variable. Multivariate analysis used is logistic regression as a mathematical model used to study the effect of one or several independent variables that are dichotomous (binary), that is, which only have two values (Stang, 2014). The variables included in the multivariate analysis are variables that have an OR value that is statistically significant in bivariate analysis, namely the child's self concept and peer role which can be seen in the following table.

Table 4 Coefficient and Constant Values Variables Child Self Concept and Role of peers

Number	Independent Variables	Coefficient	CI 95%		p-value
			(LL-UL)		
1.	Child's self concept	2,650	3,535-56,703		0,000
2.	Role of peers	2,098	2,092-31,751		0,002
	Constanta	-4,519			

Source: *Primary Data, 2019*

Furthermore, it can be calculated by giving a value of 1 for high risk and 0 for low risk on all variables, namely the child's self-concept and peer role. Based on the estimation results, it can be said that the probability of sexual violence in children with negative self-concept of children, and the existence of negative peer roles is 55.65%. Whereas, based on the estimation results, it can be said that the probability of the occurrence of sexual violence in children with positive self-concept of children and the existence of positive peer roles is 1.01%.

V. Discussion

Relationship of the Child's Self Concept of Sexual Violence Events

In this study, children's self-concept is a risk factor for the incidence of sexual violence in children which is 8.3 times more risky based on bivariate tests and 14.2 times risk based on multivariate tests. The most risky aspect of the child's self-concept is social self-concept with a risk of 4.1 times compared to other self-concepts.

This is in accordance with Flemming's research, et al. (1997) with the case control method which states that social isolation in children is a risk factor for sexual violence in children (OR 1.8; 95% CI: 1.1-2.8, p = 0.01) and also a risk factor for sexual violence committed by other people or non-family members (OR 3.7; 95% CI: 1.9-7.0, p = 0,000). Flemming stated that the form of social isolation in children is to have only a few good friends at the elementary and secondary levels. Even the possibility of experiencing sexual violence is greater if the child from childhood has been isolated from the outside world. This can happen because children who do not have many friends cannot tell about their experiences especially if sexual violence befalls them so that perpetrators of sexual violence can continue to commit their crimes without fear of their actions being known to others.

This is consistent with that stated by Dayakinsi and Hudaniah (2003) that a person with a negative self-concept will make the person have poor psychological health, less able to solve problems, lack confidence, lack independence, and less able to undergo healthy social relations, as a result individuals experience violence. On the contrary, having a positive self-concept will make a person have good psychological health, able to face problems, be confident, independent and able to undergo healthy social relations (including dating). This makes individuals not susceptible to violence.

Self-concept is formed and developed based on experience and achievement of the environment, other people's judgments, attributes, and self-behavior. The development of self-concept influences the behavior displayed, so that how other people treat and what others say about the individual will be used as a reference for self-assessment (Shavelson & Roger, 1982). Children with positive self-concepts will be able to overcome themselves, pay attention to the outside world and have the ability to interact socially. Children with negative self-concepts will find it difficult to assume a success is obtained from themselves, but because of the help of others, coincidence, and fate alone and usually experience high anxiety (Beane & Lipka in Maria, 2007).

Assessment of self-concept extends from positive to negative. Individuals who have a positive self concept will really recognize themselves, their strengths and weaknesses, besides that they are not fixated on their weaknesses. He can acknowledge and accept these weaknesses without feeling inferior and it actually spurred him to become a better individual by developing his strengths while in individuals who have negative self-concepts, he will only be fixated on his weaknesses and become inferior (Mulyati, et al , 1999).

People with positive self-concepts know the limits of good and bad of a behavior, so that they can immediately find out a behavior is classified as dangerous or not for him and others. Brooks and Emert (in Rachmat, 2005) state that one characteristic of people who have a positive self-concept is that they are especially sensitive to the idea that they cannot have fun at the expense of others and one example of the idea of having fun at the expense of others is sexual violence behavior. This sensitivity is characterized by the emergence of discomfort in the behavior of sexual violence, because the person understands that sexual violence is classified as a dangerous behavior.

Sexual violence experienced by children can make a child's self-concept change from positive to negative, as said by Poerwandari (2003) who states that threats to the soul of the victim and abuse during rape often touch the victim's self-confidence, which will cause severe psychological effects for victims, such as being easily suspicious, not easy to believe in others, insecure, avoiding meeting other people and feeling alienated in their surroundings.

This is consistent with a study conducted by Kim et al. (2017) which said that sexual abuse predicts lower self-esteem ($\beta = -0.11$; 95% CI = -0.20, -0.04; $p = 0.009$), who predicted higher symptoms of depression ($\beta = -0.34$; 95% CI = -0.40, -0.27; $p = 0.008$). Depressive symptoms predict problematic internet use in a positive way ($\beta = 0.23$; 95% CI = 0.16-0.29, $p = 0.013$).

Relationship of Peer Role Against Sexual Violence Events

The results of this study indicate that the role of peers can be a risk factor for sexual violence in children which is a large risk of 4,750 times (OR 5.5; 95% CI: 1.674-18,066). This is also related to the number of cases in this study, where obscene cases were 9 people and intercourse cases of 9 people were carried out by friends or 60% of the total cases of perpetrators were peers.

This result is in line with the research conducted by Widyaningrum (2016) which states that female students who experience violence in courtship and their peer role in it are 82.9%. The results of the contingency coefficient test were 0.478 which indicates the closeness of the relationship between peers' role and the incidence of dating violence. The same thing was stated by Darmayanti (2011) which states that there is a relationship between positive peer role and premarital sexual behavior, where respondents with passive peers in providing information about sexual health have a 2.6 times chance of premarital sexual behavior compared to respondents with active peers .

Research conducted on adolescents in 15 provinces in Indonesia, where adolescents who have had sexual relations tend to be 3 times higher for premarital sexual behavior than adolescents who have no friends who have sexual relations (OR 3.155). Peers who do not have premarital sexual behavior (sexual relations) will also be able to prevent premarital sexual behavior at the risk of severe adolescence (Sutjningsih, 2006).

VI. Conclusion

Based on the results of the study it can be concluded that the child's self-concept is a risk factor for the incidence of sexual violence in children in Palopo City where children with a high-risk self-concept risk 8.311 times compared to children who have a positive self-concept. In addition, the role of peers is a risk factor for the incidence of sexual violence in children in Palopo City with a negative peer role (high risk) risk 4,750 times compared to a positive peer role (low risk). For this reason, it is necessary to develop children's self-concept and strengthen the role of peers by increasing the activities of study groups, extra-curricular activities such as sports, arts and religion. Addition of the number of Peer Counselor training, improvement of Adolescent Reproductive Health Information and Counseling Program.

References

- [1]. Abshor,MK.2018. *Faktor Risiko Terjadinya Pelecehan Seksual Pada Anak (Studi Kasus pada Anak Laki-laki Korban Pelecehan Seksual)*.Surakarta ,Universitas Muhammadiyah.
- [2]. Agustiani,Hendriati.2006. *Psikologi Perkembangan*. Bandung, Refika Aditama.
- [3]. Boney-McCoy, S., & Finkelhor, D. (1995). Prior victimization: A risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth. *Child Abuse & Neglect*, 19(12), 1401-1421.
- [4]. Carrol,Annemaree,Stephen,D.K & H.J.A. 2009. *Adolescent Reputations and Risk*, New York. Springer Science Business Media.
- [5]. Darmayanti, Yuniar Lestari, Mery Ramadani. 2011. Peran Teman Sebaya Terhadap Perilaku Seksual Pra Nikah siswa SLTA Kota Bukittinggi. *Jurnal Kesehatan Masyarakat* 6(1),24-27.
- [6]. Darkness to Light.2017. Child Sexual Abuse Statistics. <http://www.2l.org.the-issue-statistic/> diakses tanggal 12 Maret 2019
- [7]. Desmita.2010.*Psikologi Perkembangan Peserta Didik* . Bandung,PT Remaja Rosdakarya
- [8]. Elliot, Michelle.1995. Child Sexual Abuse Prevention: what offenders tell us. *Child Abuse & Neglect* vol.19 No.5,pages 579-594
- [9]. Esposito, Catherine and Ellen Field.2016. *Child Sexual Abuse : What does the research tell us? A literature review*.Government Family & Community Service,Australia.
- [10]. Essabar, Laila., Abdenbi Khalqallah., Badr Sououd Benjelloun Dakhama. 2015. Child Sexual Abuse : report of 311 cases with review of literature. *The Pan African Medical Journal*, doi 10 11604/pamj 2015 20 47 4569
- [11]. Finkelhor David, Shattuck A, Turner HA, Hamby SL.2014. The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence. *Journal of Adolescent Health* 55(3):329-33. doi: 10.1016.
- [12]. Fergusson, D. M., Lynskey, M. T., & Horwood, L. J. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: I. Prevalence of sexual abuse and factors associated with sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), 1355-1364.
- [13]. Friedman, M. M. (2010). *Buku ajar keperawatan keluarga: riset teori dan praktek*. Jakarta: EG.
- [14]. Halperin,Daniel., Philip Jaffe., Paul Bouvier.1996.Prevalence of Child Sexual Abuse Among Adolescents in Geneva : results of a Cross Sectional Survey. *The BMC* 312 (7042) : 1326-1329.
- [15]. Hasmi.2012.*Metode Penelitian Epidemiologi*. Jakarta. Trans Info Media
- [16]. Hasmi.2016. *Metode Penelitian Kesehatan*. Jakarta.In Media
- [17]. Jones,L. Bellis,M.A.Wood,S.Hughes,K.McCoy E.Eckley,L...& Officer.A.2012. Prevalence and Risk Violence Against Children With Disabilities:a Systematic Review And Meta Analisis Of Observational Studies. *The Lancet*,380 (9845) 899-907.
- [18]. Katjasungkana,Nursyahbani.2000. *Penyalahgunaan Seksual Terhadap Anak*.Jakarta.Mitra Wacana
- [19]. Kementerian Kesehatan RI.2018. *Kekerasan Terhadap Anak Dan Remaja*. Jakarta.
- [20]. Kurniasari,Alit.2016. Analisis Faktor Risiko di Kalangan Anak yang Menjadi Korban Eksploitasi Seksual di Kota Surabaya. *SOSIO KONSEPSIA vol.5 No.03*
- [21]. Murray,Laura K..Amanda Nguyen.,Judith A.Cohen. 2014. Child Sexual Abuse. *Child & Adolescent Psychiatric Clinics* Volume 23, Hal. 321-337 DOI: <https://doi.org/10.1016/j.chc.2014.01.00>.

- [22]. Mwangi, Mary W.2015. Perpetrators and context of Child sexual abuse in Kenya. *Child Abuse & Neglect* Vol.44,hal.46-55,doi 10.1016/j.chiabu.2015.03.011.
- [23]. Ningsih, Ermaya Sari Bayu & Sri Hennyati.2018. Kekerasan Seksual pada anak di Kabupaten Kerawang. *Midwife Journal* Vol.4 No.02.
- [24]. Pramudita, Pandu, dkk.2012. Dampak Psikososial pada Anak Jalanan Korban Pelecehan Seksual Yang Tinggal di Liponsos Anak Surabaya. *Jurnal Psikologi Kepribadian dan Sosial* Vol.1 No.02.
- [25]. Savitri,Anna Dian,Fitria Linayaningsih,L.Rini Sugiarti. 2015. Kekerasan Dalam Pacaran Pada Siswa SMA ditinjau dari Konformitas Teman Sebaya dan Efektivitas Komunikasi Dalam keluarga. *Jurnal Dinamika Sosbud* Volume 17 Nomor 2, Juni 2015 : 41 – 47.
- [26]. Statistik Gender Tematik.2017. *Mengakhiri Kekerasan Terhadap Perempuan dan Anak di Indonesia*. Kerja Sama Kementerian Pemberdayaan Perempuan dan Perlindungan Anak dengan Badan Pusat Statistik.
- [27]. Summer, Steven A.,Mercy AA,Saul J, Motsa-Nzuza N, Kwesiabi G., Buluma R, Marcelin LH.,Lina H., Shawa M, Moloney-Kitts M, Kilbane T., Sommarin C., Liqiero DP., Brookmeyer K., Chiang L., Lea V., Lee J., Kress H., Hillis SD.,. 2015. Prevalence of Sexual Violence Against Children an use of Social Service Seven Countries, 2007-2013. *Morbidity and Mortality Weekly Report* 6 (21).
- [28]. Thaha, Ridwan. 2018. *Modul Ilmu Sosial dan Ilmu Perilaku Kesehatan*. Universitas Hasanuddin, Makassar.
- [29]. Trindade Lc, et al. 2014. Sexual Violence Against Children and Vulnerability. *Revista da Associacao Brasileira* Vol.60 No.1, 70-74, doi 10.1590/1806-9282-60.01.015.
- [30]. Vezina, Delphine Collin, et al.2013. Lessons Learned From Child Sexual Abuse research: prevalence. Outcomes and preventive Strategies. *Child & Adolescent Psychiatry & Mental Health* 7:22,doi 10 1186/1753-2000-7-22.

Minorva Datulinggi. " Relationship of the Self-Concept of Children and the Role of the Friends on the Risk of Sexual Violence in Children in Palopo City" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.04 , 2019, pp. 78-85.