

Psychology Services for Children Sex Abuse by The Technical Implementation Unit of Bandar Lampung City

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Abstract: Psychosocial services play a crucial role in supporting children who are victims of sexual abuse (CSA), particularly in areas with high case numbers such as Bandar Lampung. This paper discusses the psychological and social consequences of CSA on victims aged 4–17 years, emphasizing the prevalence of emotional disturbances such as anxiety, PTSD, and low self-esteem. Using qualitative methods through interviews and observations at the UPTD PPA Bandar Lampung, findings indicate that most victims come from lower economic backgrounds, with girls aged 6–12 being the most affected. The perpetrator-victim relationship is often close, involving neighbors, caregivers, or acquaintances. The discussion integrates theories such as attribution, bystander effect, conformity, sexism, and gender roles to understand community responses and systemic challenges. Additionally, the media's role in desensitization and the need for comprehensive sex education are emphasized. Psychosocial services, especially those involving family, legal support, and therapeutic counseling, are essential for child recovery and community prevention efforts.

Keywords: *Child Sexual Abuse, Aggression, Gender, Media Effect, Psychosocial*

1 INTRODUCTION

Children are a gift from God to their parents, so protecting children is the parents' obligation. Unfortunately, parental negligence in carrying out their obligations to supervise and protect children has resulted in violence against children, one of which is sexual violence. According to Paradiatz & Soponyono (2022), sexual violence has become a hot topic among Indonesian society because cases of sexual violence occur almost every year. Article 4 paragraph 2 of the TPKS Law contains several cases of sexual violence against children consisting of rape, sexual intercourse with children, indecent acts against children, and/or sexual exploitation of children, acts that violate morality against the will of the victim, pornography involving children or pornography that explicitly contains violence and sexual exploitation, forced prostitution, and the crime of human trafficking aimed at sexual exploitation (DPR-RI, 2022).

According to Hébert et al. (2020), sexual violence against children is a common bad experience and has long-term detrimental impacts such as affecting the mental, sexual, and physical health of victims, it can also hinder interpersonal functioning and is associated with a higher risk of experiencing sexual abuse again. Various psychological responses related to the experience of sexual violence against children have been revealed, kind symptoms of depression and anxiety, PTSD, and borderline personality disorder, as well as global functioning disorders, interpersonal difficulties, sexual avoidance, and low self-esteem (Sousa-Gomes et al., 2024). Based on this statement, it can be seen that the large number of sexual violence against children makes children have a bad mentality, such as lack of self-confidence, more silence, difficulty adapting, excessive worry, anxiety, fear, stress, depression, trauma, or other emotional disorders to the potential for post-traumatic stress disorder (PTSD).

The reason for raising the topic related to sexual violence against children is based on the large number of types of cases of sexual violence against children that occurred at the UPTD PPA of Bandar Lampung City in 2024, namely 22 cases compared to the number of cases of physical violence against children as many as 6 cases (UPTD PPA of Bandar Lampung City, 2024). The variety of cases categorized as sexual violence indirectly shows that children need to be protected or taught to protect themselves from perpetrators who are people close to the victim or strangers. Perpetrators often target children because they are easy targets to deceive and threaten to keep quiet.

Based on data from the Ministry of Women's Empowerment and Child Protection (KPPPA), cases of violence against children are included in a worrying situation. According to KPPPA (2023), cases of violence against children amounted to 24,158 cases. In 2024, calculated from January to December, there were 24,562 cases of violence against

children in Indonesia, which (KPPPA, 2024). Based on data from KPPPA (2025), calculated from January to February 2025, the number of cases of violence against children was 4,377 cases.

In Lampung Province, especially Bandar Lampung City, cases of sexual violence against children are the most common cases compared to other cases of violence because the types of cases related to sexuality in children are rampant due to various reasons ranging from lack of education to parental negligence. In this regard, the UPTD PPA of Bandar Lampung City categorizes child cases if the victim is aged 0 to 17 years. Based on data from the Ministry of Women's Empowerment and Child Protection (KPPPA) in 2024, there were 724 cases of violence against children in Lampung Province, while adult women were victims of violence as many as 221 cases (KPPPA, 2024). This shows the urgency of handling and preventing sexual violence against children in this region. Therefore, psychosocial services are a very important aspect in supporting the recovery of child victims of sexual violence. The UPTD for the Protection of Women and Children (PPA) of Bandar Lampung City has a strategic role in providing psychological assistance, legal assistance, and strengthening services in the form of counseling and spirituality for child victims of violence (Ministry of PPPA-RI, 2018).

The large number of cases in the category of sexual violence that occurred in Bandar Lampung makes this case need to be highlighted because by highlighting this case, it is hoped that cases of sexual violence against children can be reduced. In this regard, the purpose of writing this internship report is to provide a deep understanding of sexual violence against children seen from the perspective of social psychology.

2 MATERIALS AND METHODS

The research method used was a qualitative method. The qualitative research approach aims to uncover a deep understanding of the perspectives, experiences, and meanings formed in social, cultural, and human behavioral interactions. The type of qualitative method used by the researcher is a case study. A case study used in a way for us to delve into a phenomenon or problem in its entirety, by digging deep into one or several real-life examples with the aim of revealing a deep and comprehensive understanding from various perspectives. Following this, the sampling technique used by the researcher is purposive sampling by intentionally selecting individuals, with careful consideration according to the criteria required in the study. The analysis technique used is based on the theory of Miles and Huberman. Based on this theory, the steps taken are data reduction, data presentation, and drawing conclusions/verification (Miles, Huberman, and Saldaña, 2014).

The participant criteria used were based on the following provisions: (1) Participants were individuals who reported to the UPTD PPA (Child Protection and Empowerment Unit) in Bandar Lampung City. (2) Participants were victims of child sexual abuse and agreed to report their findings and were therefore willing to be interviewed and observed. (3) The researcher assisted the clinical psychologist in conducting interviews and observations with participants, recording and reporting these observations to the relevant clinical psychologist. (4) The research was conducted at the Women's Empowerment and Child Protection Unit in Bandar Lampung City, within the UPTD PPA.

The ethical procedures implemented included written consent from participants to conduct interviews and observations for reporting purposes, a debriefing mechanism for participants prior to interviews and observations, and collaboration with a clinical psychologist in conducting the interviews and observations.

There were seventeen victims of child sexual abuse who participated (aged 4-17 years). The participants were selected through purposive sampling in collaboration with a local protection agency (UPTD PPA) and had previously undergone initial psychological assessment by a licensed clinical psychologist to ensure their ability to participate safely in the research. Most of the participants were female (94.12%, $n = 16$) and male (5.88%, $n = 1$). Based on their education, participants who were not/had not attended school (17.65%, $n = 3$), were in elementary school (47.06%, $n = 8$), were in junior high school (5.88%, $n = 1$), and were in senior high school (29.41%, $n = 5$). Based on the victims' economic status, they were from the middle class (5.88%, $n = 1$) and the lower class (94.12%, $n = 16$). Based on the relationship between the perpetrator and the victim, these included foster parents/parents' partners (17.65%, $n = 3$), family acquaintances (5.88%, $n = 1$), partners (11.76%, $n = 2$), neighbors (29.41%, $n = 5$), and street sellers near the victim (35.29%, $n = 6$). Parental or guardian informed consent and participant assent were obtained in all cases, with confidentiality and anonymity assured.

The materials used included victim demographics, observations, and interviews about child sexual abuse. Victim demographics were participants or their parents who answered questions about their identity to describe their demographic characteristics, such as gender, age, education, and economic class. Observations included non-participant observation conducted by the principal investigator during interviews and daily informal interactions (with consent) to capture non-verbal behaviors such as facial expressions, body movements, and emotional responses. Interviews included open-ended, closed-ended, and probing questions. Questions used in the interviews related to family background, the impact after the incident, and the chronology of events, which had been compiled by a clinical psychologist and its validity was guaranteed. The validity of the interview instrument was assessed through member checking, which was implemented by requesting and reconfirming the interview transcripts from the victims to obtain valid information. To increase credibility, the researcher and clinical psychologist asked participants for key points from the interviews to ensure the summary

matched the participants' answers. This instrument was reviewed and validated by three child experts: a clinical psychologist, the head, and the deputy of the UPTD PPA for clarity and relevance.

3 RESULTS

This study included 17 victims of child sexual abuse cases that occurred in Bandar Lampung City. The following table lists the names and ages of the victims.

Table 1. Victim Identity

Name	Age
BTH	4 years old
KNZ	17 years old
KHZ	16 years old
RSD	14 years old
ACH	15 years old
AYR	12 years old
RTA	14 years old
LTS	6 years old
KRN	17 years old
ALA	10 years old
KSY	10 years old
MTR	10 years old
GDS	11 years old
VNS	11 years old
AFZ	6 years old
AQL	9 years old
WLN	9 years old

The success rate of counseling is only around 50% because the counseling process can only be carried out once. However, during the counseling process, victims can explain how they feel, even though it requires extra effort to convince and help them remember the events they experienced. In this counseling process, assistance is required from the victim's parents, close friends, or one of the staff members of the UPTD PPA who are more familiar with the children who have experienced sexual violence.

Table 2. Observation and Interview Result

Name	Observation Results	Interview Results
BTH	1. Not difficult to communicate (can tell stories well) 2. Does not show a cheerful response when other children invite him to play. 3. Shows expressions of fear and slow responses when telling stories about events they have experienced. 4. Very interactive with family and can carry out normal activities.	1. The incident occurred when the person concerned was playing outside with his drawing book, where he had been out since 15.00 WIB. 2. The person concerned told his father that he wanted to defecate but complained that his genitals hurt while crying. Then, his father took the person concerned to the bathroom and flushed the person's genitals without touching them. 3. At night, the mother heard the sound of crying from the person complaining that her genitals hurt when checked, the mother found a strand of adult pubic hair. The person admitted that the perpetrator was a person who worked in the workshop next to their house.

Name	Observation Results	Interview Results
KNZ	1. He looks sensitive, he cries when telling about the incident he experienced. The effect of the incident is that he is also more emotional, 2. KNZ experienced anxiety so that his hand hit the corner of the table while doing counseling. He looked very hurt by the incident. With the incident, KNZ still often has dreams about the incident, 3. There is a feeling of lack of self-confidence experienced. To cover up this feeling, he uses a mask and does not remove it during observation. 4. Because of the symptoms of a tendency to experience PTSD (<i>Post Traumatic Stress Disorder</i>) <i>Traumatic Syndrome Disorder</i>).	1. In 2012, when KNZ was 5 years old in her mother's room and the incident in the morning, she was pulled and dragged by the perpetrator. The perpetrator took off her clothes after that he took off the victim's clothes and immediately pressed down and sperm came out. After the incident, the aunt saw blood stains on KNZ's underwear. 2. The next incident occurred when she was in 7th grade of junior high school, semester 2, the incident also happened in her mother's room in the afternoon. The victim was pulled, the perpetrator threatened (by bringing a neighbor) then the perpetrator took off her clothes, the victim rebelled and her pants were forcibly opened by the perpetrator. 3. The third incident, there was physical abuse/violence. When she was in 10th grade of high school, when she was protecting my mother. The perpetrator punched the victim until the victim's nose bled and then the perpetrator left.
KHZ	1. Looks sad and a bit tense during counseling and telling the story of what happened to him 2. KHZ is also easily emotionally depressed when at home. Often remembers the events he experienced 3. Because of the symptoms of a tendency to experience PTSD (<i>Post Traumatic Syndrome Disorder</i>)	1. When KHZ was 7 years old. According to him, at that time he was taking a nap and his mother was chatting with the neighbors. The perpetrator opened his pants and tried to insert his penis into the victim, but the incident was seen by KHZ's older brother, KNZ. 2. The next incident occurred when she was in 7th grade of junior high school. After the cataract surgery, the perpetrator invited the victim to her uncle's house and in the warehouse where there were many items, the perpetrator had sex. The perpetrator rarely came home, but when he did, he often had sex. 3. The third incident, when the victim was in grade 9, semester 2, had sex in the upstairs room and inserted his penis. But in the end, perpetrator masturbated and immediately left the victim.
RSD	1. Looks gloomy and sad when telling the chronology. 2. The eyes are not focused on the speaker when telling a story about chronology.	On January 11, 2025 at 11 am, the person concerned was invited to have sex in the employee facilities room, where the perpetrator was a meatball seller.
ACH	1. Have good communication but tend to be closed. 2. Having a feeling of anxiety and fear when thinking that the video is still in the hands of the perpetrator.	Sexual intercourse with the girlfriend took place from May 2024 to January 2025. At the end of the year, the perpetrator saved a video of them doing it and the perpetrator could not stop because of the perpetrator's threats to her with the video.

Name	Observation Results	Interview Results
AYR	1. Crying when telling the chronology of events. 2. Wearing a sad and depressed expression with eyes directed to the floor when telling a story, which indicates lack of confidence. 3. There are symptoms of a tendency to experience PTSD (<i>Post Traumatic Syndrome Disorder</i>).	1. Incident from 4th grade of elementary school. The incident that occurred in 2023 on January 9th night was when the person concerned was invited to go for a ride on a motorbike and the perpetrator held the person's genitals. 2. In 2023, the person concerned was invited to sleep with the perpetrator, at which time the perpetrator held the person's chest. 3. Promotion from 4th grade to 5th grade. The perpetrator rubbed his genitals against the person in question's house at night. 4. When the person concerned slept with his mother, sister, and the perpetrator. The perpetrator took advantage of the situation by holding the person's chest and genitals because the person concerned was sleeping next to him. 5. In the perpetrator's room at night, the person concerned was forced to sleep on top of the perpetrator and the perpetrator hugged the person concerned.
RTA	1. The person concerned tends to be introverted. RTA is quiet, less open with other individuals, less using rational thought patterns. He tends to be emotional. Lack of broad knowledge. RTA does not understand reproductive health knowledge well. Friendly, pleasant attitude and unable to refuse and get angry with <i>peer groups</i> , a submissive attitude becomes a weakness for RTA and is exploited by the perpetrator. 2. From the incident he experienced, the victim lacks close friends who are positive. He has friends / <i>peer groups</i> who appear to be at high risk. 3. RTA is also less close to his family, both to his biological mother and to his biological father and guardian.	1. The incident began with a close friend (not a school friend) named RDT. He had sexual intercourse at RDT's boarding house. After having sex, the victim took a shower and the perpetrator went outside the boarding house. At that time the victim did not go to school for 3 days. 2. After taking a shower and there was no RDT, at that time there was a friend of RDT who stopped by the boarding house named FDL. Seeing the victim then having sex. The victim then took another shower 3. Another friend named RHN said he was going to the bathroom. And at that time RDT returned to the boarding house, but not long after RDT went out with the excuse of going to help his friend's broken down motorbike. Then the 3rd perpetrator did the same thing, he also heard a faint voice outside the boarding room "what if the girl doesn't want to?" then continued the 1st voice "just force her". 4. Then, YGI entered the boarding room and did the same thing then left. Because of the fear of being used again, RTA left the boarding house. 5. RTA was taken home by another male friend he contacted. When he was taken home, the victim asked to be dropped off at the shop behind SMK N4 Bandar Lampung, then the person concerned was picked up by his biological mother. The incident was not told to the family, but was told to the victim's close female friend and the close friend told the family.

Name	Observation Results	Interview Results
LTS	1. The person concerned has language development that is appropriate for his age. In telling the story, he is quite fluent, easy to communicate with even though he is a little active. The thinking pattern that falls into the preoperational stage is where at this stage the child is only able to think symbolically and has not fully thought using logic (concrete to abstract). He does not understand the effects of the events experienced. 2. He also looks brave. From the incident there were efforts made / resistance from the victim, even though he was still a child, such as running away from the scene and getting angry by hitting the perpetrator. 3. There is a fear of being pinched by the perpetrator, so the victim never tells about the incident. Because of the pain in the genitals, this is what makes her comfortable and willing to reveal and tell her biological mother. 4. LTS seems quite smart, he is able to identify the perpetrator and the scene of the crime, although not in detail.	1. The perpetrator inserted his finger into LTS's genitals while LTS was wearing shorts and the perpetrator was wearing a football shirt. The perpetrator's name is DD. 2. The perpetrator showed his genitals to the child and there was a threat that if he reported it, the child would be pinched. In addition, he also explained that when at the mess (Mrs. IN's house). Mr. JY showed his genitals and the victim ran to another room. 3. Ananda was pinched on the hand and cheek by the perpetrator named DD.
KRN	1. KRN has limitations in thinking and is unable to remember the shape of letters, namely when writing the letter 'K'. He also repeats questions and words given more often. His thinking pattern uses intuition. He also lacks focus and knowledge insight. 2. KRN is quite active in moving during counseling. He feels hot, gets bored easily so he moves more often (gross psychomotor is better than fine psychomotor). 3. KRN did not know the perpetrator closely, but he often saw the perpetrator. Because he often saw him, he was willing to be invited by being given money first. These shortcomings made the person in question powerless to be invited easily. Because of the pain, the person in question fought back by running away from the perpetrator.	While playing (outside the house), the person concerned went to Bima's house (his friend) and was invited by the perpetrator. By giving money, the person concerned was invited to an empty house, 2 floors. While in that place, the person concerned became a victim of sexual abuse, namely by having his pants opened, his breasts touched, squeezed and bitten. Because of the pain, the person concerned ran away.

Name	Observation Results	Interview Results
ALA	1. ALA has good language and communication skills so that she is able to describe the events she experienced in detail and clearly. 2. ALA suffered minor injuries to her hand due to being hit by the perpetrator's nails, pent-up anger and fear after the incident occurred. 3. ALA has the courage to fight against the perpetrator of the incident she experienced (not just keep quiet). 4. Concentration is not yet focused, he gets bored easily, tends to be active in gross psychomotor aspects.	1. During the afternoon incident, ALA was invited by a friend (KSY) to defecate and walked towards the toilet which passed the goat pen. The perpetrator followed from the toilet and took him to the goat pen. 2. The perpetrator threatened to shoot if he tried to escape. At that time his left hand was held by the man. 3. The perpetrator groped from the navel then down towards the genitals. Then she fought back by kicking the perpetrator's hand and the perpetrator scratched ALA's hand. Then the perpetrator went towards ALA's friend (KSY). 4. After that, ALA ran towards the toilet, then was picked up by KSY and they were chased by the perpetrator. The incident caused ALA to be afraid, often angry, throwing things around. In addition, his anger wanted to hit the perpetrator.
KSY	1. KSY knew the perpetrator well. This was because the perpetrator's father was the victim's neighbor and his residence/house was not far from the victim KSY. Therefore, he was still willing to chat about silat activities and was not afraid of the father. However, after the unpleasant incident, namely the father 'groping', fear began to occur. 2. KSY has a practical way of thinking, he is able to solve problems that are considered unpleasant (taboo/harassment) by taking the right steps, namely running, running away (taking shelter in a safe place) to a crowded place so that the perpetrator will stop chasing. In addition, he has the courage to report feelings of discomfort to his parents about the incident he experienced (not just keeping quiet). 3. KSY tends to be more active in gross psychomotor aspects compared to fine psychomotor, so guidance is needed to maximize fine psychomotor.	1. When the incident occurred in the afternoon, KSY and his friend were walking towards a public toilet on the beach with a friend named ALA. Although they did not go to the same school, he often played with ALA who was a <i>peer group friend</i> in the surrounding area. 2. At that time, the perpetrator called the two children and offered to join the 'Silat' activity. Then the perpetrator asked KSY and ALA to be checked, the first time was by pulling ALA towards the goat pen, and after that KSY was pulled by the hand towards and then checked. The check was done by feeling from the navel then down towards the genitals. 3. The incident made ALA and KSY cry and fight back by pushing, running away from the perpetrator. But it didn't stop there, then ALA and KSY were chased and both entered a crowded place then the perpetrator ran away leaving the two of them. As a result of the incident, the person concerned is often afraid to see the perpetrator. This is because the perpetrator's house is not far from the victim's house. So the victim still often sees the perpetrator around. Therefore, the person concerned is afraid to leave the house. In addition, Ananda is still often seen daydreaming.

Name	Observation Results	Interview Results
MTR	1. MTR is quite capable of understanding instructions with some repetition. He is also quite capable of maintaining focus and completing his tasks to completion even though he is easily distracted by the person next to him. 2. MTR is quite confident in his abilities and has sufficient initiative in completing his tasks. 3. MTR is sociable and interacts with others flexibly and enthusiastically. 4. Academically, MTR's writing ability is not yet fluent enough, where he still spells and writes several words incorrectly that he wants to write. 5. MTR has an open and <i>easy-going</i> character towards himself and others. 4. MTR is quite flexible and has high enthusiasm. However, he is less able to control his urges and is less sensitive to his feelings.	1. The incident occurred on Monday, April 14, 2025 at 12:30. MTR was invited into the perpetrator's Toy Kiosk. There, MTR was invited by the perpetrator to come in and the perpetrator opened MTR's skirt. After that, the perpetrator inserted his hand into MTR's genitals using his index finger. 2. MTR was groped by the perpetrator on her breasts and her cheeks were kissed by the perpetrator. 3. MTR initially refused the perpetrator, but the perpetrator forced MTR to obey him by dancing on MTR's clothes. 4. Every time he did this, the perpetrator gave MTR money for snacks. 5. MTR's self-resistance during the incident was to run away from the perpetrator. 6. This incident occurred twice, namely when MTR was in grade 2 and grade 3 of elementary school. 7. The perpetrator did similar things to other children who were also MTR's friends, namely GDS, AQL, WLN, and other victims who had not reported it.
GDS	1. GDS is quite capable of understanding instructions and can maintain focus but often has ideas within himself that hinder him from completing tasks. 2. GDS is quite confident and has sufficient initiative in completing his tasks. 3. GDS also enjoys moving and can fluently tell stories about his experiences. 4. GDS tends to be less able to control his movements where he will move and do things of his own accord and his socio-emotional development is seen to be less mature where he often asks about the availability of toys and often sings while doing assignments. 5. GDS likes to show some attention-seeking attitudes and often moves around at will in completing the tasks given. 6. GDS has an open personality character and is easy to get along with other people flexibly and enthusiastically. 7. GDS's academic writing ability is not yet mature enough, where he still has to spell some of the words he wants to write.	1. On Monday, April 21, 2025 at 11.30. GDS came home from school and was called to the perpetrator's shop, then given money and invited into the warehouse. 2. The perpetrator kissed GDS's cheek and unbuttoned her shirt. After that, the perpetrator's hand entered and held GDS's breasts and inserted his hand into GDS's genitals. 3. GDS did not dare to face the perpetrator so the reaction given when the perpetrator did this was shock and did not do anything. 4. This incident occurred 3 times, namely on Thursday, April 24, 2025, Friday, April 25, 2025, and Monday, April 23, 2025.

Name	Observation Results	Interview Results
VNS	1. VNS is quite able to understand instructions and can maintain focus but likes to move around in the drawing test. 2. VNS is a fairly open child. He has a cheerful and friendly nature to others. 3. VNS can communicate well when talking to other people. 4. VNS is a person who is understanding towards others. This is shown when he still communicates well with his friend who is the perpetrator's family. 4. VNS experienced trauma, fear and anxiety when remembering the incident that the perpetrator had committed against him, so that when he told the story, his eyes would stare straight ahead and he would daydream before telling the story.	1. VNS first met the perpetrator when he was playing at his friend's house. The perpetrator was his friend's uncle. 2. Every time VNS goes to his friend's house, the perpetrator always invites VNS to his room. 3. The perpetrator ordered VNS to hold the perpetrator's genitals until he ejaculated. 4. This happened repeatedly. Because of fear, VNS could not refuse because the perpetrator threatened him. 5. Every time VNS wanted to report the incident, his friend who was the perpetrator's family begged VNS not to report it. 6. VNS decided to distance himself from his friend but still communicated well until VNS reported it to his uncle for the first time.
AFZ	1. AFZ is quite capable of understanding instructions and is quite capable of maintaining focus and socially appropriate responses where he is able to respond to questions with shows some movements to show his social interest. 2. AFZ can also be cooperative and tend to be calm even though they are slow to respond to tasks or instructions given. 3. AFZ is an open child, quite active and likes to socialize with his friends. 4. AFZ is quite independent and able to carry out tasks without assistance. 5. AFZ is less able to regulate himself when facing situations that are uncomfortable for him, where he tends to be sensitive and avoids them towards others	1. AFZ's father said that a neighbor came to tell him about the video. the accused was committing an immoral act against A in the back alley prayer room where A worships. 2. That night, AFZ came in tears, accompanied by neighbor. 3. AFZ's father was informed by the witness who recorded the act that A harassed twice by the accused, namely during the day during prayer times Dzuhur and at night in the same place. 4. AFZ's father revealed that at night there was no video recording because the witness immediately reprimanded the reported party so that AFZ was scared and cried without wearing pants. 5. AFZ's father expressed his disappointment because this incident happened again a year ago Previously, he had also caught the accused ordering A to come in. her clothes to lick his chest, which ended in peace with the other party. the reported family and reached an agreement that the reported person be included in Islamic boarding school.

Name	Observation Results	Interview Results
AQL	1. AQL is quite capable of understanding instructions and can maintain focus and complete assigned tasks independently until completed. 2. AQL tends to be slow to respond to conversations with a lower volume than other friends, however, he is able to answer and talk about himself fluently. 3. AQL can be cooperative and tends to be calm without being influenced by others. 4. AQL is a child who doesn't talk much, he will only talk when asked, however, he is quite active and likes to socialize with friends of the same age. 5. AQL prefers to hold back his feelings and often seems hesitant/afraid in interacting with people he has just met so he tends to be sensitive and avoids other people. However, he also has a high will and fighting spirit in achieving something.	1. AQL experienced harassment by the perpetrator who was a neighbor and trader at AQL's school, from January to April 2025. 2. The first time AQL said that when he came home from school, he was called by the perpetrator, pulled, and put in the warehouse. 3. In the warehouse, the perpetrator opened AQL's skirt by first untying her belt, then lowered her skirt. 4. After that, the perpetrator kissed AQL's genitals, and inserted his two fingers into AQL's genitals. 5. After that, AQL's skirt was put back on and the perpetrator threatened her by saying "don't tell mom". 6. When Mrs. AQL wanted to wash clothes, she saw blood stains on AQL's underwear. 7. Mrs. AQL asked AQL about this matter but AQL answered "I don't know". 8. AQL complained of pain in her genitals to her father. AQL also said that after the perpetrator did that, she was given four thousand rupiah.
WLN	1. WLN is able to understand instructions and can complete tasks calmly and quickly. 2. WLN is quite capable of maintaining focus without being distracted by things around him. 3. WLN is able to complete its tasks in sufficient detail with directed and steady movements. 4. WLN is quite confident and has good adaptation, he is able to socialize well with people he already knows as well as with new people. 5. WLN tends to be sensitive to criticism and prefers to suppress his feelings, however, his feelings can still be controlled so that they do not affect his performance in completing tasks or in dealing with a problem.	1. WLN has experienced this incident since 2nd grade of elementary school while now he is in 3rd grade of elementary school. 2. WLN said that the incident occurred on the way home from school at around 16.30 WIB. 3. WLN stopped by the perpetrator's shop to buy toys, then the perpetrator held her, kissed her cheek, and inserted his index finger into WLN's genitals twice. WLN screamed but the perpetrator said "1 more time". 4. After that, WLN was threatened by the perpetrator by saying "Don't tell anyone or you'll be given <i>slime</i>". WLN was given Rp. 2,000 and slime by the perpetrator. 5. WLN felt pain in her genitals. However, her parents first found out from WLN's friends who reported it to the POLRESTA, not from WLN because previously WLN refused to tell.

Name	Gender	Age	Education	Economy
BTH	Female	4 years old	Were not/had not attended school	Middle Class
KNZ	Female	17 years old	Senior High School	Lower Class
KHZ	Female	16 years old	Senior High School	Lower Class
RSD	Female	14 years old	Junior High School	Lower Class
ACH	Female	15 years old	Senior High School	Lower Class
AYR	Female	12 years old	Senior High School	Lower Class
RTA	Female	14 years old	Senior High School	Lower Class
LTS	Female	6 years old	Were not/had not attended school	Lower Class
KRN	Female	17 years old	Elementary School	Lower Class
ALA	Female	10 years old	Elementary School	Lower Class
KSY	Female	10 years old	Elementary School	Lower Class
MTR	Female	10 years old	Elementary School	Lower Class
GDS	Female	11 years old	Elementary School	Lower Class
VNS	Female	11 years old	Elementary School	Lower Class
AFZ	Male	6 years old	Were not/had not attended school	Lower Class
AQL	Female	9 years old	Elementary School	Lower Class
WLN	Female	9 years old	Elementary School	Lower Class

Table 3. Victim Demographics

Based on Table 2, girls (94.12%, n = 16) are more likely to experience sexual violence than boys (5.88%, n = 1), with 14 cases involving girls and 1 case involving a boy. Based on age, children aged 6-12 years old are the most common victims with 10 cases (58.82%), followed by 6 cases (35.29%) involving children aged 13-17 years old and 1 case (5.88%) involving a child aged 0-5 years old. This age distribution aligns with the victims' educational background, as most are elementary school students, given that children aged 6–12 are typically enrolled in elementary school. Additional information regarding KRN is that she has an intellectual disability, so even at 17 years old, she is still attending elementary school. In addition to elementary school students are 8 victims (47.06%), there are 5 victims (29.41%) from senior high school students, 1 victim (5.88%) from junior high school, and 3 victims (17.65%) who are not enrolled in school. Based on economic status, most of the victims were 16 victims from lower class families (94.12%), with 1 victim (5.88%) categorized as middle class. Based on the demographic profile of the victims, it can be concluded that girls aged 6–12 years old who are still in elementary school and come from lower-income families are the most common victims in Bandar Lampung City.

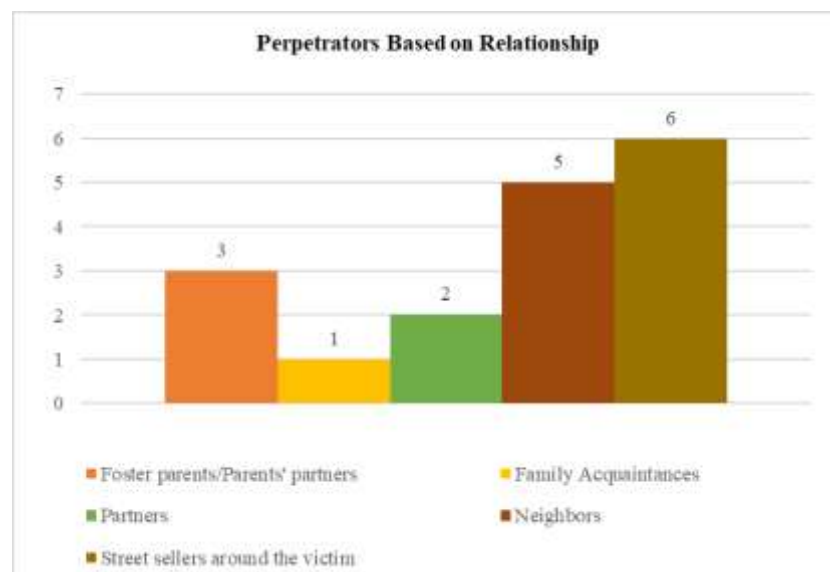


Figure 1. Perpetrators Based on Relationship

Based on Figure 1 from Case Report on Women and Children 2025 (UPTD PPA of Bandar Lampung City., 2025), the perpetrators were mostly street sellers around the victim, with 6 cases (35.29%). This was followed by neighbors

around the victim with 5 cases (29.41%), the victim's foster parents/parents' partners with 3 cases (17.65%), the victim's boyfriend with 2 cases (11.76%), and an acquaintance of the victim's family with 1 case (5.88%).

4 DISCUSSIONS

Many of the children showed signs of deep psychological distress, including nightmares, anxiety, emotional withdrawal, and low self-esteem. Victims such as KNZ and AYR cried during sessions, displayed hypervigilance, and struggled to describe their experiences symptoms consistent with Post-Traumatic Stress Disorder (PTSD). Gewirtz-Meydan and Godbout (2023), describe this as traumatic sexuality, where early sexual trauma disrupts one's sense of bodily autonomy, often leading to dissociation, shame, or confusion about intimacy. Traumatic sexuality can be associated with risky behaviors such as frequent casual sex or compulsive sexual behavior disorder (CSBD), which can increase the risk of revictimization for victims of childhood sexual abuse (Hébert et al., 2020). In several cases, especially in adolescents like KHZ and RTA, the trauma was compounded by repeated abuse, often within familiar environments, reinforcing the need for trauma-informed therapeutic interventions beyond single-session counseling.

Several perpetrators built false emotional bonds with the victims. Cases like MTR and AQL illustrate how gifts, money, and kindness were used to mask abuse, leaving children confused about whether they were being loved or harmed. This manipulation is consistent with social learning theory (Gibbs et al., 2020), which explains how individuals repeat behaviors they observe and perceive as beneficial or unpunished. Learning follows a modeling process and social learning theory or modeling states that violence is learned through action and observation (Khan et al., 2020). As noted by Bennett and O'Donohue (2020), grooming often involves subtle desensitization such as "harmless" touches or playful remarks before escalating into abuse. Grooming tactics include desensitization through minor touches and gift-giving, which we see mirrored in cases like GDS, MTR, AQL, and WLN. Victims were conditioned to remain silent through manipulation and threats, often delivered by trusted adults, creating a complex psychological dependency.

Each theme is analyzed in relation to relevant psychological theories and directly connected to specific empirical findings. During the internship, it was observed that society often blames victims of child sexual abuse. Additionally, family reactions to child sexual abuse do not impact attributions of blame and responsibility toward the perpetrator (Magalhães et al., 2025). This phenomenon is evident in cases of delayed reporting, where victims feel ashamed or lack support from their parents or community, and in cases where the perpetrator is viewed as a victim of past trauma if society adopts an external attribution perspective, thereby deeming the perpetrator's behavior "normal."

Many people show negative conformity by following the majority opinion that reporting sexual violence is taboo or shameful. Conformity is a key factor in how immigrants and members of minority groups adopt the cultural traits of the majority, as such traits are typically more prevalent in the destination country or mainstream society (Kunst & Mesoudi, 2023). Another recurring pattern was the silencing of victims by their own communities or families. Victims like AFZ, BTH, and LTS delayed reporting, not because they didn't recognize the abuse, but because they feared judgment, disbelief, or family backlash. This aligns with the spiral of silence theory (Chen et al., 2024), which posits that people often withhold dissenting opinions due to fear of social isolation. Farjam and Loxbo (2023), add that in tightly bonded communities, the fear of breaking social norms discourages individuals from speaking up even in defense of justice. When abuse is committed by a neighbor or family member, silence becomes a means of self-preservation, especially in cultures where sexual violence is considered a shameful topic.

The overwhelming majority of victims were girls (94.12%), and most perpetrators were adult men an imbalance that reflects deeply rooted gender-based power hierarchies. Moreover, the patriarchal social structure also remain very strong and perpetuates the practice of sexism. Men tend to occupy superior positions in the family and society. As Schneider and Hirsch (2018) note, patriarchal cultures often position girls as passive and subordinate, making them more susceptible to control and exploitation. In some cases, like RTA's, multiple perpetrators collaborated in the abuse, treating the victim as an object within a normalized structure of male dominance. Koçtürk and Şahin (2021), emphasize how both benevolent and hostile sexism sustain myths about child sexual abuse: while empathy reduces belief in these myths, sexism increases it. In some families, this is further reinforced by silence or victim-blaming, driven by fear of damaging the reputation of a male figure. In addition, there is a positive relationship between benevolent sexism with hostile sexism and empathy. In RTA's case, the abuse involved multiple male perpetrators, reflecting not just individual pathology but a collective enactment of gendered violence, exploiting a submissive and uneducated girl in a situation of peer coercion. Sexist attitudes tend to make people believe in child sexual abuse more, while empathy makes them less.

Additionally, it was found that many perpetrators of sexual violence against children take advantage of emotional and social relationships to create relationships that appear positive in the eyes of the victim with use "rewards". This relationship creates emotional confusion for victims where on the one hand they feel loved or appreciated, but on the other hand they become victims of sexual abuse. Response to rewards may not directly represent the "resilience" of victims, but the absence of psychological disorders may accompany, disguise, or even be caused by involvement in high-risk behaviors such as child sexual abuse (Pechtel et al., 2022).

Pornographic media and revenge porn also emerged as risk factors. In ACH's case, the perpetrator recorded and threatened to distribute explicit material, increasing victim control is a clear example of revenge porn, where sexual

content is shared without consent. Revenge porn is the distribution of pornographic content without the consent of the person in the photo or video (Juniarti et al., 2025). Many perpetrators admitted to copying what they saw in pornography, underscoring how media exposure contributes to distorted ideas about consent, power, and sexual norms (Ward & Grower, 2020). Children and adolescents today consume media that often glorifies control, objectification, and hypersexuality. This reinforces harmful beliefs and encourages abusive behavior especially in environments lacking media literacy or counter-education.

One of the most heartbreaking findings was how many children lacked the basic knowledge to understand that what they experienced was abuse. Children like AFZ, BTH, and LTS were unaware that certain forms of touch were inappropriate, and this made them particularly vulnerable. Without adequate vocabulary or body literacy, many victims could not explain what happened to them only that it hurt or felt wrong. This points to a severe lack of comprehensive sexuality education, as highlighted by Schneider and Hirsch (2018), who argue that children must learn about consent, body autonomy, and safe versus unsafe touch to protect themselves. Victims such as ALA and KSY exemplified this gap because they reacted with fear and confusion, unsure how to name or challenge the abuse they faced.

In several cases, the perpetrators held positions of authority within the family or community: stepfathers, religious figures, teachers, or breadwinners. Victims like KNZ and RSD were often unable to report the abuse out of fear, dependency, or loyalty. Santi (2024), points out that power dynamics are central in child sexual abuse, as perpetrators manipulate their roles to silence victims and protect themselves from consequences. When family reactions are dismissive, authoritarian, or emotionally unavailable as seen in the experiences of VNS and RTA. Children feel even more unsafe and unsupported. Magalhães et al. (2025), warn that families who fail to affirm and protect their children after disclosure often contribute to re-traumatization.

This discussion highlights how the tragedy of child sexual abuse cannot be understood solely through individual pathology. It is shaped by complex interactions between trauma, culture, silence, gender, education, media, and power. To support child survivors, we must go beyond clinical interventions and confront the social structures that allow such violence to persist. Listening to children not merely as subjects of research, but as individuals with voices and truths, represents the first and most essential step toward meaningful healing and justice.

5 CONCLUSIONS

Sexual violence against children is a complex issue rooted in psychological, cultural, structural, and legal factors, often sustained by power imbalances, weak supervision, limited sexual education, and societal silence. Perpetrators are frequently authority figures who exploit trust and systemic weaknesses, while victims face stigma, limited awareness, and inadequate protection. Social psychology theories help explain these dynamics and inform prevention efforts. The psychosocial services program has shown the value of psychological interventions, though challenges in resources and coordination remain. Overall, the internship highlights the urgency of integrated, psychology-based approaches to prevention and recovery.

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