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Original Article

Exploring Parent-Based Health Promotion Models For The Prevention Of Sexual Violence Against Children In Bekasi City: An Exploratory Sequential Mixed Study

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ABSTRACT

Background: Child sexual abuse (CSA) is a serious problem that continues to increase and is often perpetrated by people close to the child, making it difficult to detect. It has a long-term impact on child development. However, systematically tested parent-based interventions are still limited, especially in Indonesia. This study aims to develop and evaluate a parent-based health promotion model to prevent CSA in Bekasi City..
Methods: This study used a sequential exploratory mixed methods design in accordance with GRAMMS guidelines. The qualitative stage involved in-depth interviews with 12 informants (perpetrators, parents of victims, and child victims of KSPA) which were analyzed thematically. The quantitative stage used a cross-sectional design with 209 respondents selected through proportional sampling in each sub-district and simple random sampling. The inclusion criteria were parents with children aged 6–13 years, cooperative, residing in Bekasi, and willing to be respondents. The data were analyzed using multivariate logistic regression (p-value) and paired samples test.
Results: Qualitative analysis identified three main themes: children's vulnerability due to lack of early sex education, permissive parenting, and parental adaptive strategies. The Handayani model identified perpetrator, child, and parental factors that influence KSPA prevention. Quantitative analysis showed that parenting ($p<0.001$), attitudes, perceptions, and knowledge ($p<0.01$) were significant. The paired samples test confirmed an increase in all variables after the intervention ($p<0.001$). The Handayani model proved effective as a guide for parents in improving KSPA prevention through parenting, attitudes, perceptions, and knowledge..
Conclusion: The Handayani model has been proven effective in improving parenting, attitudes, perceptions, and knowledge of parents, so that children are more aware of predators. These findings emphasize the importance of early sex education and protective parenting in family-based prevention programs

Keywords: Health Promotion; Preventive Behavior; Child Sexual Abuse; Parents.

Implications for Practice:

- Strengthening parental empowerment through continuous education and mentoring programs led by nurses and community health workers can enhance parents' knowledge, attitudes, and protective parenting behaviors in preventing child sexual abuse.
- Integrating the Handayani Model within community and health systems such as school health units, health centers, and parenting classes can promote sustainable and culturally appropriate family-based prevention

Implications for Practice:

efforts.

- Simplified modules and community-based peer education can be applied to ensure accessibility and effective implementation of the Handayani Model in resource-limited settings.

Introduction

The issue of sexual violence against children is a serious problem that requires urgent attention in terms of prevention, detection, and intervention, given its long-term impact on children's physical, psychological, and social development (Wismayanti et al., 2019; Brockstedt et al., 2025). This phenomenon is also recognized as a significant public health issue at the global level (Karayianni et al., 2017). The average prevalence of child sexual violence worldwide ranges from 8-31% for girls and 3-17% for boys. Violence in the public sphere reached 3,528 cases (26%), with sexual violence ranking first with 2,670 cases (76%), followed in sequence by physical violence with 466 cases (13%), psychological violence with 198 cases (6%), and a special category, namely trafficking with 191 cases (5%). The three (3) most common types of sexual violence in the community are molestation (911 cases), sexual harassment (708 cases), and rape (669 cases). 67% of cases of child sexual violence occur in developing countries. In 2017, incest (perpetrated by a close relative) was the most frequently reported case, with 1,210 cases. Second was rape (619 cases), followed by sexual intercourse/sexual exploitation (555 cases). Of the 1,210 incest cases, 266 (22%) were reported to the police, and 160 (13.2%) were prosecuted. Clearly, child sexual violence in Indonesia is not being handled effectively, as evidenced by the number of cases reported and only a small percentage of those handled.

Every year, the number of incidents of violence and sexual crimes against children in Indonesia continues to increase. According to the Indonesian National Commission for Child Protection, the number of cases of child violence increased 60% in 2013 compared to 2012 (KPAI, 2014). Moreover, according to data and information from the National Child Protection Commission (KPAN), from 2010 to 2014, there were 21,869,797 cases of child rights violations recorded, spread across 34 provinces and the 5 provinces with the highest number of cases of sexual violence against children were DKI Jakarta, West Java, East Java, South Sumatra, Aceh, and 179 districts and cities (KPAI, 2014). Several cases emerged, among others, in 2014 the public was shocked by the sodomy case committed by Andi Sobari alias Emon in Sukabumi, in 2015 the Jakarta International School (JIS) case, in 2016 the Yuyun case in Bengkulu, as well as other cases that were not revealed, if termed like the iceberg phenomenon, only a small part of the number of cases revealed and there are still many cases spreading in the community that do not reach the legal realm for reasons of shame or fear of the perpetrator's threats (Rumble et al., 2020).

The Indonesian Child Protection Commission (KPAI) found that there were 218 cases of sexual violence against children in 2015, 120 cases in 2016, and 116 cases of sexual violence against children in 2017. Most cases of sexual violence against children occur in three regions in Indonesia, namely; DKI Jakarta, Medan, and West Java Province. Bekasi is one of the areas with the highest number of cases of violence against children in West Java, with cases reaching 60% occurring in children under 13 years of age (KPAI Bekasi, 2014). It was stated that there was an increase in cases of sexual

violence against children from year to year, including 64 cases in 2013, 73 cases in 2014, 65 cases in 2015, and 110 cases in 2016 (Family Resilience Division of BP3AKB Bekasi City, 2016). The following data on KSPA incidents is based on the type of case.

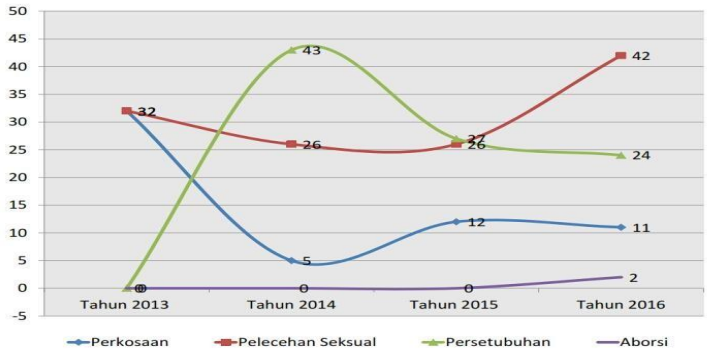

Figure 1. Data on cases of sexual violence against children in Bekasi City Source: PPA/KPAI/BP3AKB Unit, Bekasi City, 2016

Child sexual violence (KSPA) can leave profound trauma. Many cases of sexual violence occur in environments that should be the safest for children. Data from the Indonesian National Commission for Child Protection (KNPAI) indicates that 24% of perpetrators in sexual violence cases come from the family, 56% from the victim's social environment, and 17% from the school environment. This indicates that children are highly vulnerable to violence in what should be safe environments. Based on location, sexual violence occurs most often at home (48.7%), school (4.6%), public places (6.1%), workplaces (3.0%), and other settings, including motels, hotels, and others (37.6%) (KNPAI, 2014) (**Figure 1**).

The short-term impacts of sexual violence on children are primarily related to physical problems, including bruises, abrasions, burns, broken bones, organ damage, torn blood vessels, poisoning, central nervous system disorders. In addition, emotional disturbances or behavioral changes such as withdrawal, crying, and withdrawal are often present (Pinandari et al., 2023). Long-term impacts can occur due to physical, sexual, and emotional violence. Physically, for example, disabilities that can interfere with bodily functions; sexually, for example, unwanted pregnancy (KTD), sexually transmitted infections (STIs) including HIV/AIDS, disorders/damage to reproductive organs (Sigurdardottir & Halldorsdottir, 2021). Emotionally, for example, low self-confidence, hyperactivity, difficulty socializing, shame and guilt, anxiety, depression, psychosomatic disorders, self-control disorders, bedwetting, multiple personalities, homosexuality, lesbianism, pedophilia, sleep disorders/nightmares, psychosis, and drug use (Hébert et al., 2018).

The high number of cases of sexual violence against children under 13 years old is a government concern, where in accordance with the Child Protection Law Number: 23 of 2002, namely the government guarantees and protects children and their rights so that they can live, grow, develop, and participate, optimally in accordance with human dignity and dignity, and receive protection from violence and discrimination. Various government programs together with the community that have been and are ongoing in an effort to prevent sexual violence against children, especially those under 13 years old include UKS (School Health Unit), Educational Videos on preventing sexual violence against children, namely genie videos and do not touch videos, while for children over 13 years old, namely in the Adolescent Reproductive Health Information and Counseling Center (PIK-KRR) program from the Ministry of Health, Another program is the Planned Generation (Gen-Re) program from the BKKBN.

Efforts to prevent sexual violence against children are a program on the international agenda, particularly in

reproductive health, which encompasses a state of complete physical, mental, and social well-being, not merely the absence of disease or disability, in all aspects related to the reproductive system, its functions, and processes, as outlined in the Sustainable Development Goals (SDGs). The ICPD, MDGs, and SDGs agree that reproductive health is a primary focus internationally, including achieving gender equality and empowering women and girls, with one indicator being efforts to reduce acts of violence against women and children (United Nations Sustainable Development Solutions Network/UN-SDSN, 2015).

Based on preliminary studies, supported by a review of various programs to prevent sexual violence against children currently running (as mentioned above), the results have not yet been achieved. This is because these programs have not fully and directly involved parents and children in understanding the crime of sexual violence. Based on the results of a preliminary study conducted through in-depth interviews on October 15, 2016, with the perpetrator of child sexual abuse, a meatball vendor, the victim's parents, and the child victim, the results showed that the child experienced sexual abuse in her home environment, with the perpetrator known to her. The child received threats from the perpetrator, making her afraid to fight back and not reporting the sexual abuse to her parents. The results of the interview with the perpetrator indicated that the perpetrator did this because the child is easily deceived. Meanwhile, the parents, interviewed, stated that the child had given signals that abuse had occurred, but the parents did not respond due to a lack of understanding, thus failing to anticipate the child's experience of sexual abuse.

Based on a review of the literature, the role of parents, especially mothers, is very important in preventing sexual violence against children. Parental literacy includes reproductive health education, child self-awareness, and skills to prevent and respond to threats of sexual violence (Nurhidayah & Ligina, 2018; Rudolph & Zimmer-Gembeck, 2018; Jin et al., 2019). Previous studies have developed various family-based models (Nurbavani et al., 2022; Rokhmah et al., 2023; Aini et al., 2022), but most have not emphasized the active involvement of parents in improving prevention behavior literacy, nor have they integrated early sex education and children's self-awareness skills.

The existing research gap is the lack of behavioral health promotion models that systematically place parents at the forefront, combining parent education, child self-awareness development, and preventive monitoring and skills. Systematically tested parent-based interventions are still limited, especially in Indonesia. Based on this gap, this study developed the Handayani Model, which emphasizes parental literacy and parenting skills to prevent child sexual abuse.

This model uses a sequential exploratory mixed methods design, which facilitates in-depth exploration of the experiences and perceptions of perpetrators, parents, and child victims (qualitative phase), as well as quantitative testing of the relationship between parental behavior variables and the prevention of sexual violence. The paradigm used is pragmatism, as it focuses on practical solutions to real problems. The integration strategy was carried out by linking qualitative findings to build a model, then testing it through quantitative analysis. This study aims to develop and evaluate a parent-based health promotion model to prevent child sexual abuse (CSA) in Bekasi City.

Therefore, the main objective of this study is to develop and test the effectiveness of the Handayani Model as a guide for parental behavior in preventing

child sexual abuse. The research questions include: (1) What factors influence parental behavior in preventing child sexual abuse? (2) How effective is the Handayani model in improving parents' knowledge, attitudes, perceptions, and parenting patterns? The quantitative hypothesis tested is: does the improvement in parents' knowledge, attitudes, perceptions, and parenting patterns collectively have a positive effect on behavior in preventing sexual violence against children (KSPA)?

The novelty of this research lies in its emphasis on parental literacy as the front line, the integration of early sex education, the development of children's self-awareness, and the application of a mixed-method approach to empirically construct and test the model. The Handayani model is expected to be a practical guide that parents can use to effectively prevent sexual violence against children, especially in areas with high cases such as Bekasi City. This research also provides benefits in increasing parents' understanding and skills related to preventive parenting, supporting the development of family-based health promotion programs, and serving as a basis for policymakers and health workers in designing more focused and sustainable intervention strategies.

Methods

Study Design

This study used a sequential exploratory mixed methods (MM) design in accordance with the Good Reporting of A Mixed Methods Study (GRAMMS) guidelines to develop and test the Handayani Model in the prevention of sexual violence against children. This design was chosen because it allows for the discovery of phenomena through a qualitative approach in Phase I (exploration), followed by quantitative testing of the model in Phase II to assess its suitability and effectiveness. The research paradigm used was pragmatism, which emphasizes solving real problems through the integration of qualitative and quantitative data.

In Phase I (qualitative), the study used a phenomenological design to understand the concept of the social environment related to sexual violence against children in Bekasi City, including the experiences of perpetrators, parents, and child victims. These qualitative findings formed the basis for the development of a health promotion model.

Phase II (quantitative) used a cross-sectional design to test the developed model, with a chi-square test to evaluate the relationship between variables. Data integration was carried out through a connecting strategy, whereby qualitative findings formed the basis of quantitative instruments, so that the two phases complemented each other and strengthened the validity of the model.

Participants

This study was conducted in all 12 subdistricts in Bekasi City, which, based on preliminary studies, showed cases of sexual violence against children in each subdistrict. In the qualitative phase, 12 informants were selected purposively until data saturation was reached, including perpetrators of sexual violence, parents of victims, and child victims. Participants were selected based on their ability to provide in-depth information about their experiences, parenting practices, and prevention strategies. Recruitment procedures were carried out in coordination with child protection agencies, counselors, and community leaders, and with the written consent of the children's parents or guardians.

In the quantitative phase, the population consisted of all mothers with children aged 6–13 years in Bekasi City, totaling 368,271 children. The sample size was set at 209 respondents based on

statistical calculations for multivariate logistic regression analysis. Inclusion criteria included parents with children aged 6–13 years, cooperative, residing in Bekasi, and willing to be respondents. The sample was taken proportionally from each subdistrict, then selected using simple random sampling within each group. The two phases used different participants to avoid bias, but the qualitative findings were used as the basis for developing quantitative instruments, with quantitative recruitment procedures through announcements at health posts, schools, and communities, accompanied by written consent from participants before filling out the questionnaire.

Data Collection

Qualitative data were collected through in-depth interviews with 12 informants, including perpetrators of sexual violence, parents of victims, and child victims. Interviews were conducted face-to-face, lasting 45–60 minutes per participant, recorded using digital recording devices, then transcribed verbatim for thematic analysis. The researchers applied reflexivity by noting their personal positions, previous experiences, and potential biases in their field notes, as well as triangulating sources to increase data validity. An interview guide was used as the main instrument and is included as an appendix.

Quantitative data were collected using a questionnaire that measured knowledge, attitudes, perceptions, parenting styles, and behaviors related to the prevention of child sexual abuse. This instrument had been tested for validity and reliability beforehand, with Cronbach's alpha values >0.7 for all subscales. Assessments were conducted using a 1–5 Likert scale, and the results were analyzed using multivariate logistic regression and paired samples tests. The complete questionnaire was included as an appendix so that the quantitative and qualitative data collection procedures could be replicated.

Data Analysis

Quantitative data were analyzed using multivariate logistic regression (MLR) to identify significant factors predicting sexual violence against children. Significance tests were performed to find p-values with a 95% confidence interval. All quantitative analyses were performed using SPSS software version 26.

Qualitative data were analyzed manually through a thematic analysis approach using open, axial, and selective coding methods. Interview transcripts were read repeatedly, main themes and sub-themes were noted, and then synthesized into patterns of findings. Researcher reflexivity was maintained through analytical memo notes, discussions with peers, and triangulation of sources.

Data integration was carried out using a joint display strategy, in which quantitative and qualitative results were displayed side by side in tables, making it easier for readers to see the complementary relationships and differences in findings. The results of this integration formed the basis for the development of a parent-based promotive and preventive model for the prevention of sexual violence against children.

Validity and Reliability/Trustworthiness

For quantitative data, the reliability of the instrument was tested using Cronbach's alpha, with all subscales (knowledge, attitude, perception, parenting, preventive behavior) showing values >0.7, indicating good reliability. The validity of the questionnaire was obtained through content validity by experts and field trials prior to the main data collection.

In the qualitative phase, credibility was maintained through triangulation of

sources, namely interviews with perpetrators, parents of victims, and child victims, as well as member checking to ensure that interpretations were consistent with the participants' experiences. Dependability and confirmability were strengthened through analytical memo recording, researcher team discussions, and audit trails documenting the entire analysis process. Transferability was addressed by presenting the research context in detail so that readers could assess the applicability of the findings to other settings.

The researchers also maintain transparency through consistent self-reflection to identify potential personal biases, discuss data interpretation with the team, and compare findings with relevant literature, so that the analysis is more objective and accountable.

Ethical Considerations

This study was conducted in accordance with the principles of the Declaration of Helsinki on research involving human subjects, including the protection of vulnerable participants such as children, with the consent of their parents or guardians. All participants were given detailed explanations about the purpose of the study, procedures, risks, benefits, and their right to refuse or withdraw from participation at any time, and provided written informed consent prior to data collection. Confidentiality of information was maintained by anonymizing participants' identities in transcripts, field notes, and research reports. The entire qualitative analysis process was also systematically documented through recording data collection steps, interview transcripts, field notes, and coding, so that audit trails could be traced and the credibility of the research results ensured.

Results

Structured Presentation

The results of this study are presented in a structured manner using a sequential mixed-methods design, where qualitative and quantitative data complement each other in building a comprehensive understanding of KSPA prevention. Qualitatively, the results of in-depth interviews indicate that risk factors originate from the perpetrator (close relatives, low education, introverted personalities, and a tendency towards pornography), the child (introverted, obedient, and vulnerable), and the parents (lack of supervision and minimal early sex education). Meanwhile, quantitative data strengthens the findings by showing a significant relationship between parenting styles, attitudes, perceptions, and parental knowledge with the formation of KSPA prevention behavior. The combination of these two data results in the construction of the Handayani health promotion model which has proven effective as a strategic guide for parents in improving their understanding and skills in preventing sexual violence in children, so that children have stronger self-warning against sexual predators.

Sample Description

The population in this study was all 138 mothers with children aged 6–13 years in Bekasi City, West Java. The research sample was determined by the inclusion criteria: parents with children aged 6–13 years, cooperative, living in the Bekasi area, and willing to be respondents. Meanwhile, exclusion criteria included parents with children aged over 13 years, less cooperative, and unwilling to be respondents.

Qualitative Results

Informant Data Collection

In the first phase of the research, there were 11 key informants, consisting of 4 perpetrators of KSPA, 4 children of KSPA victims, and 3 parents of KSPA victims. The characteristics of the informants are depicted in the table below (**Table 1**).

Table 1. Informants for Phase I Research

No	Informant Code	Gender	Position	Age	Last education
1	Informant 1	L	Perpetrator	63	Elementary School
2	Informant 2	L	Perpetrator	44	Senior High School
3	Informant 3	L	Perpetrator	38	S1
4	Informant 4	L	Perpetrator	25	Senior High School
5	Informant 5	P	Parents of the victim	27	Senior High School
6	Informant 6	P	Parents of the victim	42	Junior High School
7	Informant 7	P	Parents of the victim	33	Senior High School
8	Informant 8	P	Victim	6	Elementary School
9	Informant 9	P	Victim	7	Elementary School
10	Informant 10	P	Victim	8	Elementary School
11	Informant 11	L	Victim	10	Elementary School

Social Setting of the Perpetrator's Condition

1) The perpetrator's residence

Based on the residences of the four informants, the perpetrators of KSPA lived in densely populated settlements with lower-middle socioeconomic status. Field observations of the perpetrators' residential areas concluded that densely populated living conditions and low socioeconomic status were factors influencing someone to engage in deviant behavior, namely committing sexual violence against children.

2) Past Trauma

None of the 4 (four) KSPA perpetrators had experienced sexual trauma in the past, but the perpetrators and victims of sexual violence were people known to them and close family members of the victims, such as uncles.

The following is an excerpt from an interview with one of the informants who committed sexual violence against children:

"……my daily work is just waiting for someone to invite me, meaning I do odd jobs that are not permanent, I have my own house even though it is small and I have never experienced or felt unpleasant treatment in the form of sexual violence" (informant 1)

The following presents a matrix of interview results regarding the conditions of the residential environment, socio-economic conditions and whether the perpetrator has experienced past trauma.

Social Setting of the Relationship between the Perpetrator and the Victim

The results of in-depth interviews with informants of the perpetrator KSPA 2 found that the perpetrator was close to the victim, as expressed by one of the following informants:

".....I am 25 years old, work in a construction services agency, am single, and have an unstable income. I made a mistake by sexually assaulting my own niece, as I am her uncle (informant 4).

The following presents the results of an in-depth interview matrix with perpetrators of sexual violence against children in Bekasi City.

Social Setting Reasons for Perpetrators to Commit Sexual Offenses

Based on the results of in-depth interviews with 4 informants who carried out KSPA, they stated that the reasons for carrying out KSPA were:

1) Because of frequently watching blue films, access to narcolema (narcotics through the eyes).
2) Sexual needs that are not met by adults so they seek an outlet with children
3) Children are easily tricked and weak

Observing this phenomenon, interviews with several informants revealed that perpetrators' reasons for committing sexual violence against children include:

"..... I am not married, I prefer to have sexual fantasies because the child likes to play in front of my house and I coax him with money to watch blue films, which I like to watch, and I sodomize the victim, usually I give him money after doing that, the child's parents don't look for him when he plays at my house (informant 3).

It was concluded that sexual violence against children can be perpetrated by people in the child's immediate environment and known to the victim, the influence of mass media using pornographic contexts that cause changes in a person's perception and so that someone who watches will imagine this world is filled with behavior that indulges lust, free sex, rape or sexual relations full of violence. Lack of parental supervision and children's self-awareness/self-warning put children at risk of experiencing sexual violence against children.

Social Setting Based on Personality Examination of Perpetrators of Sexual Violence Against Children Using the Thematic Apperception Test (TAT) by a Psychologist

This activity was conducted to deepen information on the actual social setting of perpetrators of sexual violence against children by involving psychologists in conducting the psychodiagnostic examination. Through the psychodiagnostic measurement instrument TAT is an abbreviation of the Thematic Apperception Test, a test tool is conducted to determine the cognitive or general description of a person's personality. The method used is a 4x6 inch picture card with informants asked to create a story from several picture cards presented one by one. To deepen understanding, a psychodiagnostic examination with the Thematic Apperception Test (TAT) by a psychologist is carried out to determine the general description of the perpetrator's personality, so that it can provide a more comprehensive analysis of the social and psychological factors that trigger sexual violence against children. The following is an example of a TAT measurement tool (**Figure 2**):

Figure 2. Thematic Apperception Test (TAT)

The results of personality measurements of 4 informants who were perpetrators of sexual violence against children are as follows:

Table 2. Matrix of Psychological Examination Results of the Perpetrator's Personality Using the TAT (Thematic Apperception Test) Method

Topics	Informant 1	Informant 2	Informant 3	Informant 4	Analysis
Sexual type as the perpetrator	heterosexual pedophiledenbro type II,	Heterosexual pedhopile of with type I,	Homosexual pedophilewith type III,.	Heterosexual pedophilewith type I	The four KSPA perpetrators had sexual disorders, namely one pedophilia.
The personality of the perpetrator	Personalityclosed, difficult to adapt to people others and easy affected by the environment	Person yagclosed and affectionate, easily influenced by the environment	Figure Which closed and possessive	An ambitious and introverted figure	Perpetrators of sexual violence against children are individuals with closed personalities and who love children. the perpetrators tend to be introverted, passive.

Results of Personality Examination of Child Victims of Sexual Violence

The research conducted interviews with parent informants regarding the child's personality before experiencing KSPA, with the following results:

1) The three informants who were children who were victims of KSPA tended to be quiet and obedient children and researchers categorized them as having a closed or introverted personality.
2) One informant, a child victim of KSPA, is a cheerful and active child in activities and a child who is obedient to the researcher, who is categorized as an open or extroverted child.

The Concept of Setting Parents of Victims of Sexual Violence Against Children

As is well known, parents play a crucial role in parenting. Therefore, is parental behavior in preventing child sexual abuse a strategic concept in implementing a health promotion model in Bekasi City? To answer this question, the following illustration relates to the social setting of parents of victims of child sexual abuse. By first identifying the causes of child sexual abuse, an in-depth assessment of the parents' background is necessary, including understanding the environmental conditions where child sexual abuse occurs, socioeconomic factors, parenting patterns, and parental behavior in preventing child sexual abuse.

Age and Education Characteristics of Victims' Parents

The recapitulation of interviews with the parents of victims is as follows: The characteristics of the parents of children who were victims of KSPA in Bekasi City were 100% from lower-middle socioeconomic backgrounds. Being busy fulfilling basic living needs means that parents lack supervision of their children, so that the lack of supervision provides opportunities for KSPA perpetrators in environments that are considered safest for children.

Parental Knowledge

The following are the results of interviews regarding the knowledge of parents of children who are victims of KSPA.

"……"I didn't think that sexual violence would happen to my child, I saw changes in my child's behavior but I didn't understand it, the only thing I knew about sexual violence was from TV, but I didn't really understand the

signs and how to handle it (informant 5)
Parenting Patterns of Victims' Parents

The following are the results of interviews regarding the parenting patterns of children who are victims of KSPA.

".....*"My husband and I never enforce rules and explain the rules in the family, I don't pay much attention to controlling the environment and the children's playmates because I'm busy working and come home late so I'm tired when I get home, so I often let the children play until late at night and if they make a mistake, I usually pinch them and reduce their pocket money. (Informant 6)*

Based on the interview results, it was concluded that the parenting styles adopted by the parents of children who were victims of KSPA were authoritarian and permissive. The impact of these two parenting styles is to shape the children's character, which is weak and lacking in self-confidence. The children's personalities are formed through parenting styles implemented by parents who lack self-warning against things that could threaten them, such as KSPA predators.

Parental Behaviors to Prevent Sexual Violence Against Children

The following are the results of interviews with informants who are parents of children who are victims of KSPA. Have they ever taught them to be wary of KSPA perpetrators?

"I never did, because my husband and I were both busy and didn't have time to teach them. I often came home when the children were already asleep because when I came home from work it was always late and I was shocked that someone I considered family would do that (informant 6).

"..... I feel it's taboo to talk about sex education, and I feel that when he grows up, my child will receive that education at school. I feel devastated that someone close to me could be so cruel to my family (informant 7)

Based on the interview results above, it can be concluded that there are attributes, features, or variables that are actually related to the behavior of preventing sexual violence against children, including how to prevent sexual violence against children, parental knowledge and attitudes regarding the prevention of sexual violence against children, perceptions related to risks, vulnerabilities, and prevention of sexual violence against children, as well as parenting patterns towards children and related to the context of preventing sexual violence against children regarding reproductive health education. These attributes are then used as determinant variables that determine the behavior of preventing sexual violence against children for parents.

Quantitative Results

To see how big the influence of the Handayani health promotion model is on changes in parental behavior after being given a module and trained through a workshop, a Paired Samples T Test was conducted, on the variables of knowledge, attitudes, parenting patterns and behavior, the data results were normally distributed, but on the perception variable, the data distribution was not normal, because the data distribution was not normal even though data transformation had been carried out, so the test used was a non-parametric test using the Wilcoxon Test as presented below (**Table 3**):

Table 3. Distribution of Knowledge, Attitude, Perception, and Parenting Scores Before and After the Handayani Health Promotion Model Mentoring Training in Bekasi City

Variable Catalog	Pre	Post	Difference	Sig. (2-tailed)
Knowledge				
Mean	63.02	83.00	19.98	0,000
Min – max	25-75	75-92		
Standard Deviation	11,624	6,048		
Attitude				
Mean	36.58	73.08	36.5	0,000
Min – max	24-50	57-96		
Standard Deviation	8,611	8,734		
Perception				
Mean	72.86	81.48	8.98	0,000
Min – max	63-75	88-92		
Standard Deviation	6,810	5,909		
Parenting				
Mean	40.23	77.40	37.17	0,000
Min – max	24-63	83-85		
Standard Deviation	15.42	4,828		
Behavior				
Mean	48.11	78.74	30.63	0,000
Min – max	34-70	70-87		
Standard Deviation	5,634	3,515		

Description: Sig. (2-tailed) is obtained from the Paired Samples Test calculation. The effect is significant if $p < 0.05$, very significant if $p < 0.01$ based on the Sig. (2-tailed) value.

The following graph shows an increase in behavior to prevent sexual violence in parents before and after the event:

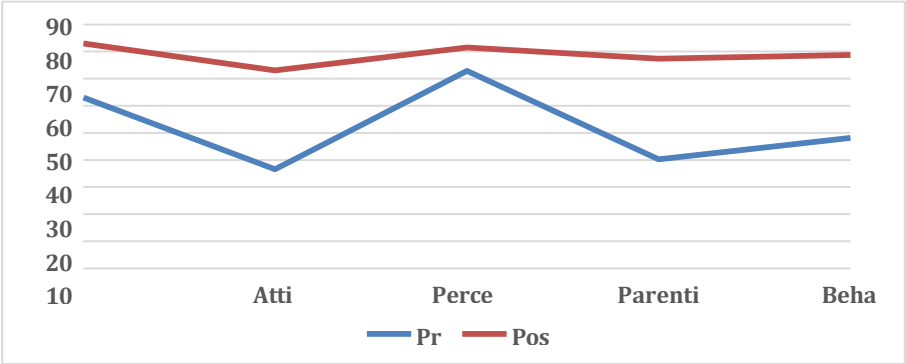

Figure 3. Graph before and after implementing the Handayani health promotion model through the module.

Based on the results of the dependent T test, it was found that the scores of knowledge, attitudes, perceptions, parenting patterns and behavior of respondents in the pre-test and post-test were statistically significant (Sig. (2-tailed) value = 0.000), this indicates that there was a change in scores on knowledge, attitudes, perceptions, parenting patterns and behavior before and after the training. From the results of the T test, it can be concluded that there was an increase in behavior, knowledge, attitudes and perceptions as well as parenting patterns after

being given the Handayani health promotion model development intervention, so it is hoped that with parents being given the Handayani health promotion model intervention, there will be an increase in parental behavior in efforts to prevent sexual violence against children so that children have self-resilience/self-warning against crimes of sexual violence both in the home environment and the environment outside the home (**Table 3** and **Figure 3**).

Integration of Findings

The use of a shared display table in this study serves to integrate qualitative and quantitative findings, allowing for more comprehensive comparison and analysis of the data obtained. The results of the study indicate convergence, as both qualitative and quantitative data confirm that perpetrator factors, child vulnerability, and parenting styles, attitudes, perceptions, and parental knowledge play a significant role in shaping KSPA prevention behavior. Qualitative findings that describe the real experiences of parents and child victims enrich the quantitative results regarding the relationship between these variables, resulting in complementarities that strengthen the validity of Handayani's model. Thus, the integration of these findings aligns with the research objective, which is to develop an effective health promotion model as a guideline for parents in preventing child sexual violence (**Table 4**).

Table 4. Integration of quantitative and qualitative findings regarding knowledge, attitudes, perceptions, parenting styles, and behaviors related to the prevention of sexual violence against children in the city of Bekasi

Theme/ Category	Quantitative Findings	Qualitative Findings	Integration / Interpretation
Knowledge of Parents	Mean pre-training: 63.02, post-training: 83.00, difference: +19.98, p=0.000	Many parents admitted they previously lacked understanding about sexual violence, its signs, and prevention. Example: "*I only knew about sexual violence from TV and didn't understand the signs.*" (Informant 5)	Quantitative results show a significant increase in parental knowledge after mentoring, which aligns with qualitative reports highlighting initial knowledge gaps. Training effectively addressed these gaps.
Attitude of Parents	Mean pre-training: 36.58, post-training: 73.08, difference: +36.5, p=0.000	Parents expressed reluctance or discomfort discussing sexual topics, feeling it was taboo or leaving it to schools: "*I feel it's taboo to talk about sex education.*" (Informant 7)	Attitudinal improvement is reflected in quantitative scores; mentoring helped shift parents' mindset, reducing taboos and promoting proactive attitudes toward prevention.
Perception of Risk	Mean pre-training: 72.86, post-training: 81.48, difference: +8.98, p=0.000	Parents' initial perception underestimated children's vulnerability: they did not supervise closely and assumed family environment was safe. (Informant 6)	Quantitative increase indicates greater awareness of children's risks, consistent with qualitative findings showing prior underestimation of threats.
Parenting Patterns	Mean pre-training: 40.23, post-training: 77.40, difference: +37.17, p=0.000	Parenting was previously authoritarian/permissive, resulting in children being weak and lacking self-confidence. (Informant 6)	Post-training improvements in parenting scores show mentoring successfully encouraged more attentive, structured, and protective parenting, complementing qualitative observations.
Preventive Behaviors	Mean pre-training: 48.11, post-training:	Parents often did not teach children self-protection due to busyness or discomfort	Quantitative increase in preventive behavior scores matches qualitative evidence

Theme/ Category	Quantitative Findings	Qualitative Findings	Integration / Interpretation
	78.74, difference: +30.63, p=0.000	discussing sexual topics. (Informants 6 & 7)	that mentoring empowered parents to actively teach and supervise children, closing the gap in practical prevention.
Social Setting & Perpetrator Awareness	Not directly quantified	Perpetrators often lived nearby, had low socioeconomic status, introverted personalities, and abused children they knew (e.g., uncles). Lack of supervision increased risk. (Informants 1–4)	While quantitative training data show improved knowledge/behavior of parents, qualitative data contextualize why these interventions are critical: high-risk social environments and known perpetrators necessitate parental vigilance.

Discussion

Development of the Handayani Health Promotion Model

This HANDAYANI health promotion model is in accordance with the mandate of the Law on Child Protection (Law No. 23 of 2002) Article 1 states that "a child is a person who is not yet 18 years old, including a child who is still in the womb". Child protection identifies that children have the right to live, grow, develop, participate optimally and these rights must be protected and guaranteed by law. The state, government, society, family and parents are obliged and responsible for implementing child protection. The legal umbrella that protects children is largely structured in laws, including Law No. 23 of 2004 concerning the elimination of domestic violence; Law No. 13 of 2006 concerning the protection of witnesses and victims; Law No. 21 of 2007 concerning the eradication of the crime of human trafficking; Law No. 11 of 2008 concerning information and electronic transactions related to the criminalization of child pornography; Law No. 44 of 2008 concerning pornography, Presidential Decree No. 87 of 2002 concerning the national action plan for the elimination of commercial sexual exploitation of children (PESKA); Presidential Decree No. 88 of 2002 concerning the national action plan for the elimination of trafficking in women and children; joint agreement between the Minister of Women's Empowerment of the Republic of Indonesia No. 14/Men PP/DepV/X/2002, Minister of the Republic of Indonesia No. 1329/Menkes?skb?X/2002, Minister of Social Affairs of the Republic of Indonesia No. 75/Huk/2002, Chief of the Republic of Indonesia National Police No. 3048/X/2002 concerning integrated services for victims of violence against children and women; The Bekasi City Government has drafted a law to reduce the number of incidents of violence which is contained in Bekasi City Regional Regulation No. 12 of 2012 concerning the protection of women and children; and the amendment of Law No. 23 of 2002 to Law No. 35 of 2014 concerning child protection (Kusuma et al., 2022).

The health promotion model for preventing sexual violence against children for parents (HANDAYANI) according to Kasl and Cobb's health behavior theory In (Azhar& Doss, 2018) is included in the category of preventive health behavior, namely activities carried out by individuals to stay healthy with the aim of preventing themselves from disease. Meanwhile, according to Leavell and Clark's 1965 in (Kishore et al., 2023) preventive behavior which divides prevention efforts into five

levels (five levels of prevention). The Handayani health promotion model is included in the first level, namely health promotion, which is an effort to increase knowledge and awareness of individuals, groups, and communities so that they can behave healthily. This is in accordance with the main components of the five pillars of health promotion according to the Ottawa Charter, namely the reorientation of health services, which means changing the orientation of health services to prioritize prevention and promotion, without neglecting curative and rehabilitative efforts. Health promotion is a process that allows people to increase control over their health and improve health status. With health promotion, Handayani invites healthy thinking, namely how to increase parental understanding of preventing sexual violence against children from an early age. control to be able to reduce the number of sexual violence against children

In-depth interviews with the parents of the victims revealed that all parents practiced an authoritarian parenting style. Parenting style is a pattern of interaction between parents and children, specifically how parents behave when interacting with their children, including how they apply rules, teach values/norms, provide attention and affection, and demonstrate good attitudes and behaviors, thereby serving as role models for their children (Handayani, 2021).Three types of parenting styles are democratic parenting, authoritarian parenting, and permissive parenting.

Inappropriate parenting styles can impact or influence children, shaping the following characteristics in them: Democratic Parenting Style This parenting style will result in children who are independent, self-controlled, have good relationships with friends, are able to cope with stress, are interested in new things, and are cooperative with others. while an authoritarian parenting style will result in children who are fearful, quiet, closed off, lack initiative, are rebellious, like to break rules, have weak personalities, are anxious, and withdrawn. Meanwhile, a permissive parenting style will result in children who are aggressive, disobedient, spoiled, lack independence, want to win at all costs, lack confidence, and are socially immature (Mainnah et al., 2021).

Parents must be able to recognize their children's character so that it is easy to provide sex education and understand the problems that occur in children. The results of qualitative research from in-depth interviews found that victims of sexual violence often occur in children with quiet, obedient characters and rarely reveal their problems to their parents. Judging from these results, it shows that children with introverted personalities are more likely to be victims of sexual violence. According to Jung (Dzunnuroin et al., 2023), human types can be divided into two large groups, namely a) Extrovert type, namely people whose attention is directed more outside themselves, to other people and to society. b) Introvert type, people whose attention is directed more towards themselves, to their "I".

People who are classified as extroverts have the following characteristics: open-hearted, smooth in socializing, friendly, cheerful, with great contact with the environment. Individuals are easy to influence and also easily influenced by their environment. People who are classified as introverted have the following characteristics: they are not good at socializing, are quiet, find it difficult to understand their inner self, like to be alone, and are often even afraid of people (Park et al., 2020).

Implementation of the Model with the Handayani Module

After going through the steps of compiling the module, the Handayani Health Promotion module was compiled which can be a guide for parents in educating and preventing sexual violence against children which is rampant in Bekasi City. This module is in accordance with the theory of guidance for creating modules, namely the Guidelines for Compiling Curriculum and Learning-Oriented Training Modules published by the HEALTH CENTER OF HEALTH PPSDM Health Agency, DEPKES RI Jakarta, September 2003 and the Decree of the Republic of Indonesia Health Material No. HK 03.05 / IV.3 / 3007 / 2013 concerning Standards for Implementing Health Worker and Community Training in the Health Sector.

The compiled module has also been validated in accordance with the assessment instruments for stages 1 and 2 of the textbook from the National Education Standards Agency in 2006 which have been modified and standardized based on expert validation results and are suitable for use by parents in preventing sexual violence against children.

1) Results of Bivariate Analysis of the Handayani Module Implementation Training

The results of the pre-test and post-test score differences test on the Handayani Health Promotion Model using the dependent T-test showed that the scores for knowledge, attitudes, perceptions, parenting patterns and behavior of respondents in the pre-test and post-test were statistically significantly different (P value = 0.000), this indicates that there was a change in scores on knowledge, attitudes, perceptions, parenting patterns and behavior.

This is in accordance with the theory that behavioral change can be achieved through health education and training, with standards for community training (Kaufman, 2018). The training provided to parents relates to specific skills that parents can perform in the health sector. The training is held to improve knowledge, attitudes, perceptions, parenting patterns, and behavior. Skills and competencies are aligned with the health worker's field of work and the community's position/interests. The method for behavioral change in this training is through a learning process through parent/mother training in accordance with standards for community training with established implementation guidelines.

The Influence of Handayani Health Promotion on Knowledge

Respondents' knowledge between the initial measurement (pre-test) and the final training (post-test) showed an increase after the Handayani health promotion program was implemented. This indicates that the Handayani health promotion model significantly improved respondents' knowledge.

Setiyowati et al., (2022) argue that the higher a person's level of knowledge, the better they will receive information, making it easier to apply it. This is in line with Trisnariyas's 2013 research, which showed that most parents have good knowledge about preventing sexual violence against children. This is because 251 respondents (77%) received information about sexual violence against children through television media (77%).

It is concluded that increasing parental knowledge will improve parental behavior in preventing sexual violence against children. The results of this study indicate that the implementation of Handayani health promotion can improve parental knowledge (such as the causes of sexual violence against children, who the perpetrators of sexual violence are, the short-term and long-term impacts of sexual violence on children. Providing early sex education to children can improve

children's personal safety skills in dealing with sexual violence against children.

The Influence of Handayani's Health Promotion on Attitudes

According to Rogers, 1983 in Jin et al., (2022) In the Diffusion of Innovation theory, after hearing and knowing the information, at the persuasion stage an attitude is formed towards the innovation which can be positive (liking) or negative (not liking).

Attitude is also a person's closed response to a particular stimulus or object, which already involves the factors of opinion and emotion concerned (happy-unhappy, agree-disagree, good-bad, and so on). Campbell, 1950 in (Kaiser & Wilson, 2019) defines it very simply, namely "An individual's attitude is a syndrome of response consistency with regard to object" so it is clear that attitude is a syndrome or collection of symptoms in responding to a stimulus or object.

The main components of attitudes according to Allport (1954) are that attitudes consist of three main components, namely: beliefs or convictions, ideas or concepts regarding objects, emotional life or people's evaluation of objects and tendencies to act (Khan, 2025).

It was concluded that parents' attitudes toward preventing sexual violence against children are likely influenced by their knowledge. The results of this study indicate that implementing Handayani's health promotion program can improve parents' attitudes toward preventing sexual violence against children. Providing training on sexual violence prevention modules improves children's personal safety skills in dealing with sexual violence against children.

The Influence of Handayani's Health Promotion on Perception

Perception is the stimulation received by the nervous system through the process of interpreting the stimulus. Interpretation is something that comes out of the brain, and sensation is something that is received from outside and enters the brain, so that perception arises from the object being noticed, without focusing attention on an object, it will not be possible to perceive. Factors that influence perception are external factors and internal factors. External factors are contrast, changes in intensity, repetition, something new, something that attracts a lot of attention. While internal factors are experience/knowledge, hopes/expectations, needs, motivation, emotions, culture (Pisarchik & Hramov, 2023).

In line with Murni's research, 2012, based on the results of the study, it can be seen that there is a significant relationship between parental knowledge and parental perceptions of forms of violence (P Value <0.001), one form of violence is sexual violence. It was concluded that the perceptions held by parents in preventing sexual violence against children are likely caused by good knowledge and attitudes in a person. The results of this study indicate that the implementation of Handayani health promotion can improve parental perceptions in preventing sexual violence against children. Providing training on sexual violence prevention modules improves children's personal safety skills in dealing with sexual violence against children.

The Influence of Handayani's Health Promotion on Parenting Patterns

Parenting is a pattern of interaction between parents and children, namely how parents behave or behave when interacting with children, including how to apply rules, teach values/norms, give attention and affection and show good attitudes and behavior so that they become role models

for their children (Ningzi & Nurhayati, 2024).

The wrong parenting pattern can have an impact or influence on children, thus forming the following characteristics of children: Democratic Parenting Pattern. In parenting children, it will produce characteristics of children who are independent, can control themselves, have good relationships with friends, are able to deal with stress, have an interest in new things and are cooperative towards other people; and authoritarian parenting patterns will produce characteristics of children who are fearful, quiet, closed, lack initiative, like to oppose, like to violate norms, have a weak personality, are anxious and withdrawn. While permissive parenting patterns will produce characteristics of children who are aggressive, disobedient, spoiled, lack independence, want to win alone, lack self-confidence and are less mature socially (Mainnah et al., 2021).

In line with the research results Amatulah & Hastuti, (2022) There is a significant relationship between parenting patterns and the risk of sexual harassment at school age with a significant P value of 0.003. It is concluded that parenting patterns owned by parents in preventing sexual violence against children. The results of this study indicate that the implementation of Handayani health promotion can improve parental perceptions in preventing sexual violence against children. Providing training on sexual violence prevention modules improves children's personal safety skills in dealing with sexual violence against children.

The Influence of Handayani's Health Promotion Model on Behavior

Along with changes in knowledge, attitudes, perceptions, parenting patterns and behavioral variables of respondents also experienced changes caused by increased knowledge resulting in changes in attitudes. Good knowledge, positive attitudes, good/positive perceptions, democratic parenting patterns can change the improvement of parental behavior in preventing sexual violence against children. The results of this study indicate that the implementation of Handayani health promotion can improve parental behavior in preventing sexual violence against children. Providing training on sexual violence prevention modules improves children's personal safety skills in dealing with sexual violence against children. If the implementation of Handayani health promotion is well planned and implemented, then this can be relied upon to improve parental knowledge, attitudes, perceptions, parenting patterns and behavior towards preventing sexual violence against children.

Implications and limitations

The implications of this study suggest that the Handayani Health Promotion Model can be an effective guide for parents in preventing sexual violence against children. Conceptually, this model emphasizes the importance of parents' understanding of the characteristics of perpetrators (generally close relatives, low-educated, introverted, and interested in pornography) and the characteristics of vulnerable children (quiet and obedient). In addition, parents need to increase supervision, provide early sex education, and foster children's self-awareness. Parenting factors, attitudes, perceptions, and knowledge have been shown to be closely related to KSPA prevention behaviors, so this model has implications for increasing the capacity of families to create a safe and loving environment.

However, this study has methodological limitations because it uses a pre- and posttest design that limits external validity. Although these limitations are overcome by

sample variation, variable control, triangulation, and the use of valid and reliable instruments, the generalization of the findings is more appropriate for regions with similar social characteristics, especially among parents of children aged 6–13 years. From a conceptual perspective, the study did not measure long-term behavioral changes or the sustainability of increased awareness among children. Therefore, further research is needed to comprehensively evaluate the effectiveness of the Handayani Model, both in terms of the sustainability of behavioral changes among parents and in increasing children's self-awareness of the threat of sexual violence.

Relevance to for Practice

These research findings are relevant to nursing practice, policy, and training, emphasizing the application of the Handayani Model as a guideline for preventing sexual violence against children. Nurses and public health workers can use it to provide education and counseling to families on parenting patterns, attitudes, knowledge, and perceptions of parents, including early sex education and child supervision strategies. Health institutions and schools can integrate this model into health promotion programs, while policymakers can develop community-based regulations that encourage ongoing training for parents. Thus, this model not only strengthens parental capacity but also supports child protection systems at the family, health service, and community levels.

Conclusion

This study aims to develop the Handayani Model as a parent-based health promotion guideline to prevent sexual violence against children. The results show that perpetrator, child, and parent factors contribute to vulnerability and prevention, with variables such as parenting, attitudes, perceptions, and knowledge proven to be significant in shaping preventive behavior. The Handayani Model effectively improves parents' capacity to protect children through early sex education, supervision, and increasing children's awareness of predators. These findings provide a basis for nursing practice, education, and public health policy in strengthening family-based child protection systems.

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CrediT Authorship Contributions Statement

Handayani: Conceptualization, Methodology, Supervision, Writing – Original Draft, Project Administration.

Nurul Husnul Lail: Data Curation, Validation, Formal Analysis, Writing – Review & Editing

Conflicts of Interest

The authors declare that they have no conflicts of interest, either financial or personal, that could influence the results of the research presented in this article.

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