

HEALTH IMPACTS AND MEDICAL INTERVENTIONS ON PHYSICAL VIOLENCE AMONG ADOLESCENTS: A REVIEW AND STRATEGIES IN INDONESIA

Nur Flora Nita TB Sinaga¹  Eric Hartono Tedyanto¹  Nancy Margarita Rehatta^{1,2*} 

¹Faculty of Medicine, Petra Christian University, Surabaya, Indonesia

²Department of Anesthesiology and Reanimation, Faculty of Medicine, Universitas Airlangga, Surabaya, Indonesia

*Correspondence: Nancy Margarita Rehatta | Email: margaritarehatta@petra.ac.id

ABSTRACT

Introduction: Violence against adolescents is a global public health issue with significant impacts on physical and psychological health. Data shows that many children around the world experience physical, sexual, or emotional violence, with a high prevalence in Indonesia. Based on data from the 2013 Child Violence Survey, violence against adolescents in Indonesia remains very high, with significant impacts on their physical and psychological health, as well as their academic performance.

Objective: This study aims to identify the causes of violence, including family dynamics, social media, and mental health, as well as its impacts, such as health disorders and decreased academic performance.

Review: Various factors causing physical violence among adolescents in Indonesia include family influence, social media, and peers. The impact is very detrimental, both in the short and long term, both in terms of physical and mental health. The findings indicate the need for early intervention and additional education in schools to effectively address adolescent violence. The synergy between various disciplines at the Faculty of Medicine is key to creating evidence-based prevention strategies. To mitigate the negative impact, additional education in schools and early interventions involving various disciplines are greatly needed. The synergy between educational programs, government policies, and social support is key to preventing violence. With the strengthening of legal protection, as well as increased attention from parents and the social environment, it is hoped that a safer environment for teenagers can be created.

Summary: Overall, this review emphasizes the importance of holistic interventions involving families, schools, and communities to address violence among adolescents and improve their quality of life. There is a need for preventive efforts that involve education in schools, family interventions, and stricter government policies. The success of preventing and addressing physical violence among adolescents heavily relies on the collaboration of all parties involved.

Keywords: Adolescents; Health Impact; Medical Interventions; Physical Violence; Violent Prevention

ABSTRAK

Pendahuluan: Kekerasan terhadap remaja merupakan masalah kesehatan masyarakat global dengan dampak signifikan pada kesehatan fisik dan psikologis. Data menunjukkan bahwa banyak anak di seluruh dunia mengalami kekerasan fisik, seksual, atau emosional, dengan prevalensi tinggi di Indonesia. Berdasarkan data dari Survei Kekerasan Terhadap Anak (SKTA) tahun 2013, kekerasan terhadap remaja di Indonesia masih sangat tinggi, dengan dampak yang signifikan terhadap kesehatan fisik dan psikologis remaja, serta prestasi akademis mereka.

Tujuan: Penelitian ini bertujuan untuk mengidentifikasi faktor penyebab kekerasan, termasuk dinamika keluarga, media sosial, dan kesehatan mental, serta dampaknya seperti gangguan kesehatan dan penurunan kinerja akademis.

Review: Berbagai faktor penyebab kekerasan fisik pada remaja di Indonesia termasuk pengaruh keluarga, media sosial, dan teman sebaya. Dampaknya sangat merugikan baik dalam jangka pendek maupun jangka panjang, baik dari sisi kesehatan fisik maupun mental. Temuan menunjukkan perlunya intervensi dini dan pendidikan tambahan di sekolah untuk mengatasi kekerasan remaja secara efektif. Sinergi antara berbagai disiplin ilmu di Fakultas Kedokteran penting untuk mengembangkan strategi pencegahan yang berbasis bukti. Untuk mengurangi dampak negatif tersebut, pendidikan tambahan di sekolah dan intervensi dini yang melibatkan berbagai disiplin ilmu sangat dibutuhkan. Sinergi antara program pendidikan, kebijakan pemerintah, dan dukungan sosial menjadi kunci dalam pencegahan kekerasan. Dengan penguatan perlindungan hukum, serta perhatian lebih dari orang tua dan lingkungan sosial, diharapkan dapat tercipta lingkungan yang lebih aman bagi remaja.

Rangkuman: Secara keseluruhan, review ini menekankan pentingnya intervensi holistik yang melibatkan keluarga, sekolah, dan masyarakat untuk mengatasi kekerasan pada remaja dan memperbaiki kualitas hidup mereka. Perlu adanya upaya preventif yang melibatkan pendidikan di sekolah, intervensi keluarga, dan kebijakan pemerintah yang lebih tegas. Keberhasilan pencegahan dan penanganan kekerasan fisik pada remaja sangat bergantung pada kolaborasi semua pihak.

Kata Kunci: Remaja; Dampak Kesehatan; Intervensi Medis; Kekerasan Fisik; Pencegahan terhadap Kekerasan



Article info: Received: 16-May-2025 | Revised: 23-May-2025 | Accepted: 4-Jun-2025 | Published: 28-Jul-2025

Published by Universitas Airlangga | DOI: <https://doi.org/10.20473/ijar.V7I22025.140-148>

This work is licensed under a [Creative Commons Attribution-Share Alike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/)

Copyright © Eric Hartono Tedyanto, Nur Flora Nita TB Sinaga, Nancy Margarita Rehatta

INTRODUCTION

Violence is a behavior that is intentionally carried out, causing physical injury or psychological distress. Campbell and Humphrey define child violence as any action that harms or potentially endangers the health and well-being of a child, carried out by individuals who have responsibility for that child. This responsibility can be held by family, friends, or the surrounding community (1). It is estimated that around 50% or more of the 1 billion children worldwide aged 2 to 17 years experienced physical, sexual, and emotional violence or neglect in one year in 2018, particularly in the regions of Africa, Asia, and North America. A 2002 report by the World Health Organization (WHO) showed a decline in the quality of life for women due to acts of violence, with mortality rates reaching 40-70% as a result of violence perpetrated by partners. In the United States, every 9 minutes a woman becomes a victim of physical violence, and 25% of women are killed by their male partners (2).

Based on the results of the Child Violence Survey in 2013, it was found that violence against adolescents in Indonesia is still very high. This survey involved respondents aged 13-17 who were asked to report their experiences of violence in the past 12 months. The results indicates that 1 of 4 boys have experienced physical violence, 1 of 8 have experienced emotional violence, and 1 of 12 have been victims of sexual violence. Meanwhile, among girls, 1 of 7 were reported to have experienced physical violence, 1 of 9 experienced emotional violence, and 1 of 19 became victims of sexual violence (3). This data illustrates the urgency of addressing violence against adolescents in Indonesia.

The purpose of this literature review is to identify the causes of violence, its impacts, and what interventions can be implemented to reduce violence among adolescents in Indonesia.

REVIEW

Types of Violence

Violence among teenagers is generally divided into three categories: direct violence (such as physical aggression, threats, and mockery), indirect violence (such as spreading false news and ostracism), and intimidation. According to the Integrated Service Center for the Protection of Women and Children, violence against children includes physical violence (hitting, kicking), emotional violence (threats, insults), sexual violence (pornography, harassment), neglect (failing to meet the child's basic needs), and economic violence (employing children for economic purposes or involving them in prostitution) (4) (5).

Impact of Violence

Peer violence has a significant negative impact on physical and psychological health. Physically, it can trigger psychosomatic symptoms such as headaches, fatigue, stomachaches, and dizziness. The psychological impacts include low self-esteem, depression, anxiety, sleep disturbances, feelings of loneliness, despair, and even suicidal thoughts. In addition, this violence also impacts academic performance, with several studies showing a decline in achievement and attendance issues at school (6).

Factors that Trigger Violence in Teenagers

Several factors that trigger violence in adolescents include a less active family role, exposure to violence in the media, pressure from aggressive peers, mental health disorders such as attention deficit hyperactivity disorder (ADHD) or bipolar disorder, and experiences of violence during childhood (1).

Peers of the same age have a significant influence on adolescent violence. The presence of peers often triggers violence, as teenagers seek attention that they might not receive from their parents. Peers play an important role as sources of knowledge and information, as well as in the

problem-solving process. Research shows that peer involvement in adolescent relationship violence often occurs due to a lack of affection and attention from parents. Therefore, parents need to pay special attention to their child's social environment, as most of their life is spent with peers. Guidance and attention from parents are essential, as they should have the closest relationship with their child (7).

A study discusses the influence of social media on violence in teenage relationships. The study shows that 57.6% of respondents experienced relationship violence due to social media use, while 10.1% were unaffected by social media. Statistical analysis shows a significant relationship between social media use and youth violence (p -value = 0.012), as well as exposure to online violence (59.8%), which is also closely related to relationship violence (p -value = 0.048). In conclusion, social media and the internet play a role in increasing the risk of dating violence among teenagers (8).

Knowledge does not have a significant impact on violence in teenage relationships. Although teenagers have a solid understanding of violence, this is not always reflected in their behavior. Exposure to violence in the surrounding environment often makes violence seem normal, so they do not realize that such actions are considered violence. Therefore, schools need to improve education on the definition, forms, and prevention of relationship violence by implementing additional programs outside of regular class hours or through non-formal education provided by teachers (9).

The role of the family significantly influences violence in teenage relationships. Permissive parenting, with high freedom and low control, can make teenagers feel that their desires must always be fulfilled. If their desires are not fulfilled, teenagers might express their frustration through violence towards their partner. Many teenagers feel neglected by their parents and rarely share their problems with them. To prevent violence, parents need to improve communication, become friends

with their children, and spend more time together, thereby strengthening family bonds and reducing the risk of violent behavior (10).

Violence Against Teenagers in Indonesia

Violence against teenagers has become a significant issue in Indonesia for several reasons. The violence experienced by teenagers can cause mental disorders such as depression, anxiety, and trauma. Such conditions can affect their emotional and social development in the future. Teenagers who are victims of violence can experience a decline in academic performance, high absenteeism, or even drop out of school due to the physical and psychological impacts caused. Data shows that the rate of violence against children and adolescents in Indonesia continues to rise, making it an urgent issue to address. Teenagers often become victims of domestic violence or violence in their living environment. The perpetrators are often parents or close relatives, which exacerbates the trauma. Although laws have been enacted to protect children and adolescents, their implementation and enforcement are often ineffective. Many cases of violence go unreported or are not handled well. Exposure to violent content on social media and a lack of understanding of how to resolve conflicts without violence also contribute to the increase in violent behavior among teenagers.

Based on the Indonesian Demographic and Health Survey in 2017, most teenagers start relationships at the age of 15-17, with women slightly higher (45%) compared to men (44%). The 2017 National Commission on Violence Against Women noted that 19% of domestic violence or personal relationship violence is teenage relationship violence, with 1,873 cases, ranking third. Boyfriends are the most common perpetrators of sexual violence, with 1,528 cases. This data shows that violence in teenage relationships is a serious problem in society (11).

Data inputted in 2024 from the beginning of the month until September shows a total of 17,141 cases of violence, with 3,667 males and 14,872

females. East Java second ranked in the number of reported violence cases after West Java. The number of female victims in East Java is 766 per 100,000 women in each province of Indonesia (11).

There are 1198 victims per 10,000 children in East Java. The highest number of cases based on the location of the incident occurs in households. The most common form of violence experienced is

sexual violence, with the majority of cases occurring in the 13-17 age range. The perpetrators, based on the most common relationships, are boyfriends or girlfriends, followed by husbands or wives and parents. This data was collected in real-time from the Ministry of Women's Empowerment and Child Protection website, focusing on violence until September 2024. (11)

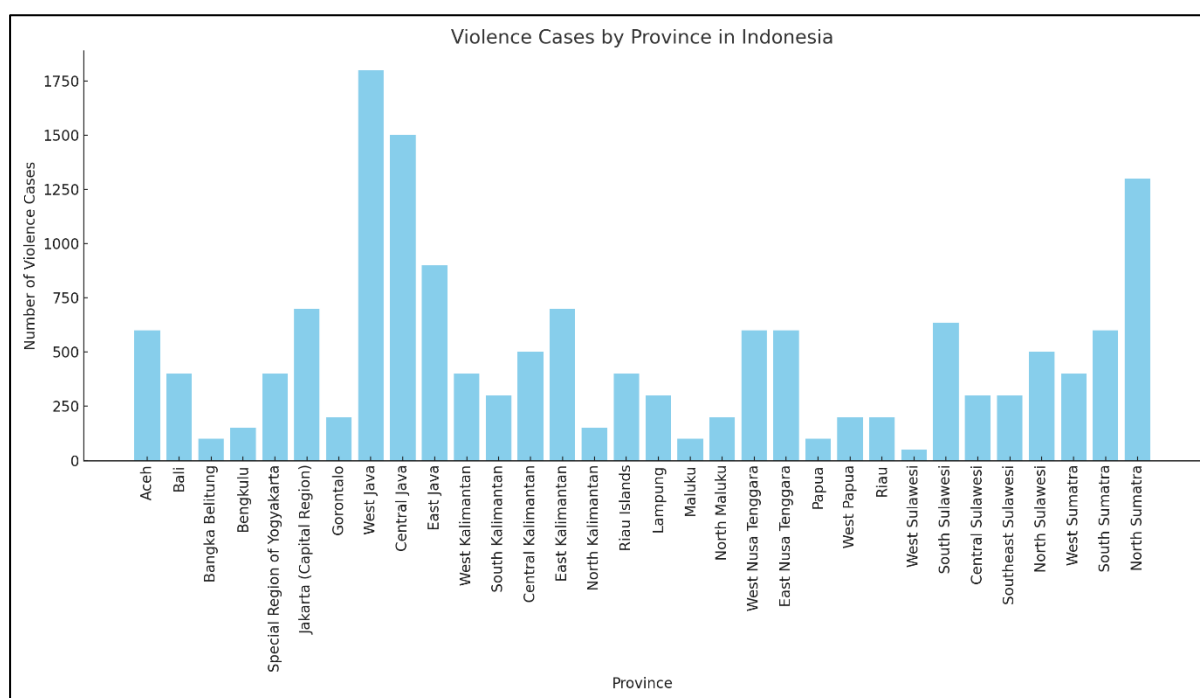


Figure 1. Distribution Map of Violence Cases (11)

Teenage relationships violence in Indonesia is a serious issue, with 19% of domestic or personal relationship violence falling into this category. Globally, violence in teenage relationships is also considered a widespread public health issue. Research shows that social media has a significant influence on youth violence in Indonesia, in line with global findings that link exposure to media violence with increased aggressive behavior. Furthermore, the lack of attention and support from parents in Indonesia is associated with the risk of violence in adolescent relationships, in line with global research highlighting the important role of family dynamics (1).

The Legal Basis for Violence Against Adolescents in Indonesia

The protection and welfare of children in Indonesia, including violence against adolescents, are regulated by several key laws. Law Number 35 of 2014 on Child Protection regulates children's rights and protective measures against violence and exploitation. Law Number 11 of 2012 on the Juvenile Criminal Justice System regulates a special judicial system to handle cases involving children as perpetrators or victims of criminal acts. Government Regulation Number 4 of 2006 provides technical implementation guidelines for the child protection law. Law Number 23 of 2004 on the Elimination of Domestic Violence also protects children from violence within the family environment. In addition, Presidential Regulation

Number 87 of 2014 strengthens child protection policies in various sectors, and Minister of Education and Culture Regulation Number 82 of 2015 regulates the prevention and handling of violence in the educational environment (12).

Violent Prevention among Adolescents Undertaken by the Government in Indonesia

The Ministry of Women's Empowerment and Child Protection of Indonesia runs various programs to protect children and adolescents, including the development of policies and guidelines for violence prevention. They also conduct awareness campaigns and provide support for victims of violence through services such as the Child Crisis Center. In addition, the Ministry of Education and Culture of Indonesia implements an anti-violence education program in schools, aimed at educating students about healthy relationships and ways to resolve conflicts without violence. Teachers and educators also receive special training to recognize signs of violence and provide the necessary support (13).

Law Number 35 of 2014 on Child Protection provides a legal basis for protecting children from violence and establishes children's rights as well as the measures that must be taken to protect them. In addition, Law Number 11 of 2012 on the Juvenile Criminal Justice System regulates the handling of cases involving children as perpetrators or victims of crimes, including violence in teenage relationships. Regulation of the Minister of Education and Culture Number 82 of 2015 also establishes policies for the prevention and handling of violence in school environments, which encourages the creation of a safe and supportive learning environment (13). Law No. 12 of 2022 regulates various forms of criminal sanctions for perpetrators of sexual violence, including imprisonment and fines. Perpetrators who attempt to obstruct the related legal process can also be sentenced to up to 5 years in prison (14).

Various non-governmental organizations (NGOs), such as the National Commission on Violence Against Women and the Pulih

Foundation, are actively engaged in awareness campaigns, providing support to violence victims, and advocating for policy changes. Community initiatives often include training and workshops for parents, teenagers, and community members to increase knowledge about violence, its prevention, and how to provide support. Additionally, some communities have crisis centers and support services that provide counseling, legal assistance, and protection for teenagers and families involved in cases of violence (13).

Several comprehensive efforts need to be implemented to prevent violence among teenagers in Indonesia. First, education and awareness play a key role. Education in schools should include material on relationship violence, reproductive health, and skills for building healthy relationships. This should be done in an engaging and relevant way for teenagers, and it should involve training for teachers to effectively teach these topics. Additionally, community awareness campaigns through social media, television, and radio are crucial for increasing general knowledge about violence, ways to prevent it, and resources available for victims (13).

Second, the role of the family is very important in preventing violence. Training programs for parents can help them understand how to effectively support and guide their children, as well as build open and understanding communication. Support programs should also be available for families experiencing stress or conflict, which can help prevent domestic violence and ensure a stable and supportive family environment for teenagers (15).

Third, youth development programs should focus on providing positive activities and opportunities for self-development that can divert teenagers' attention from violent behavior. This includes extracurricular activities that build skills, interests, and self-confidence. Counseling services should also be available for teenagers experiencing emotional issues or trauma, as well as support for those involved in violent relationships, to help

them address their problems and find healthier ways to manage emotions and conflicts (13).

Fourth, the improvement of policies and regulations must be carried out to effectively address violence against adolescents. This includes strict law enforcement against perpetrators of violence, as well as ensuring that the legal and judicial systems handle violence cases seriously and fairly. Continuous monitoring of child protection and violence prevention policies is also necessary to ensure their effectiveness and make the necessary adjustments. Moreover, the involvement of various parties, including the government, non-governmental organizations, and communities, is crucial in creating a safe and supportive environment for adolescents (16).

The Impact of Violence on Adolescents Based on Medical Science

Childhood abuse is a significant risk factor that affects various aspects of physical and mental health. Adverse experiences in early life, such as abuse, not only increase the risk of mental health disorders like depression, post-traumatic stress disorder (PTSD), anxiety, and alcohol and drug dependence, but also contribute to physical health problems, including cardiovascular diseases, metabolic disorders, and neurological issues. Research shows that these traumatic experiences can be biologically embedded in the body, altering brain function, the neuroendocrine axis (especially the hypothalamic pituitary adrenal (HPA) axis), and the immune system (17).

The HPA axis plays a crucial role in coordinating the body's response to stress and maintaining homeostatic balance. Activation of this axis triggers the release of corticotropin hormone, leading to the secretion of glucocorticoids (cortisol in humans), which function to regulate energy and control the stress system through negative feedback. Child abuse disrupts the activity of the HPA axis, leading to dysregulation of the cortisol response, particularly in its diurnal pattern. Children who experience abuse show abnormal cortisol levels, either

increased or decreased, which are associated with psychological conditions such as PTSD and depression (18). Adults with a history of abuse, low morning cortisol levels and a flattened diurnal pattern are often found, which are associated with vulnerability to physical and mental illnesses. Research indicates that the impact of HPA axis dysregulation can persist into adulthood, contributing to the risk of immune disorders and chronic diseases.

The immune system plays a crucial role in the body's response to pathogens, including the inflammatory response triggered by stress from childhood abuse. Several studies have shown an increase in pro-inflammatory markers, such as C-reactive protein (CRP) and interleukin-6, in individuals who have experienced abuse, both during childhood and adulthood. Abuse is also associated with a decrease in adiponectin, which weakens the body's anti-inflammatory mechanisms, as well as an increased antibody response to viruses such as Epstein Barr virus (EBV) and Herpes Simplex virus (HSV), indicating a disruption in cellular immunity. As a result, individuals who experience childhood abuse are at a higher risk of chronic diseases later in life (19).

Epigenetic modifications, such as deoxyribonucleic acid (DNA) methylation, alter gene function without changing the DNA sequence itself. Research shows that experiences of childhood abuse are associated with changes in DNA methylation, particularly in the glucocorticoid receptor gene, which plays a role in stress response and mental disorders. Studies also show that abuse and placement in orphanages are associated with significant differences in gene methylation. This provides evidence that child abuse can affect stress system function, the immune system and increase the risk of mental disorders and chronic diseases (20).

Potential Clinical Interventions

The importance of early preventive interventions for children who experience abuse to

alter their health risk trajectories and avoid the biological embedding of disease must be emphasized. Dysregulation of the HPA axis activity in abused children can be modified through interventions that focus on more sensitive and responsive caregivers or by placing children in environments that facilitate healthy and supportive relationships. Some family-based intervention programs, such as Attachment and Biobehavioral Catch-up and Early Intervention Foster Care, have proven effective in improving cortisol secretion patterns in children who have experienced abuse (21).

Another research shows that psychosocial and cognitive interventions, especially those involving parent-child relationships, can have a significant impact on cortisol regulation and inflammation. One example is the increase in morning cortisol levels observed in infants from families experiencing abuse after their mothers received child-parent psychotherapy interventions. The intervention proved effective in reducing the negative impact on the child's biological system involved in the stress response, leading to cortisol levels more similar to those of children from non-violent families (22).

Although the results are promising, research on the biological impacts of various types of interventions, especially those involving temporary care, kinship care, and open adoption remains limited. Moreover, the impact of childhood neglect on a child's biological systems is relatively understudied. Programs like the Nurse-Family Partnership (NFP) are internationally recognized as the gold standard in child abuse prevention, although this program is not yet widely available in countries like Canada (23).

Further research is needed to evaluate evidence-based interventions that can reverse the biological negative impacts of child abuse. Focusing on long-term follow-up and expanding the use of biomarkers as outcome measures can help strengthen our understanding of the effectiveness of interventions and the potential to prevent diseases related to childhood abuse.

The Role of Medical Science in Addressing Violence among Adolescents

Physical violence among adolescents is a complex phenomenon that involves various aspects of health and requires the involvement of different departments at the Faculty of Medicine. Public health plays a role in studying the epidemiology of physical violence, including prevalence studies, identification of risk factors, and trends in violence among adolescents. Additionally, biostatistics and preventive medicine conduct data analysis and surveys that support the development of evidence-based violence prevention strategies.

In terms of physical impact, basic medical sciences study the effects of physical violence on organs and body systems, including acute and chronic injuries. Surgery and orthopedics play a role in the medical management of these injuries, including surgical procedures and rehabilitation. Meanwhile, pediatric health sciences study the impact of violence on the physical development of adolescents, who are still in the growth stage. Physical violence also leaves significant psychological impacts. The Department of Psychiatry and psychological disorders such as PTSD, depression, and anxiety, while the Child and Adolescent Psychiatry focuses on the specific psychological impacts experienced by teenagers and the development of psychiatric interventions. Medical psychology studies the coping mechanisms used by victims in dealing with emotional trauma.

In clinical intervention and management, internal medicine addresses the long-term physical and psychological consequences arising from violence. Forensic medicine plays a crucial role in identifying injuries caused by violence and collecting medical evidence, while family medicine offers a holistic approach to managing cases of violence in clinics or family practices. The social and environmental aspects of violence are also a focus of research. Public health studies the social, economic, and environmental factors that influence the risk of violence, while behavioral and health sciences examine the impact of individual

and group behavior on violence. Environmental medicine studies how physical and social environments affect the health of adolescents.

In the prevention of physical violence, public health develops health promotion programs, while medical education and medical ethics focus on training medical personnel to be able to conduct early detection and intervention against violence. Health law also plays an important role in legal advocacy to protect adolescents.

In the legal and ethical aspects, forensic medicine plays a role in the legal process related to reporting violence cases, while Health law examines the rights of victims and their protection within the legal system. Medical Ethics highlights various ethical dilemmas that may arise in the handling of violence. Recent research and innovations in violence prevention involve community medicine in the development of community-based interventions, as well as health informatics, which contributes through the use of technology to detect and prevent violence. Rehabilitation medicine is also developing innovations in the care and recovery of violence victims.

The Department of Neurology also plays an important role in research on physical violence among adolescents, with involvement in various aspects of the impact of violence. The Department of Neurology studies head injuries and brain trauma, such as concussions or traumatic brain injuries (TBI), that result from physical violence and its impact on physical health. They also study the long-term effects of neurological injuries, including cognitive, motor, and sensory function disorders experienced by adolescents. For clinical intervention and violence management, the Neurology Department is involved in the clinical handling of neurological injuries caused by violence. The work includes the diagnosis and management of head injuries as well as rehabilitation to restore neurological function. Additionally, they play a role in multidisciplinary teams to address the neurological aspects of the

impact of violence, contributing to a holistic approach in patient care.

SUMMARY

Violence against teenagers, both physical and psychological, has a significant impact on their health and academic performance. The factors causing violence involve the role of family, social media, peer pressure, and mental health issues. In Indonesia, violence in teenage relationships is often caused by a lack of parental attention and exposure to violence on social media. Childhood abuse also contributes to long-term health issues. Early intervention and family-based programs are crucial for reducing negative impacts and improving health outcomes. The synergy between various academic departments is necessary to develop effective prevention strategies.

Acknowledgment

The authors wish to thank everyone who has supported and contributed to the successful completion of this article.

Conflict of Interest

There is no conflict of interest.

Funding Disclosure

This article did not receive any funding.

Authors' Contribution

All authors contribute in writing and publishing processes of this article.

REFERENCES

1. Soeli YM, Djunaid R, Rizky A, Rahman D. Analisis Faktor yang Berhubungan Dengan Kejadian Perilaku Kekerasan Pada Remaja. *Jambura Nursing Journal*. 2019;1(2):85–95. [[Website](#)]
2. Marthoenis, Rizky F. Gambaran Kekerasan Pada Remaja Sekolah Menengah Pertama Di Kabupaten Aceh Timur. *Jurnal Ilmu Keperawatan*. 2021;9:1. [[Website](#)]
3. Harianti E, Salmaniah S. Faktor-Faktor Penyebab Terjadinya Kekerasan. *JPPUMA*:

- Jurnal Ilmu Pemerintahan dan Sosial Politik UMA (Journal of Governance and Political Social UMA). 2014;2(1):44–56. [[Website](#)]
4. Pratiwi A, P AS. Gambaran Acceptance of Dating Violence Pada Dewasa Awal Yang Menjadi Korban Kekerasan Dalam Pacaran. Manasa. 2020;9(2):63–75. [[Website](#)]
 5. Anantri, Khansa M. Analisis Faktor-Faktor yang mempengaruhi Remaja Putri Terhadap perilaku kekerasan dalam Pacaran di SMA “X” Kota Semarang. Jurnal Kesehatan masyarakat. 2015;3(3):908–17. [[Website](#)]
 6. Wilkinson. M. J. Buku Saku Diagnosis Keperawatan. 9th ed. Jakarta: EGC; 2012.
 7. Dewi NRS, Fatmawati A, Imansari B. faktor-faktor yang berhubungan dengan tindakan kekerasan dalam pacaran pada siswa SMA. 2023;12(3):322–30. [[Website](#)]
 8. Mesra E. Kekerasan Pada Remaja Putri Di Tangerang. Jurnal Ilmu Dan Teknologi. 2014;2(1):1–8. [[Website](#)]
 9. Pahlawan R, Wijayanti AC. Hubungan antara Pengetahuan dan Paparan Media Massa dengan Perilaku Pacaran Remaja. Kes Mas: Jurnal Fakultas Kesehatan Masyarakat. 2018;12(1):60–7. [[Website](#)]
 10. Mulya AP, Lukman M, Yani DI. Peran Orang Tua dan Peran Teman Sebaya pada Perilaku Seksual Remaja. Faletahan Health Journal. 2021;8(02):122–9. [[Website](#)]
 11. Kementerian Pemberdayaan Perempuan dan Perlindungan Anak RI. Jumlah Kasus Kekerasan di Indonesia. 2024. [[Website](#)]
 12. Rianawati R. Perlindungan Hukum Terhadap Kekerasan pada Anak. Raheema: Jurnal Studi Gender dan Anak. 2015;2(1). [[Website](#)]
 13. Kustanty UF. Pencegahan, Perlindungan Dan Penanganan Kekerasan Terhadap Anak Dan Remaja. Harkat: Media Komunikasi Gender. 2018;14(2):139–45. [[Website](#)]
 14. Hafrida, Monita Y, Rakhmawati D, Hariyadi. Sosialisasi Undang-Undang No. 12 Tahun 2022 Tentang Tindak Pidana Kekerasan Seksual dalam Rangka Pencegahan Anak Menjadi Korban Kekerasan Seksual. Joong-Ki: Jurnal Pengabdian Masyarakat. 2023 Nov;3(1):71–9. [[Website](#)]
 15. Waliah FM. Pencegahan dan Penanggulangan Tindak Kekerasan di Lingkungan Satuan Pendidikan pada UPT Satuan Pendidikan SMPN 1 Bontomarannu. 2020;21(1):1–9. [[Website](#)]
 16. Mariyona K. Upaya Pencegahan Dampak Kekerasan Seksual Terhadap Remaja Putri Usia 13-15 Tahun di SPMS PSM. Human Care Journal. 2022 Jun 12;7(2):425. [[Website](#)]
 17. Gonzalez A. The impact of childhood maltreatment on biological systems: Implications for clinical interventions. Paediatric Child Health. 2013;18(8):415–8. [[PubMed](#)]
 18. Cicchetti D, Rogosch F. The impact of child maltreatment and psychopathology on neuroendocrine functioning. Dev Psychopathol. 2001;13(4):783–804. [[PubMed](#)]
 19. Danese A, Caspi A, Williams B, Ambler A, Sugden K, Mika J, et al. Biological embedding of stress through inflammation processes in childhood. Mol Psychiatry. 2010;16:244–6. [[PubMed](#)]
 20. Bick J, Naumova O, Hunter S, Barbot B, Lee M, Luthar SS, et al. Childhood adversity and DNA methylation of genes involved in the hypothalamus-pituitary-adrenal axis and immune system: Whole-genome and candidate-gene associations. Dev Psychopathol. 2012;24(4):1417–25. [[PubMed](#)]
 21. Fisher PA, Van Ryzin MJ, Gunnar MR. Mitigating HPA axis dysregulation associated with placement changes in foster care. Psychoneuroendocrinology. 2011;36(4):531–9. [[PubMed](#)]
 22. Pace TWW, Negi L, Dodson-Lavelle B, Silva B, Reddy S, Cole S, et al. Engagement with Cognitively-Based Compassion Training is associated with reduced salivary C-reactive protein from before to after training in foster care program adolescents. Psychoneuroendocrinology. 2012;38(2):294–9. [[PubMed](#)]
 23. MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. The Lancet. 2009;373(9659):250–66. [[PubMed](#)]