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2 Psychoeducational of Healthy Dating to Reduce the Risk of Sexual Violence in Female Street Children

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Abstract

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This study was conducted to determine whether psychoeducational of healthy dating can reduce the risk of sexual violence in female adolescents of street children community. Subjects in the study were 8 adolescents of street children community of North Square of Yogyakarta. The study design used *one group pretest-posttest design* and *follow up*. The results of Wilcoxon test showed no significant difference between the scores of sexual violence before psychoeducational healthy dating (*pretest*) and after (*post-test*) with $Z = -1.420$ and $p = 0.156$ ($p > 0.05$), the mean of decrease in score was 4.44. Likewise, there was no difference between the scores of sexual assault after courting healthy psychoeducational (*posttest*) and during *follow-up* with $z = -1.612$ and $p = 0.107$ ($p > 0.05$), the mean decrease in score was 4. However, there were significant differences between the scores of sexual violence before (*pretest*) and *follow-up* with $z = -2.103$ and $p = 0.035$ ($p < 0.05$), the mean of decrease in score was 8.44 which indicated that the application of a healthy dating psychoeducational could reduce the risk of sex violence on girls in street children community, but it needed 1 month to be applied in the form of healthy dating behavior.

Keywords: psychoeducational of healthy dating, sexual violence, street children

Introduction

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An person cannot be separated from being interacted with other people, because human are essentially social beings. A harmonious in a society or community becomes an expectation of each individual. Desires of harmonious togetherness and closeness and warm relationship are shared by adolescents who begin to feel an interest with the opposite. Being affiliated needs

to be increased, especially in the opposite sex who later better known as the 'dating'.

The community of street children of adolescents is fully charged with fluctuation and conflict. According to Santrock (2007), this adolescence is referred as the transitional period between the development of childhood to adulthood which involves changes in biological, cognitive, and socio-emotional. The period of transition from

childhood into adulthood is an essential point of personal life which could not be passed easily by all adolescents.

In a free intercourse of street children, female is susceptible to sexual violence. Not only susceptible of sexual abuse committed by a stranger, but also vulnerable to sexual violence committed by a boyfriend who is often called by "dating violence". Female street children tend to have situations that are vulnerable to violence and discrimination wherever they are, both in domestic and public area (Sitorus, 2007).

The sexual violence that happened to street children included of coercive sexual desire for the sake of impingement. In addition to rape, other forms of violence also included the behavior of female reproductive organ damage, and harassment (palpate the breast, rubbing genitals) and also the commercial sexual exploitation (Triono, 2007). The high levels of sexual violence, especially sexual abuses were found among street adolescents who run away (Rew et al., 2006).

In Indonesia, the current adolescents more than 44 million people. However, they do not have knowledge about reproductive health adequately. Here are the facts and adolescent reproductive health data gathered from various sources.

The documentation results of National Commission for Women since 1998 to 2010 showed that nearly a third of violence cases against women was a case of sexual violence, or there were 91, 311 cases of sexual assault from total of 295,836 cases of violence against women (Komnas

Perempuan, 2010). Dating violence cases is increasing every year and have a negative impact that could have long consequences in the life of adolescents.

Table 1
Facts and Data of Adolescent Reproductive Health

| Case | Data | Sources |
|---|---|---|
| Indonesian adolescents who have knowledge about adolescent reproductive health. | 46.1% male and 43.1% female | PKBI of 2002-2003 |
| Indonesian adolescents who have sex before marriage | 15% of teens | PKBI Center of 2002-2003 |
| Abortion cases of Indonesian adolescents. | 700,000 or 30% of abortions per year | Department of Health of Indonesian Republic of 2008 |
| Adolescents who born in Indonesia. | 10% of teens | SKRRI of 2002-2003 |
| Adolescents infected with HIV/AIDS in the world | every 14 minutes there is one infected adolescent | UNFPA 2008 |

According to the National Commission for Women (2010), sexual violence against women is defined as: a human rights violation that is rooted in gender-based discrimination; sexual acts, or attempted to obtain a sexual act, sexual or targeting speech, or action for trade or actions that target a personal sexuality conducted by coercion, intimidation, threats, detention, psychological pressure or abuse of power, or by taking advantage of environmental coercive, or upon a personal incapable of giving true

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consent; acts of a sexual nature that is not limited to physical attacks on a personal body and may include the acts which do not involve penetration or physical contact.

The impacts of sexual violence on children are stress, PTSD (*post traumatic stress disorder*), aggressive, becoming perpetrators of violence, not confidence-fear, unusual anxiety-sexual behavior their age. Sexual violence can impact short-term and long-term for the victim. On other children, there is the possibility of the disorder that is not observed from the outside until there are triggers that display their emotions, such as when a child becomes adolescence and began to be closed with the opposite sex, or when they will get married. In addition, it is likely that the victim children of sexual violence could be actually perpetrators of sexual violence against other children (Jongsma, 1996).

Efforts to prevent sexual violence among adolescents can be performed by giving the Adolescent Reproductive Health Education (PKRR: Pendidikan Kesehatan Reproduksi Remaja) which aims to fulfill the reproductive rights for adolescents in terms of promotion, prevention, and treatment issues of sexual and reproductive health. (PPKUI, 2009). There are many factors of violence in dating, one of them is the existence of gender inequalities so that the understanding of gender equality needs to be well understood by the teens. Disclosure of sexual violence were minimal for women victims also become obstacles to the handling of cases of violence. This is consistent with research Suryani (2010) which states that gender

have roles in the disclosure of child sexual abuse. There are differences between the males and females to disclosure of child sexual abuse, this finding supports that females may be less likely than males to disclosure.

In addition, assertive behavior can equip youth to establish a positive relationship dating, so avoid violence (Rosipia and Carla, 2009). Assertive can be defined as the ability to express themselves with a sincere, honest, clear, firm, open, polite, spontaneous, what it is, and right about the desires, thoughts, feelings and emotions experienced, whether it is considered unpleasant or disturbing in accordance with the rights held him without harm, injure, offend, or threaten the rights, comfort, and the integrity of feelings the others (Sunardi, 2010).

Assertiveness becomes essential in the context of domestic violence. Several studies of O'Leary, Curley, Rosenbaum, and Clarke (in Duckworth and Victoria, 2010) showed that women had potential to be increased in the risk of violence because of assertive behavior in context of ongoing domestic violence. On the other hand, according to Duckworth and Victoria (2010) assertiveness training is capable to contribute on the decision of women to leave the violent relationships which appeared later to empower women and reduce the vulnerability of women to the sexual violence risks.

In efforts to prevent sexual violence, or in other words, in getting adolescents to leave the risk of dating relationship, it could be reach through the healthy dating. It means that during performing a dating relationships, the teens must avoid

physical violence, psychological, and sexual. This study has chosen to give the form of psycho education intervention. According to Supratiknya (2011) psychoeducation implies the efforts to provide assistance to groups of clients in order to master a variety of *life skills* through a variety of structured programs that are conducted based on groups.

And then, to prevent the sexual violence, it could be performed through psychoeducation that combines several components of cognitive, affective, and skills which include education of adolescent reproductive health, understanding gender equality to avoid inaccuracies in dating relationships, so that one of the injured parties could behave assertiveness skills. It was conducted in this study an intervention that combined assertiveness training, reproductive health education, skills to express emotion, and knowledge of gender equality, which was packaged in a healthy dating psycho education to reduce the risk of sexual violence among girls community of street children.

The proposed hypothesis of this study was the existence of psycho education in **healthy dating to reduce the risk of sexual violence in female adolescent of street children** community.

Method

This study used the approach of *action research*, a method that was developed jointly between researchers and decision-makers about variables that could be manipulated and be used immediately to make policy and development. The re-

searchers and decision makers defined together the problem, made design and implemented these programs (Nazir in Kushartati, 2004).

Subjects in this study were street children in the community of street children in northern plaza of Yogyakarta. Criteria's for the subjects were adolescents of 13-17 years old, female, a street child in the category of *street children*, and being in the process of dating relationship.

The given intervention would be giving psychoeducation of healthy dating. The intervention referred to the principle of *prevention* and *promotion* according to Dalton (2000) that was used widely in discipline of *public health* in the psychology of community. This psychoeducation of healthy dating was a *secondary prevention* measures undertaken in the community of female street children showing the early symptoms of violence in dating as earlier helps in doing something.

The used experimental design was pre-experimental design (*one-group pretest-posttest*) with a month of *follow-up* (Cook and Campbell in Fraser et al., 2000). Pretest was conducted prior to the given intervention, and posttest was performed a week after conducting the last meeting of intervention, and it was also conducted in this study the *follow-up* in 3 weeks later.

O1 X O2 Ofu

Note:

- O1 : measurement before treatment (*pretest*)
- O2 : measurement after treatment (*posttest*)
- Ofu : advanced measurement (*follow-up*)
- X : treatment/intervention

Implementation

Scale Arrangement

The easurements on the research were performed by using a scale of sexual violence in dating. The scale was based on the operational definition of sexual assault by National Commission for Women (2010), adapted to the conditions of courting relationships including: rape, sexual harassment that referred to the act ions of sexual motives through physical and non-physical contact on the body of personal sex or sexuality, sexual exploitation, intimidation/assault of sexual motives, and sexual control.

The scale used four alternative options of response: Never, Rarely, Sometimes, Often. The validity of this measuring tool used *content validity* or content validity that could indicate that the test items covering all off content area of the object that would be measured. Tests on contents was performed by *professional judgment* which the assessment was conducted by competent experts in their field.

The reliability of scale was tested by validity of grain using SPSS 16.0 *for Windows*. The used technic of correlation coefficient was *Alpha Cronbach* coefficient. Test was conducted in four rounds of all valid items, and then it was conducted appropriate weight to the content of *blue print* so that it could be obtained the coefficient of reliability scale of 0.931 with the lowest Rit of 0.520 at numeric item of 12, and the highest Rit of 0.907 in numeric item number 9.

Arranging Psychoeducation Module of Healthy Dating

Creating or compiling psychoeducation module of healthy dating based on preliminary studies had been conducted according to the purpose of research. And then, it was performed *professional judgment* on the module made by the researchers.

Performing Selection of Facilitators and Co-facilitator

Facilitator in the psychoeducation of healthy dating was performed by the researchers. And the included co-facilitators in psychoeducation had to meet the minimal qualification of scholar degree (S1) majoring in social sciences, have the experience of being facilitator and co-facilitator of training, understand the characteristics of street children, and close to the street children. The selected co-facilitator was one of the staffs of YLPS Humana recommended by the Director.

Performing Coordination and Simulation Modules

Coordination and simulation modules conducted by the facilitators, co-facilitator, observer, and technical personnel based on psychoeducation module of healthy dating that has been prepared to post the program correctly. In the simulation module, there are some entries adjusted by the researchers such as language replacement that considered difficult to be understood by children and replace the film footage on the material expressing emotions in order that the affective component could be perceived by the participants.

Proposing Letter of Permit for Research

Letter Permit for Research has to give to the Director of YLPS Humana. The agreement between two parties has to be conducted by considering the needed time by the researchers for intervention preparation.

Materials or Tools Preparation

The used tools or materials would be *informed consent*, guide for observations and interviews, module of assertiveness training in dating, room or place for training, audio-visual equipment, stationery, and also meeting worksheets such as evaluation sheets, observation sheets, and worksheets of participation at the meeting.

Researchers conducted the selection of participants

The researchers performed the subjects selection that were met to the study criteria. And then, they were asked to learn the interventional procedure, to give consent form for participation in 'Psychoeducation of Healthy Dating'.

Measurement

The researchers performed measurements using a scale of sexual violence in three times: before the intervention (*pretest*), after the intervention (*posttest*), exactly one week after, and advanced measurement (*follow-up*) after 3 weeks of the intervention. Measurement was also equipped by short interview and observation as the supporting data.

Barriers Anticipation

The researchers tried to minimize some barriers such as avoiding subject mortality, and then psychoeducation of healthy dating was conducted in two days. The psychoeducation of healthy dating was taken place in villa located in the area of kaliurang that is far from city with the expectation of the participant could be more focused on subject and have no time to work as *pengamen* (singer on the street). The used rooms were large and not only one in order to the participants could move more freely and get different atmospheres in all sessions.

The participants, that mostly had no formal education, were hard to pursue the lecture of psychoeducation continuously. Therefore, the implementation of psychoeducation was designed using games, pictures, video clips, feature films, and *role-play* in order to the participants did not get bored while listening to the given material.

Action Implementation

The research was conducted under the license of YLPS Humana Yogyakarta. During the preparation to the end of study, researchers have coordinated with the *Outreach Team* appointed by Director of YLPS Humana to help during the research process.

After the licensing process was complete, the researchers performed immediately *home visit* and *street visit* to invite the participants, and they get 8 from 11 planned participants who had willing to pursue a psychoeducation of healthy dating. The eight participants and their parents

then filled out the consent form and scale of sexual violence as *pretest*.

The intervention of dating healthy psycho-education intervention was conducted in two days, seven sessions with the following details:

1. Session 1 : Introduction to Healthy Dating
2. Session 2 : Reproductive Health
3. Session 3 : Gender and Violence in Dating
4. Session 4 : Expressing Emotions
5. Session 5 : Know Personal and Other People Rights

6. Session 6 : Differences of Being Passive, Assertive, and Aggressive

7. Session 7 : Developing Assertiveness

Results

The description of research subjects was presented in the following table:

Description of research data for sexual violence variables of *pretest*, *posttest*, and *follow-up* was such as the following

Table 2
Description of Research Subjects

| Subjects | Age (years old) | Dating Length (months) | Age of First Dating (years old) | Frequency of Dating |
|----------|-----------------|------------------------|---------------------------------|---------------------|
| Alv | 16 | 9 | 12 | 15 |
| D | 16 | 14 | 14 | 3 |
| Ik | 14 | 3 | 12 | 10 |
| Rns | 17 | 9 | 14 | 19 |
| Els | 16 | 3 | 14 | 3 |
| Kiki | 15 | 7 | 14 | 10 |
| Rtn | 13 | 1 | 12 | 5 |
| N | 17 | 2 | 14 | 7 |

Table 3
Score of Violence Scale

| Subject | 10 Pretest | Posttest | Follow-up |
|---------|---------------|----------|-----------|
| 1 | 21 | 20 | 22 |
| 2 | 19 | 18 | 15 |
| 3 | 37 | 33 | 33 |
| 4 | 49 | 51 | 44 |
| 5 | 26 | 24 | 19 |
| 6 | 31 | 30 | 25 |
| 7 | 29 | 30 | 31 |
| 8 | 49 | 35 | 34 |

By looking at the presented data, it can be seen that from eight subjects, it was not all of them showed a decrease in sexual violence viewed from the scores of *pretest*, *posttest*, and *follow-up*. Subjects who consistently decreased from *pretest*, *posttest*, and *follow-up* were subject 2, subject 3, subject 5, subject 6, and subject 8.

While subject 1, subject 4, and subject 7 were still not yet consistent because of slightly increased or tended to be in the same category of scores. The discussion of each subject would be explained in the section of qualitative analysis in this study.

Here it is the description of research data shown both viewed from hypothetic and empirical data.

Table 4
Description of Research Data

| Variable | Hypothetic Data | | | | Empiric Data | | | |
|-----------------|-----------------|-----|-----|-----|--------------|-----|-----|-------|
| | M | Max | Min | Sd | M | Max | Min | SD |
| Sexual Violence | 37.5 | 60 | 15 | 7.5 | 32.65 | 49 | 19 | 11.56 |

Based on the above description, it could be obtained the mean of empirical score of sexual violence that was smaller than the average of hypothetical score (32.62 < 37.5), meaning that the average of study subjects had experienced sexual violence in low category. It will be explained at the table of categorization to identify the condition of sexual violence experienced by subject of research before pursuing the psychoeducation of healthy dating. Here it is the exposure of score average of sexual violence based on the *pretest*, *posttest*, and *follow-up*.

Table 5
Average Score Sexual Violence

| Measurement | Average Value |
|-------------|---------------|
| Pretest | 32.62 |
| Posttest | 30.13 |
| Follow Up | 27.88 |

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Based on the table, it could be seen the difference score average of sexual violence of the participants. In general, scores of sexual violence showed a decrease in mean value, which meant that there was a decrease in sexual violence experienced by subjects viewed from the *pretest*,

Table 6
Summary of Results of Wilcoxon

| Source | Score Different | Z | P |
|---------------------|-----------------|--------|-------|
| Pretest-Posttest | 4.44 | -1.420 | 0.156 |
| Posttest- Follow Up | 4 | -1.612 | 0.107 |
| Pretest- Follow Up | 8.44 | -2.103 | 0.035 |

posttest, and *follow-up*. Furthermore, the results was strengthened by *Wilcoxon* test to determine the significance of differences between each measurement. The result can be seen in table 6.

Based on the above table, it can be seen that there was no significant difference between the scores of sexual violence before psychoeducation of healthy dating (*pretest*) and after (*post-test*) with $Z = -1.420$ and $p = 0.156$ ($p > 0.05$), the mean decrease in score was 4.44. Likewise, there was no difference between the scores of sexual assault after psychoeducation of healthy dating (*post-test*) and during *follow-up* with $z = -1.612$ and $p = 0.107$ ($p > 0.05$), the mean decreased in score was 4. However, there were significant differences between scores of sexual violence before (*pretest*) and *follow-up* with $z = -2.103$ and $p = 0.035$ ($p < 0.05$), and the mean decrease in score was 8.44. It showed that the application of psychoeducation of healthy dating needed time of approximately a month to be applied in the form of behavior to reduce the risk of sexual violence in dating.

Here is a graph score of sexual violence for each subject:



Graphic 1. Scores of sexual violence at each subject.

Based on the chart, it could be known that not all subjects of research decreased scores of sexual violence. When they were viewed more closely, the chart would show a very small change, it also meant that the changes experienced by the subject of sexual violence was relative small. It could be caused by several things such as catching ability of different materials from each subject, the low score of sexual violence experienced by subject so that the score was not decline significantly, changes in behavior that required considerable time to be applied in daily life, et cetera.

Discussion

The obtained results in this study indicated that the psychoeducation of healthy dating could reduce the risk of sexual violence in dating among girls community of street children. The risk of sexual violence was decreased after the treatment although the behavioral change needed about a month for its application. When the *pretest* of mean score of sexual violence was 32.62, it decreased to 30.13 when the *posttest*, and decreased again at *follow-up* becomes to 27.88. This showed that there was a decrease in the average score of sexual assault after getting treatment of healthy dating psychoeducation.

According to the results of *Wilcoxon* test of sexual violence scores before psychoeducation of healthy dating (*pretest*) and after (*post-test*) with $Z = -1.420$ and $p = 0.156$ ($p > 0.05$), the mean decrease in score was 4.44, it meant that there was no decrease in scores of sexual violence between *pretest* and *posttest* after psychoeducation

of healthy dating, but the decline was not significant. It was possible that the application of healthy dating psychoeducation would be taken longer. The distance between psychoeducation and posttest of a week was not enough to bring a change in the subject. Some subjects acknowledged that it was already get the knowledge and sufficient skills to establish a healthy dating relationships, but it needed time to perform. Most subjects said that they were still waiting for time to improve the dating relationship.

Wilcoxon test results after psychoeducation of healthy dating (*posttest*) and during the *follow-up* showed $z = -1.612$ and $p = 0.107$ ($p > 0.05$) with a mean decrease in score of 4, which meant that there was a decrease in violence between *posttest* scores with *follow-up*, but the difference was not significant. It suggested that the score decrease in sexual violence after getting healthy dating psychoeducation was decreased little by little.

The next Wilcoxon test showed no significant difference between the scores of sexual violence before (*pretest*) and *follow-up* with $z = -2.103$ and $p = 0.035$ ($p < 0.05$), the mean decrease in score of 8.44, which meant that there was a significant difference between pretest to follow-up to the decrease of sexual violence after getting healthy dating psychoeducation. It showed that the application of healthy dating psychoeducation for adolescent girls community of street children needed about a month to be applied in behavioral form.

In this case, the psychoeducation of healthy dating as a form of intervention in the preparation

of the module tried to be adjusted in subjects conditions of street children community. Psychoeducation of healthy dating is capable to provide the needed cognitive and affective understanding, and skills to equip the teens in avoiding sexual violence risks. An understanding about the meaning of dating relationships would be understood fundamentally including its relation with gender roles that can lead to the violence in dating if the relation was not equal. The life of street children is vulnerable by *free sex* behavior because the lack of the environmental control is also plunged adolescent girls at the risk of dating like IMS and unwanted pregnancy. Finally, the psychoeducation of healthy dating would emphasize the importance of having assertive behavior that could be realized by understanding first of their rights as human, as child, and as a woman because self-esteem could affect to the assertive behavior.

Some given educations were able to change the view of subject so that it could be avoided the prevention of sexual violence. This was agree with the research conducted by Swastinasari (2011) which stated that there was a significant relationship between gender roles and self-esteem with the wife of assertive behavior on victims of household violence. Feminine gender roles related negatively to assertive behavior; masculine gender roles associated positively with assertive behavior; androgynous gender role associated positively with assertive behavior; and *self-esteem* associated positively with assertive behavior.

Skills of assertive behavior and then developed with cognitive understanding of situation to

could be functioned to provide honestly and appropriate emotional responses, the use of verbal language respecting the rights of self and others, and capable to communicate non-verbal language that could make message to be effective. Through these skills, the female adolescents are capable to prevent or reduce the risk of violence in dating, this is agree with research conducted by Meyers-Abell & Jansen (in Duckworth & Victoria, 2010), which stated that assertiveness training was able to contribute in the decision of women to leave the violent relationships. Whereas the other studies mentioned that assertiveness training could be functioned to empower women and reduce the vulnerability of women to the sexual violence risks (Mac Greene & Navarro in Duckworth & Victoria, 2010).

This study was an effort to reduce violence in dating as expressed by Venny (2003) which revealed that the violence in dating was a form of violence that occurred when women entered in the dating bond, then the male could become violent men and the women could become the victims.

The decreased scale scores of sexual violence after giving psychoeducation of healthy dating in the adolescent of street children community in this study was influenced by several factors: psychoeducation module, trainers, and the subject (Grieshaber in Karjuniwati, 2010). Healthy dating psychoeducation module consisted of seven sessions, and prior to conduct the preparation, it has to perform a needs analysis on the subject of research. The results of the needs

analysis showed that children prefer to live on the streets because of various things such as family violence, economic pressure, broken family, and neighborhoods close to the hustle. On the road, a child back to deal with personal conflicts such as an immature adolescent cognitively, emotionally labile, dependence with community and unassertive behavior would make children vulnerable to sexual violence. Moreover, the environmental influence of the promiscuity, alcohol, and drugs would make children difficult to have strong of self-control.

The great enthusiasm of participants was one of the supporting factors to the implementation of healthy dating psychoeducation. The enthusiasm was due to previous participants who have not completed the same training, the conducive atmosphere because there were no outside influences that distracted the participants, and the participants willing of the presented materials. It was undoubtedly that some participants had exhausted to follow the matter, but it could be resolved quickly with games that made the participants feel re-energized. The psychoeducation of healthy dating could performed effectively in adolescents of 13 to 17 years old and in the same community because of the closeness between the participants would affect the discussion effectiveness.

Recognition of some subjects showed positive changes. Subject of Rtn claimed to have understood the relation of dating she lived was not health to satisfy only the desire of her brother and acceptable in the community. This made the subject being trapped in unhealthy dating

relationships because the necessity of one party so that the certain parties would feel aggrieved.

This dating relationships was not due to a desire to love each other so that the subject did not really love her boyfriend, and conversely, resulting in frequent quarrels. Subject found it easier to say with honest feelings to his girlfriend after getting psychoeducation of healthy dating.

Dating relationships for the teens is something that considered to be fun. Aronson, Wilson and Akert (2005) said that people make dating to have fun so that they would do for the best. Mutual assessment was often be unrealistic at the beginning of the relationship, because all individues want to believe that they have found the perfect partner and want the positive feedback from the partner.

Knowledge of appropriate reproductive health must be given to adolescents related to the ability to manage sexual desires that would emerge at the puberty. Understanding the risks of sexual diseases transmission and unwanted pregnancies is also a needed matter to be emphasized as part of a healthy dating socialization among adolescents.

There were various risks that could arise in relation of dating so that the religion relationship between two human was also regulated. Kaheel (2012) tried to look at this dating relationship problems through the approach of Islamic religion that embodied in some hadiths that clearly prohibited to make relation of dating:

“Remember, do not let the man alone with a woman (not the mahram) but the third is the devil.” (Sunan Tirmidhi)

“Do not ever a man with a woman alone, unless with the mahram” (Bukhari)

Social reality in society, especially the street children with the characteristics and super-ego which tend to be less normative has made it difficult to avoid the children with the risk of dating relationship. Therefore, the psychoeducation of healthy dating was conducted in an effort to prevent the risk of dating relationships. This was agree with the appeal of Minister of Health of the Republic of Indonesia Mboi (in Michael, 2012) concerned with the importance of debriefing information to the youth about healthy dating. The minister also revealed that dating was a time of introduction someone to enter the level of marriage. Dating would be said well if it did not go beyond the limits of existing norms and not performing deviant sex acts.

The researchers assumed that the psychoeducation of healthy dating that was conducted for female adolescent of street children community was an early stages of forming awareness of the risks around them. The psychoeducation of healthy dating became the stimulants for adolescents to get used in discussing and being opened to the new insights and skills in everyday behavior to avoid the risk of dating.

This research has also many weaknesses such as lack of material about the dangers of alcohol and drugs that turned out to have a big impact on sexual violence. In the dating healthy psychoeducation, it has already mentioned about the risk of sexual violence occurred when a person was unconscious or intoxicated, but the participants were encouraged to understand the dangers of

alcohol and drugs which they consumed, so that not all the participants were able to apply them in behavior. Krahe et al (2007) stated that the consumption of alcohol and drugs in the context of sexual interaction was a risk factor of sexual violence on the victims. Drug abuse prevented women to recognize the warning signs of sexual assault and weaken their ability to provide an effective resistance.

Preventive use various media to prevent child sexual abuse. Booklet have given to participants, but the booklet is less interesting because a lot of writing though with some interesting pictures and design. It is considered better if the media used comics, as did Paramastri et al (2010) in his research that indicates the student prefer media that can help them understand concept with comic paperwork as media for early prevention.

This study has not been touched in implementing the intervention on the part of morality and religious approach in the process of healthy dating psychoeducation. Although the participants had different religions, it was apparently the approach of healthy dating would be better if the discussion was also the dating concept of some

religions that existed and then well related with the social life of morality.

8 Conclusion

Based on the conducted research, it could be concluded that there was influence of healthy dating psychoeducation to reduce the risk of sexual violence in female adolescent of street children community. After having psychoeducation of healthy dating, the female adolescents would be able to prevent sexual violence from her boyfriend so that it could minimize the risk of becoming victims of sexual violence.

Suggestions for the companions of street children, it hoped that they could monitor ability of the children to be developed more largely in the children life. In addition, it must make the children to be aware of dangers of alcohol and drugs as a part of education. Religious approaches also need to be considered for discussion and related to the values of morality in everyday life.

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