❒   822

Adolescences experience of gender-based violence: a qualitative study

Rr Dian Tristiana¹, Ika Nur Pratiwi¹, Dianis Wulansari¹, Ah Yusuf¹, R Endro Sulistyono²
¹Department of Basic Nursing, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia
²Faculty of Nursing, Universitas Jember, Jember, Indonesia

Article Info

ABSTRACT

Violence towards women is a serious global problem which can affect mental, physical, sexual dan reproductive health. This study aimed to explore adolescents' experiences of gender-based violence. This study used a qualitative phenomenology design to assess the adolescent's experience of gender-based violence. The participants were 15 female adolescents aged 15-18. Participants were interviewed using semi-structured in-depth interviews. The qualitative data obtained were transcribed and analyzed using the Colaizzi approach. The results were structured into four themes according to the adolescent experiences of violence. The themes were the violence experienced; Victim's efforts to deal with the violent incident; Barriers to not reporting or telling others; hope and desire for violence prevention. This study highlights that almost the majority of female adolescent was disclosed to tell other people about incidents of violence. Adolescents tend to feel self-blame and consider that the violent behavior happened because of their fault. This finding emphasized the intervention to resolved the unmet need to facilitate reporting of gender-based violence by victimized adolescents. The interventions must address the stigma, increase community understanding about taboos, and promote gender-based violence education at the school, family, and societal levels.

Corresponding Author:

Rr Dian Tristiana
Department of Basic Nursing, Faculty of Nursing, Universitas Airlangga
Mulyorejo District, Surabaya, East Java, 60115, Indonesia
Email: diantristiana@fkp.unair.ac.id

1. INTRODUCTION

Violence towards women is a serious global problem which can affect mental, physical, sexual dan reproductive health [1]. Adolescents are at particular risk of being exposed to violence. Data in Indonesia shows that the majority of victims of violence are women (79.6%), and the most victim of violence aged 13-17 years (31.6%). The National Commission on Women said there was increased in violence against women throughout 2021 in Indonesia. Even, World Health Organization called gender based violence as "global pandemic" [2]. Violence against women negatively impacts their lives. The condition could lead to mental health problems such as depression, anxiety disorders [3], [4], physical injury [5], sexual and reproductive health problems and unplanned pregnancy [6].

Violence experienced by female and male adolescents is different and increases health risks in adolescents [7]. Adolescents often experience violence in multiple forms, for example, as a victim or witnessing violence [8], including peer victimization and dating violence [9]. The violence experienced by female adolescents increases the risk of developing psychiatric problems such as perceived stress, depressed mood, and suicidality [10], [11]. It also affects personal and social development problems into adulthood [12], and in

the longterm affect socioeconomic status through academic performance, educational attainment, labor force participation, occupational status, and earnings in early adulthood [13], [14]. Understanding how violence against female adolescents can occur and the consequences that may occur to the female adolescents who are victims is vital to prevent problems that arise in the future.

Most survivors of sexual violence never report their cases to various reasons such as embarrassment, fear of being blamed, insufficient evidence, not being supported by their families, and intimidation by perpetrators [15], [16]. A previous study stated that community norms had a significant relationship with experiences of violence [17]. Indonesia is a country that adheres to a patriarchal culture that elevates the position of women to an inferior position. The patriarchal culture of gender injustice in society makes women often obtain negative labels from society [18], [19]. One of the problems related to society's strong traditions and culture that still perpetuate gender stereotypes is Victim blaming [20]. The victims usually were subjected to blaming social sanctions from the community, including friends, neighbors, and social media users [21]. The problems caused women to keep silent because of fear of being stigmatized by society and preventing them from seeking health care.

The main challenge in dealing with violence against women and children in Indonesia is the availability of comprehensive data and information on violence against women and children. Understanding gender-based violence from adolescent experience is necessary to address the main public health concern. World Health Organization also set the goal priority of sustainable development goal (SDG) 5 on gender equality and women's empowerment (specifically, SDG 5.2 on the elimination of violence against women and girls). A limited study qualitatively explored the adolescents' experiences of gender-based violence. Through qualitative research, this study aimed to explore adolescents' experiences of gender-based violence.

2. RESEARCH METHOD
2.1. Study design
This study used a qualitative phenomenology design. This study aimed to assess the adolescent's experience of gender-based violence. The experience of female adolescent was explored by semi-in-depth interview.

2.2. Participants
Participants were 15 female adolescents. They were aged 15–18, able to express their experience of witnessing or experiencing violence and willing to participate in the study. The participants were chosen by targeted purposive sampling.

2.3. Data collection
Participants were recruited by distributing a G-Form regarding whether female adolescents had witnessed or experienced violence. Because the research topic is sensitive, we also informed the participants that the confidentiality principle is applied and that participants' names were written in initial form. The participants and their parents were informed about the purpose of the interview by phone and then contacted to obtain informed consent from their parents. In-depth semi-structured interviews were conducted through a zoom meeting at a time agreed upon by the researcher and prospective participants. Zoom was used to collect qualitative data because of its relative ease of use, cost-effectiveness, data management features, and security options [22].

The interview question guide is an opening question: "What do you think violence is? Please tell us about your experience as a victim/witness of violent behaviour?". Then the next question is, "Please tell me how you felt during this incident? What efforts did you make to overcome this incident? What obstacles did you experience in overcoming this incident? What do you think is the role of your family in preventing this incident? What do you think is the role of your peers in preventing this from happening? What do you think is the role of your school in preventing this incident? What do you think the role of other people/other things in preventing this from happening? What are your expectations regarding the rise of violence against women today?

Interviews were conducted for approximately 40-60 minutes with each participant. Based on adolescents' consent, all interviews were audio-recorded. Audio recorded interviews were transcribed verbatim and verified for accuracy and completeness by DT and IP. For all interviews conducted in Bahasa.

2.4. Ethical consideration
This research has received ethical approval from the health ethics committee of the Faculty of Nursing, Universitas Airlangga, Number: 2651-KEPK. All participants were informed that if information concerning their health or general situation concerned the interviewer, steps had to be taken in agreement with the adolescent to ensure they received adequate help and guidance.

2.5. Data analysis

The qualitative data were analyzed using the Colaizzi method. The analysis step described the phenomenon studied in this study: violence against female adolescents. The second step was collecting descriptions of phenomena through participant opinions by conducting semi-structured in-depth interviews and pouring in verbatim form. The third step was reading all descriptions of phenomena that participants delivered by repeatedly reading the transcript. The fourth step was rereading the interview transcript and quoting meaningful statements by marking the keywords in the transcript. The fifth step was outlining the meaning of significant statements to find the essence or meaning of the keywords to form categories. The sixth step was organizing a collection of meanings formulated into groups of themes by reading all existing categories and comparing and looking for similarities between these categories. The final step was similar grouping categories into sub-themes and themes. The researcher assembles the themes found during the data analysis process and writes them into a description in the form of research results.

3.   RESULTS AND DISCUSSION
3.1. Result

The number of participants in this study was 15 female adolescents. Most of female adolescents aged 15–18 years, from public schools (73.4%) and living in urban areas (53.4%), the details are shown in Table 1. This study found four themes: experienced violence, victim efforts to deal with the incident, barriers to not reporting or telling others and hope and desire for violence prevention, see Table 2.

Table 1 Demographic characteristics of adolescents

Participant	Age (years)	School type	Domicile
P1	15	Public	Urban
P2	15	Private	Urban
P3	15	Public	Urban
P4	16	Public	Urban
P5	15	Private	Urban
P6	18	Public	Urban
P7	16	Public	Rural
P8	16	Private	Rural
P9	17	Public	Urban
P10	18	Public	Rural
P11	15	Public	Rural
P12	16	Public	Urban
P13	15	Private	Rural
P14	18	Public	Rural
P15	17	Public	Rural

3.1.1. Theme 1: Experienced violence
− Sub Theme: Type of violence

Participants said they experienced sexual, verbal, physical, social, and violence through the Internet. Sexual violence experienced by female adolescents such as touching their genitals, holding their breasts, and kissing them forcefully, as stated by participants as follows:

> "When I went to my grandmother's house, there was one who was boarding there, and the man touched my private part." (P5)
> "...there was a male passing by, suddenly hold my breasts ..." (P6)
> "...my boyfriend forced to kiss me, and threatened if I did not want to, then I would be beaten ..." (P8)

Female adolescents reported of being verbal abused. Verbal violence experienced by participants in the form of being made fun of and humiliated in front of other people as stated by participants as follows:

> "...my classmates often make fun of me being fat." (P3)
> "...one of my teachers once said I was stupid in front of my friends ..." (P14)

Female adolescents said that they also being physically abused by their family member and their classmates. Physical violence experienced by participants in the form of being slapped, pinched, and kicked as stated by participants as follows:

> "....my father often hit me, sometimes pinched me when I made a mistake as small as possible..." (P2, P8)

"...my classmate once kicked and *grabbed me because I dropped his cellphone."* (P13)

An adolescent reported that she was socially limited by their family. The social violence experienced by the participants is the limitation of social activities as stated by the participants as follows:

"...my father restricts whatever I do, even I can't have friends with some classmates ..." (P6)

Violence through social media also reported by some adolecents in this study. The violence through the internet experienced by participants was in the form of humiliation and ridicule through social media and group chats as stated by the participants as follows:

"... my friends often insult my photos on Instagram, they often write harsh words ..." (P11, P3)
"...sometimes in the chat group class, when I write something, it's always not considered and it is like being insulted..." (P10)

Table 2 Theme Derivation

Theme	Sub-theme	Category	Keyword
Experienced violence	Kind of violence	Sexual violence	Hold my private parts; holding my breast; force kiss
		Verbal violence	Speak harshly; humiliate
		Social violence	Set up friendship
		Cyberbullying	Write insults on social media
	Perpetrator	Stranger	Stranger man
		Family	Father; brother; uncle
		Friend	Class friend
	Characteristics of the place	Hidden place	Covered with boxes; quiet room
		Quiet place	When there's no one
		Internet	Instagram
			Group chat
	Psychological response	Confused	Confused how to do
		Worried	Worried
		Afraid	Afraid
		Angry	Angry
		Startled	Startled
Victim efforts to deal with the incident	Stay away	Run	Run in front of my grandma's house
	Passive	Silent	I'm just silent
		Cry	Cry
	Hiding	Hide	Stored alone; enough for me to know
			I'm also just keeping my feelings to myself
	Feeling self-blame	Self-blaming	I'm wrong
Barriers to not reporting or telling others	Afraid	Afraid	Afraid to tell
	Shame	Embarassed	I am embarassed
	Did not know how	How to	Don't know how to convey it
	Victim blaming	Blaming the victim	Women who are always more disadvantaged; woman to blame
	Afraid of family disruption	Family suffering	Afraid they (family) will suffer too
		Family burdensome	Their burden (family) is also heavy
		Family sadness	If i tell them later, they will think, later they will be sad
	Comparing to other	Other behavior	Everyone goes through this (happen), others get through it when you don't
	Had no one to be told	Had no one to be told	Have no friends to talk to
			Don't know who to tell
Hope and desire for violence prevention	Decrease the stigma	Norm and culture	Remove taboo
		Community perception	Without worrying about what other people think
	Safety environment	Safety	Free in the community,
			Express my heart with relief
	School environment active to prevent	Educate about violence	Teacher should inform about violence
		Approach students actively	Teacher should approach us to explore our feeling of violence
	Parenting issue	Parent-child closeness	Parents to be closer to their children
		Parent knowledge about violence	Parents better understand what violence is

− Sub theme: The perpetrator

This study found that the perpetrators are various. Participants stated that the perpetrators of sexual violence were strangers, fathers, older brothers, uncles, and classmates, as stated by the participants as follows:

"...There's a stranger male, I don't know, suddenly grabbed my breast..." (P6)
"... (My) father did..." (P2, P6)
"...(My) classmate who laughs at me..." (P13, P14)

− Sub theme: Characteristics of the place

The place characteristics where the violence happened are also various. Participants said that the places where violence was committed were in the form of Hidden places, Quiet places, the Internet, and classes, as stated by participants as follows:

"...at that time behind the house, many boxes were covering..." (P5)
"...when there is no one at all...." (P5, P6)
"...on my Instagram..." (P11)
"...In the classroom when there is no teacher..." (P13)

− Sub theme: Psychological responses

Participants reported various emotional responses. Participants felt confused, worried, afraid, and angry when experiencing or witnessing violence, as stated by the participants as follows:

"...I confused what to do..." (P6)
*"...I am worried...because it's often done..." (*14)
"...at that time, I was scared ..." (P5)
"...inside my heart, I am outraged ..." (P11)
"...At first, I was shocked..." (P5, P6)

3.1.2. Theme 2: The victims' efforts to deal with the incident

Participants respond to incidents of violence with various different responses. Participants conveyed the efforts made when experiencing or witnessing violence in the form of staying away, Passive, Hiding, and self-blaming, which were conveyed participants as follows:

"...At that time, I immediately ran to the house..." (P5)
"...I just kept quiet..." (P10)
"...I hide my feelings..." (P14)
"...I only blame myself for doing something wrong..." (P3)

3.1.3. Theme 3: Barriers to not reporting or telling others

Almost all participants stated reporting the incident to no one. Participants stated the perceived obstacles to reporting or telling others, namely afraid, shame, did not know how, victim blaming, afraid of family disruption, comparing to others, had no one to be told, as stated by participants as follows:

"...I feel afraid to talk..." (P5)
"...I feel embarrassed to tell other people..." (P6)
"...I confused on how to tell the story..." (P5, P2)
"...because it's usually women who are blamed, so I don't tell them..." (P5, P7)
"... later when I tell my parents, I'm afraid they will feel burdened..." (P5)
"...I am afraid to make my parents feel sad or think after I tell (them)..." (P5, P9)

3.1.4. Theme 4: Hope and desire for violence prevention

Participants expressed their hopes for preventing violence. Participants believed that negative vies of society towards victims impacted victim behavior to not reporting the incidents. Their hope was decreasing the stigma in the form of norms and culture, and community perception as conveyed by participants as follows:

"...I wish these people didn't have a negative view of the victim..." (P5, P6)

Some participants convey the desire to have a safe environment for women. Participants want to be no longer afraid to walk at night, to be free to wear comfortable clothes and to feel safe wherever they are.

Participants expressed their hopes for preventing violence, namely the Safety environment, which was conveyed by participants as follows:

> "…want to have a safe environment, so we as women are not worried when going out alone…"
> (P5, P6, P15)

Participants said that bullying still occurs in the school environment. The participants hopes that there were some programs to prevent bullying in schools. Participants expressed their hopes for violence prevention, namely School environment active to prevent in terms of Educate about violence and approach students actively, as stated by participants as follows:

> "…schools should also actively participate in preventing violence against women, for example giving information about what violence is…" (P10)
> "…the teacher is more active in approaching us students, asking what happened to us…" (P14)

The participants in this study experienced violence in the family. Adolescent hopes that there is a program to increase parental understanding about communication, parenting style and increasing the parents and children closeness. Participants expressed their hopes for preventing violence, namely Parenting issues in the form of Parent-child closeness and Parent knowledge about violence, as stated by participants as follows:

> "… the closeness of children and parents seems necessary, so that the story is free…" (P4)
> "…sometimes parents don't understand what violence is, so, if possible, parents also need to be informed." (P6)

3.2. Discussion

This study highlights that almost the majority of female adolescents do not tell other people about incidents of violence. Another study states that most victims of violence do not tell others [23] toward teachers [24], parents or friends. Adolescents in this study reported hiding the incidents that they considered embarrassing from others. The results of previous research indicated that adolescents tend to be closed in certain aspects of others [25]. Families and those closest to adolescents need to recognize the signs and symptoms shown by female adolescents who are victims of violence. Frequently reported barriers to disclosure were stigma, fear of parents/authority figures, consideration of discussion about sex as taboo, and fear of perpetrators [23], fear of consequences to self was the most common reason for disclosure delay in female adolescents [26]. These findings indicate the need to develop methods or efforts to deal with the disclosure in female adolescents who experience problems with violence. Reducing the stigma of victims of violence needs to be done so that victims feel more open in expressing their problems. Increasing parental knowledge and parent-child communication also needs to be done.

The violence experienced by adolescents in this study was in the form of sexual violence (holding vital organs, holding breasts), verbal violence (abusive words), and social violence (peer violence), and through the internet such as social media. A prior study has identified interpersonal violence (a broad term that includes stalking, harassment, sexual assault, and physical dating violence) as a major problem among adolescents [27]. Violence experienced by female adolescent can increase the risk of psychological distress and suicide attempts [28]. Various forms of violence experienced by female adolescents show that gender-based violence still happens a lot in female adolescents. There needs to be action to encourage gender equality and empower female adolescents [29], especially in preventing and overcoming violence. In addition to the support from family [30], it is also necessary to prevent violence against female adolescents at the family level.

Norms and culture in Indonesia are patriarchal, as evidenced by male dominance and female submissiveness. The patriarchy influences values in society, including the adolescent's mindset. It is signified that as adolescents, females believe that males are superior to them [31]. The social norms identified have both a direct and indirect relation to the practice of physical violence. The relationship is indirect when the norm does not explicitly relate to the practice but contributes to the shared behavioral expectation of perpetrating physical violence [32]. Need to conduct shifting collective norms around gender inequity, particularly at the community and peer levels [33]. This activity requires intervention at the community level through positive activities that encourage gender equality in society, directly or through the mass media and online media.

Adolescents are bullied oftenly because of something they are already sensitive about, such as a physical attribute. In other cases, the mistreatment may be an accusation about something they did. Either way, they will often be too embarrassed to discuss it with anyone. Adolescents tend to feel self-blame and consider the bullying happening because of their fault. Shame concerns one's entire being abuse-related shame would be expected to cause the individual to feel shame in response to everyday adverse events to a much higher degree.

4.   CONCLUSION

This study highlights that almost the majority of female adolescent was disclosed to tell other people about incidents of violence. Adolescents tend to feel self-blame and consider that the violent behavior happened because of their fault. This finding emphasized the intervention to resolved the unmet need to facilitate reporting of gender-based violence by victimized adolescents. The interventions must address the stigma, increase community understanding about taboos, and promote gender-based violence education at the school, family, and societal levels.

REFERENCES

[1]   UNHCR, "Gender-based Violence," 2022. [Online]. Available: ttps://www.unhcr.org/gender-based-violence.html (accesse Feb 21, 2022).
[2]   M. Nagashima-Hayashi *et al.*, "Gender-Based Violence in the Asia-Pacific Region during COVID-19: A Hidden Pandemic behind Closed Doors," *International Journal of Environmental Research and Public Health*, vol. 19, no. 4, p. 2239, Feb. 2022, doi: 10.3390/IJERPH19042239.
[3]   N. Asad *et al.*, "The intersection of adolescent depression and peer violence: baseline results from a randomized controlled trial of 1752 youth in Pakistan," *Child and Adolescent Mental Health*, vol. 22, no. 4, 2017, doi: 10.1111/camh.12249.
[4]   H. C. Covey, L. M. Grubb, R. J. Franzese, and S. Menard, "Adolescent Exposure to Violence and Adult Anxiety, Depression, and PTSD," *Criminal Justice Review*, vol. 45, no. 2, 2017, doi: 10.1177/0734016817721294.
[5]   S. Al-Hajj *et al.*, "Child and adolescent injury burden in the eastern mediterranean region: Findings from the Global Burden of Disease 1990-2017," *BMC Public Health volume*, vol. 20, no. 1, p. 433, 2020, doi: 10.1186/s12889-020-08523-w.
[6]   R. G. Grose, J. S. Chen, K. A. Roof, S. Rachel, and K. M. Yount, "Sexual and Reproductive Health Outcomes of Violence Against Women and Girls in Lower-Income Countries: A Review of Reviews," *The Journal of Sex Research*, vol. 58, no. 1, pp. 1–20, 2020, doi: 10.1080/00224499.2019.1707466.
[7]   C. Petersson, K. Swahnberg, U. Peterson, and M. Oscarsson, "Experience of violence and self-rated health: Do youths disclose their experiences when visiting a Youth Centre in Sweden," *Scandinavian Journal of Public Health*, vol. 49, no. 3, 2020, doi: 10.1177/1403494820921690.
[8]   M. Dong *et al.*, "The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction.," *Child Abuse & Neglect*, vol. 28, no. 7, pp. 771–784, 2004, doi: 10.1016/j.chiabu.2004.01.008.
[9]   J. E. Heinze *et al.*, "Adolescent Exposure to Violence and Intimate-Partner Violence Mediated by Mental Distress," *J Appl Dev Psychol.*, vol. 72, no. 101215, 2021, doi: 10.1016/j.appdev.2020.101215.
[10]   S. Park, L. Y. Archer, H. Jang, and M. Jo, "Violence Victimization in Korean Adolescents: Risk Factors and Psychological Problems," *International Journal of Environmental Research and Public Health*, vol. 14, no. 6, 2017, doi: 10.3390/ijerph14050541.
[11]   Å. Källström, K. Hellfeldt, K. H. Howell, L. E. Miller-Graff, and S. A. Graham-Bermann, "Young Adults Victimized as Children or Adolescents: Relationships Between Perpetrator Patterns, Poly-Victimization, and Mental Health Problems," *Journal of Interpersonal Violence*, vol. 13, 2017, doi: 10.1177/0886260517701452.
[12]   D. C. Kuhl, D. F. Warner, and A. Wilczak, "Adolescent Violent Victimization and Precocious Union Formation," *Criminology; an interdisciplinary journal*, vol. 50, no. 4, 2012, doi: 10.1111/j.1745-9125.2012.00288.x.
[13]   K. L. Henry, C. J. Fulco, and M. T. Merrick, "The Harmful Effect of Child Maltreatment on Economic Outcomes in Adulthood," *American Journal of Public Health*, vol. 108, no. 9, p. 1134, Sep. 2018, doi: 10.2105/AJPH.2018.304635.
[14]   L. E. Henkhaus, "The lasting consequences of childhood sexual abuse on human capital and economic well-being," *Health Economics*, vol. 31, no. 9, pp. 1954–1972, Sep. 2022, doi: 10.1002/HEC.4557.
[15]   J. Murphy-Oikonen, K. McQueen, A. Miller, L. Chambers, and A. Hiebert, "Unfounded Sexual Assault: Women's Experiences of Not Being Believed by thePolice," *Journal of Interpersonal Violence*, vol. 37, no. 11–12, p. NP8916, Jun. 2022, doi: 10.1177/0886260520978190.
[16]   S. L. Caron and D. Mitchell, "'I've Never Told Anyone': A Qualitative Analysis of Interviews With College Women Who Experienced Sexual Assault and Remained Silent," *Violence Against Women*, vol. 28, no. 9, pp. 1987–2009, Jul. 2022, doi: 10.1177/10778012211022766.
[17]   M. Murphy, N. Jones, W. Yadete, and S. Baird, "Gender-norms, violence and adolescence: Exploring how gender norms are associated with experiences of childhood violence among young adolescents in Ethiopia," *Global Public Health*, vol. 16, no. 6, 2021, doi: 10.1080/17441692.2020.1801788.
[18]   N. Azizah, "Gender Equality Challenges and Raising Awareness in the Patriarchal Cultural in Indonesia," *Journal of Humanities and Social Sciences Studies*, vol. 5, no. 1, pp. 47–52, Jan. 2023, doi: 10.32996/JHSSS.2023.5.1.7.
[19]   T. Kumar, "The culture of patriarchy, gender bias, and class discrimination in Mahesh Dattani's Tara," *Linguistics and Culture Review*, vol. 5, no. S1, pp. 60–69, Jul. 2021, doi: 10.21744/LINGCURE.V5NS1.1314.
[20]   I. M. W. Darma, I. G. A. A. M. Triwulandari, and D. Bunga, "The Victim Blaming: Labeling for Women Victim of Sexual Violence in Human Rights Perspective," *International Journal of Law Reconstruction*, vol. 6, no. 2, 2022, doi: 10.26532/ijlr.v6i2.23887.
[21]   S. Mas'udah, "The Meaning of Sexual Violence and Society Stigma Against Victims of Sexual Violence," *Society*, vol. 10, no. 1, 2022, doi: 10.33019/society.v10i1.384.
[22]   M. M. Archibald, R. C. Ambagtsheer, M. G. Casey, and M. Lawless, "Using Zoom Video conferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants," *Sage journal*, vol. 18, pp. 1–8, 2019, doi: 10.1177/1609406919874.
[23]   I. Adeosun, "Adolescents' Disclosure of Sexual Violence Victimization in Nigeria: Prevalence, Barriers and Mental Health Implications," *International Neuropsychiatric Disease Journal*, vol. 4, no. 4, pp. 153–160, 2015, doi: 10.9734/INDJ/2015/19291.
[24]   M. J. Boulton, L. Boulton, J. Down, J. Sanders, and H. Craddock, "Perceived barriers that prevent high school students seeking help

from teachers for bullying and their effects on disclosure intentions," *Journal of Adolescence*, vol. 56, no. 1, 2017, doi: 10.1016/j.adolescence.2016.11.009.

[25] H.-Y. Chan, B. Brown, and H. Von Bank, "Adolescent Disclosure of Information About Peers: The Mediating Role of Perceptions of Parents' Right to Know," *Journal of Youth and Adolescence*, vol. 44, no. 5, 2015, doi: 10.1007/s10964-015-0261-9.

[26] N. D. Kellogg, W. Koek, and S. M.Nienowabde, "Factors that prevent, prompt, and delay disclosures in female victims of child sexual abuse," *Child Abuse & Neglect*, vol. 101, 2020, doi: 10.1016/j.chiabu.2020.104360.

[27] S. N. Sessarego, L. Siller, and K. M. Edwards, "Patterns of Violence Victimization and Perpetration Among Adolescents Using Latent Class Analysis," *Journal of Interpersonal Violence*, vol. 36, 2019, doi: 10.1177/0886260519862272.

[28] F. Bentivegna and P. Patalay, "The impact of sexual violence in mid-adolescence on mental health: a UK population-based longitudinal study," *The Lancet Psychiatry*, vol. 9, no. 11, pp. 874–883, Nov. 2022, doi: 10.1016/S2215-0366(22)00271-1.

[29] A. Amin and V. Chandra-Mouli, "Empowering adolescent girls: developing egalitarian gender norms and relations to end violence," *Reproductive Health*, vol. 11, no. 1, p. 75, 2014, doi: 10.1186/1742-4755-11-75.

[30] A. Koris *et al.*, "Opportunities and challenges in preventing violence against adolescent girls through gender transformative, whole-family support programming in Northeast Nigeria," *Conflict and Health*, vol. 16, no. 1, pp. 1–15, Dec. 2022, doi: 10.1186/S13031-022-00458-W/TABLES/2.

[31] D. M. Dewi, "The Representation Of Patriarchy In Indonesian Children Folk Tales From Sumatra Island," *Lingua Cultura*, vol. 13, no. 3, pp. 167–172, 2019, doi: 10.21512/lc.v13i3.5646.

[32] A. Nnyombi, P. Bukuluki, S. Besigwa, J. Ocaya-Irama, C. Namara, and B. Cislaghi, "How social norms contribute to physical violence among ever-partnered women in Uganda: A qualitative study," *Frontiers in Sociology*, vol. 7, no. 867024, 2022, doi: 10.3389/fsoc.2022.867024.

[33] L. Stark *et al.*, "How gender- and violence-related norms affect self-esteem among adolescent refugee girls living in Ethiopia," *Global Mental Health*, vol. 5, pp. 1–9, 2018, doi: 10.1017/GMH.2017.28.

BIOGRAPHIES OF AUTHORS

RR. Dian Tristiana born in Magetan on 1987, completed her education at SDN Gondang, Magetan in 1999, SMPN 1 Barat Magetan in 2002, SMAN 1 Maospati, Magetan in 2005, Nursing Education Study Program, Faculty of Nursing, Airlangga University in 2010, Master's Program in Nursing Universitas Airlangga year 2014. Currently the author is pursuing a Doctor of Nursing study at the Faculty of Nursing, Universitas Airlangga. The author is active as a permanent lecturer at the Faculty of Nursing, Universitas Airlangga Surabaya at the undergraduate level of Nursing, the current author is the Coordinator of the Publication, Research and Community Service Unit at the Faculty of Nursing, Universitas Airlangga, Captain E-Learning of the Faculty. The author is also active in the professional organizations of the Indonesian National Nurses Association (PPNI) and the Association of Mental Health Nurses (IPKJI) East Java. This is the third book written by the author, previously the author wrote "holistic" and "Qualitative Research in Nursing". She can be contacted at email: diantristiana@fkp.unair.ac.id.

Ika Nur Pratiwi completed S1 and Professional Education at Brawijaya University in 2011 and completed a master's degree in nursing at Gadjah Mada University Yogyakarta in 2014. Currently the author is studying Doctoral Nursing at Airlangga University. The author is an active lecturer in the basic department. She can be contacted at email: ikanurpratiwi@fkp.unair.ac.id.

Dianis Wulan Sari completed his undergraduate and professional education at Diponegoro University in 2011 and completed his master's degree in nursing at The University of Tokyo in 2017, and received his PhD from The University of Tokyo in 2020. The author is an active lecturer in the Advanced Department. She can be contacted at email: dianis.wulan.sari@fkp.unair.ac.id.

Ah Yusuf [ID] [G] [SC] [C] born in Mojokerto on January 1, 1967, completed his education at Madrasah Ibtidaiyah Miftakhul Huda Dlanggu Mojokerto in 1981, Madrasah Tsanawiyah Al-Hidayah Dlanggu Mojokerto in 1984, SMA Al-Hidayah Dlanggu Mojokerto in 1987, Nursing Academy of Islamic Hospital Surabaya in 1990, Study Program Bachelor of Nursing, Faculty of Medicine, Padjadjaran University, Bandung in 1998, Master of Public Mental Health, Airlangga University, Surabaya in 2003, and Doctoral Education Program in Medical Sciences, Airlangga University, Surabaya in 2012. Currently serves as the Dean of the Faculty of Nursing Universitas Airlangga Surabaya. In addition, he is still active as a lecturer at the Faculty of Nursing, Universitas Airlangga Surabaya in the Undergraduate Nursing Study Program, Nurse Education Program, Masters in Nursing, Masters in Public Health, Postgraduate Doctoral Program, also teaches at several nursing and health faculties, College of Health Sciences in East Java. The author is active in various nursing organizations, namely the Regional Board of the Indonesian National Nurses Association (PPNI) of East Java Province, the Expert Council of the Mental Health Nurses Association (IPKJI) of East Java, a member of the East Java Provincial Health Personnel Council (MTKP), a member of the East Java Province AFTA Task Force. LPDP Reviewer Team, member of the International Society of Psychiatric-Mental Health Nurses (ISPN) order number 4050236, member of the International Association for Promotion of Healthcare and Life-Science Research (IAPHLSR), Global Research and Development Servies (GRDS), member ID of IAPHLSR-M17159. He can be contacted at email: ah-yusuf@fkp.unair.ac.id.

R Endro Sulistyono [ID] [G] [SC] [C] completed Bachelor Degree and Professional Education at Universitas Airlangga in 2012 and completed a master's degree in nursing at Universitas Airlangga in 2016. Author is an active lecture in Universitas Jember. He can be contacted at email: Radendro1988@unej.ac.id.