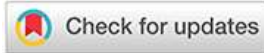


THE ROLE OF THERAPEUTIC ALLIANCE IN COUNSELLING GUIDANCE FOR CHILDREN WITH SEXUAL VIOLENCE CASES IN THE SPECIAL INSTITUTION FOR CHILDREN CLASS II SUNGAI RAYA



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ABSTRACT

This study aims to identify the role of the therapeutic alliance in counseling for juvenile offenders involved in sexual violence at Lembaga Pembinaan Khusus Anak (LPKA) Class II Sungai Raya. The focus of this research is to understand how the therapeutic alliance can encourage openness among juvenile offenders, identify psychological barriers affecting their engagement in counseling, and assess its impact on the effectiveness of the rehabilitation program. The research method used is descriptive qualitative with a case study approach. Data were collected through in-depth interviews and observations with four juvenile offenders and counselors involved in the counseling program at LPKA. The results show that a strong therapeutic alliance, built through emotional bonding, goal agreement, and collaboration in counseling tasks, plays a significant role in increasing the engagement of juvenile offenders in the counseling process. However, barriers such as feelings of shame, fear of judgment, and the limited number of counselors affect the quality of counseling.

Keywords: *Therapeutic Alliance; Counseling; Rehabilitation*



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INTRODUCTION

In Indonesia, the National Commission for Child Protection (Komnas PA) reported that in 2023 there were 3,547 complaints of cases of violence against children, with 1,915 cases of sexual violence, many of which were triggered by exposure to pornographic content. This figure shows a 30% increase compared to the previous year, and most cases occurred in the family environment (Komnas PA, 2023). In addition, the Online Information System for the Protection of Women and Children (SIMFONI-PPA) reported that in 2024, there were more than 20,000 cases of violence against children in Indonesia, with sexual violence being the most reported form of violence (KemenPPPA, 2024). A report from Tempo (2024) also highlighted that cases of sexual violence against children in Indonesia are increasing, fuelled by exposure to pornography and lack of supervision. These child perpetrators of sexual violence are placed in LPKA to undergo guidance and rehabilitation. However, challenges remain as the number of cases reported each year increases (Tempo, 2024). Similarly, a report by Indozone (2024) revealed that the rise of minors as perpetrators of sexual violence has raised concerns about the effectiveness of the existing legal system. Many parties have called for an overhaul in handling these cases, including in the aspects of rehabilitation and legal protection for these children (Indozone, 2024). An example of such a case is in South Tangerang, where a 13-year-old boy was named as a suspect in the sexual abuse of seven of his friends, adding to the urgency to improve the system for handling children as perpetrators (Tangerang News, 2024).

According to the Ministry of Women's Empowerment and Child Protection (KemenPPPA), the increasing number of cases of sexual violence against children requires serious attention, especially in the juvenile criminal justice system, which should focus on rehabilitation and protection of children's rights (KemenPPPA, 2024). In Indonesia's juvenile criminal justice system, children involved in crimes such as sexual violence will undergo a coaching process at LPKA, where the focus is not only punishment, but also education, counselling, and training to prepare for their reintegration into society (Fauzi, 2016). Child protection crimes include various forms of violations of children's rights, in accordance with Law No. 35/2014 on Child Protection in Indonesia. These crimes include rape, sexual violence, child exploitation, harassment, physical violence, psychological violence, neglect, child trafficking, and kidnapping. In LPKA Sungai Raya, the most common case amongst juveniles is sexual violence, which includes harassment, sexual exploitation, and forced sexual intercourse. This phenomenon shows the urgency to review the current rehabilitation and guidance system.

The therapeutic alliance itself is a relationship built on trust between counsellor and client. The term was first introduced by psychoanalyst Edward Bordin in 1979, who emphasised the importance of emotional connection in therapy, not only as a means to achieve therapeutic goals but also as a key element to the success of the counselling process in various forms of therapy (Bordin, 1979). The therapeutic alliance is not a structured programme or method, but rather a concept of interpersonal relationships that underlies the effectiveness of counselling and therapy.

The therapeutic alliance consists of three main components: (1) an emotional bond between counsellor and client, (2) agreement on the goals of therapy or counselling, and (3) collaboration on tasks to be completed during the counselling process. This relationship is dynamic and develops gradually, not automatically. The therapeutic alliance is built through ongoing interactions, where the counsellor actively listens, shows empathy, and creates a safe and judgment-free space for the client. This process

can take time, especially in the case of foster children who have experienced trauma or have resistance to openness (Ardito & Rabellino, 2011).

An effective therapeutic alliance will not happen by itself, it requires commitment from both the counsellor and the client. The counsellor must play an active role in building trust by consistently supporting, listening and understanding the client. In child sexual abuse cases, establishing a therapeutic alliance often requires more time and effort due to deep trauma and the child's distrust of authority or other adults (Horvath & Greenberg, 1989). Therefore, it is important to realise that the therapeutic alliance is the foundation of successful counselling, but it will not form without active efforts from the counsellor and the client's willingness to open up.

In a relationship built on mutual trust, counselled children are more likely to open up about their experiences, emotions, and difficulties. The role of the therapeutic alliance is crucial in supporting the counselling process, especially for sexual violence offenders, who often feel judged or not understood. The therapeutic alliance allows the child to feel heard, understood and supported by their counsellor, which in turn can strengthen their engagement in the rehabilitation process.

Through a strong therapeutic alliance, counsellors are able to gather in-depth information about the child's background, their experiences within LPKA, as well as the challenges they face. This also allows the counsellor to identify the child's motivations, specific needs, desires, or expected changes. This information is crucial in developing an appropriate counselling approach, whether it is through individual counselling to process trauma or emotional issues, or through group therapy or cognitive therapy that helps children overcome behavioural problems and develop the skills necessary for reintegration into society.

In the LPKA environment, where juveniles face challenges such as limited freedom and structured environmental influences, the therapeutic alliance is an important foundation in helping juveniles overcome problems and achieve recovery. Counsellors who successfully build a good relationship with the children can be effective partners in guiding them towards recovery and reintegration into society. By building a relationship based on mutual trust and respect, counsellors can help mentees feel stronger and encourage them to take the necessary steps towards positive change and successful reintegration.

Although the therapeutic alliance is recognised as a key factor in the success of counselling interventions, research specifically exploring the role of the therapeutic alliance between counsellors and child sex offenders in LPKA is limited. Most previous research has focused on the role of the alliance with victims of sexual violence, so there is a gap in the literature regarding how the therapeutic alliance can play a role in facilitating the openness of offenders during the counselling process so that intervention programs can be tailored to the specific needs of offenders. A better understanding of how this relationship can be key in improving the effectiveness of counselling and rehabilitation services for children in LPKA, thereby supporting their recovery and preparing them for reintegration into society.

In this study, understanding the role of the therapeutic alliance on children's openness was important in designing and implementing effective and efficacious counselling sessions. By recognising the importance of a trusting relationship between the counsellor and the child, we can create a supportive environment for the child's recovery and development. Thus, this study will strengthen the understanding of how the therapeutic alliance can be used as a tool to facilitate children's openness in the counselling process, thereby making a meaningful contribution to their rehabilitation

efforts. This research is also expected to provide recommendations for the development of intervention programmes that are more effective and responsive to the needs of foster children.

LITERATURE REVIEW

The Role Theory is a significant framework within the social sciences that investigates how individuals behave and interact within society through the various roles they adopt. This theory posits that a role encompasses a set of expectations, norms, and rules that dictate an individual's behavior in specific social contexts. A person's social role is often influenced by their societal status, which may include positions such as a parent, teacher, student, or employee. The essence of this theory lies in its exploration of how these roles shape individual identities and social interactions, providing a structure within which individuals navigate their everyday lives.

George Herbert Mead, a significant figure in the development of Role Theory, posits that social roles are not merely fixed positions within society but dynamic constructs that emerge through social interactions. This perspective emphasizes that social roles are developed through communication and the symbolic interpretation of interactions among individuals. Mead argues that people learn to adopt behaviors by imitating others or by taking on roles that they observe in their social environment. Through this process of imitation and role assumption, individuals align their actions with societal expectations and norms, thus becoming more adept at navigating their social worlds. Mead highlights that social roles are contextual and shaped by the way individuals interpret the various social symbols present in their environment. As such, these roles are fluid and can change based on the context and the specific interactions occurring at any given moment. This understanding of social roles is crucial, as it illustrates how individuals adapt their behaviors to fit into the expectations of their communities, allowing them to predict and effectively respond to the actions of others.

In conjunction with Mead's Role Theory, the therapeutic alliance has emerged as a critical component in the realm of mental health and therapeutic practices. The therapeutic alliance is defined as the collaborative relationship that develops between a professional, such as a therapist, counselor, or psychologist, and a client during the course of therapy. This relationship is fundamental to the success of therapeutic interventions, as it creates a safe and supportive environment in which clients feel both accepted and understood. The therapeutic alliance comprises three essential components: emotional bonding, consensus on therapy goals, and ongoing cooperation throughout the therapeutic process. Emotional bonding involves the establishment of trust and rapport between the therapist and the client, which is crucial for clients to feel comfortable sharing their thoughts and feelings. Agreement on therapy goals ensures that both the therapist and the client are aligned in their objectives, promoting a focused and coherent therapeutic journey. Lastly, cooperation throughout the process encourages active participation and engagement from the client, which is vital for achieving meaningful change.

The interplay between Role Theory and the therapeutic alliance offers valuable insights into how individuals can effectively navigate their social environments and seek personal growth through therapy. Both concepts emphasize the importance of social interactions and the roles individuals play in shaping their experiences. In therapy, the therapeutic alliance can be seen as a role in itself, where the therapist and client engage in a cooperative relationship that encourages exploration and healing. This relationship fosters an atmosphere where clients can openly discuss their challenges, enabling them

to develop new perspectives and coping strategies. Moreover, the dynamic nature of both social roles and the therapeutic alliance suggests that as individuals learn and grow within their social contexts, they can adapt their roles and relationships, leading to enhanced emotional well-being. Understanding these frameworks allows mental health professionals to cultivate effective therapeutic alliances, thereby enhancing the overall efficacy of their interventions and supporting clients in their journeys toward recovery and self-discovery.

Edward Bordin's work on therapeutic alliance elaborates on its crucial dimensions, underscoring the importance of a trusting and collaborative relationship between the therapist and the client. Bordin identifies three primary dimensions of the therapeutic alliance: the first involves mutual agreement on therapy goals, a shared understanding of the tasks necessary to achieve those goals, and the emotional connection between therapist and client. The second dimension highlights the respective roles of the therapist and the client in working toward these goals, emphasizing the necessity of commitment and accountability from both parties. Finally, the third dimension focuses on the emotional relationship, illustrating the need for a positive, trusting, and empathetic connection that fosters a conducive environment for growth and transformation. A strong therapeutic alliance enables clients to feel supported and understood, allowing them to explore and process their issues more effectively.

METHOD

The design of this research plays a pivotal role in achieving the objectives of the study, serving as a roadmap for the overall research process. Adopting a qualitative phenomenological approach, this research seeks to delve into the experiences and meanings attributed to the therapeutic alliance by both counselors and children undergoing rehabilitation. This phenomenological lens allows the researcher to explore subjective experiences and individual emotions within real-world contexts, as well as to comprehend the relational dynamics that develop between the counselors and the children. By focusing on these experiences, the research aims to highlight the intricacies of therapeutic relationships, providing insights into how these alliances contribute to the counseling process and the overall rehabilitation journey of the children.

Data collection for this study will encompass several stages, including in-depth interviews and non-participatory observation. The interviews will be conducted with experienced counselors providing counseling services to children involved in sexual violence cases at LPKA Sungai Raya. Utilizing semi-structured questions, these interviews will explore the counselors' perspectives, experiences, and challenges in establishing therapeutic alliances. Additionally, the researcher will observe interactions between counselors and children during counseling sessions without direct involvement. This observational approach aims to foster a deeper understanding of the dynamics of therapeutic alliances formed during their interactions, thereby enriching the data collected through interviews with firsthand insights into the counseling process.

The gathered data will undergo qualitative analysis through thematic analysis, enabling the identification of key patterns and themes pertinent to the formation and role of therapeutic alliances in the counseling and rehabilitation processes. This approach is expected to provide profound insights into the importance of therapeutic alliances in enhancing the effectiveness of counseling for children involved in sexual violence cases at LPKA. By systematically analyzing the experiences of both counselors and children, the research aims to illuminate the complex interplay of factors that influence the

development of these alliances, ultimately contributing to a better understanding of how to improve counseling practices in similar contexts.

In qualitative research, data collection and analysis occur simultaneously, emphasizing the importance of obtaining high-quality data. Effective data collection techniques are vital to achieving the research's goals or hypotheses. The research employs various methods, including fieldwork research, which consists of interviews, observations, and document studies. Interviews provide an interactive platform for gaining insights into the experiences and perceptions of children involved in sexual violence cases regarding the counseling they receive. Meanwhile, observations will allow the researcher to directly examine the interactions and nonverbal cues exchanged during counseling sessions. Additionally, document studies will facilitate the gathering of relevant information from case notes, activity reports, and institutional policies, thus providing a comprehensive understanding of the counseling practices and the dynamics between counselors and children.

RESULTS AND DISCUSSION

The formation of a therapeutic alliance is a critical focus in the counseling process at LPKA (Child Correctional Institution). This relationship, characterized by emotional connections between counselors and the youth in their care, aims to foster a sense of safety, trust, and openness. The research delves into the interactions that unfold during counseling sessions, highlighting how counselors work diligently to establish a strong rapport with the youth. As trust develops, the children often find themselves feeling more comfortable and begin to open up to the counselors. This dynamic is essential for their engagement in rehabilitation, as it enables them to express their feelings and experiences more freely. The therapeutic alliance plays a significant role in encouraging these young individuals to embrace the counseling process, which is foundational for their growth and healing.

Psychological barriers significantly impede the youth's participation in counseling at LPKA. These barriers include a deep-seated distrust of adults, pervasive fears, and feelings of shame and guilt that often manifest during sessions. Such obstacles can hinder the youth from actively engaging in counseling and sharing their emotions. Understanding these psychological challenges is crucial for developing effective interventions. The research underscores the need for a strong therapeutic alliance to help address these barriers. When counselors establish a trusting relationship, it becomes easier for the youth to overcome their fears and share their innermost thoughts, paving the way for deeper involvement in the rehabilitation process.

The quality of the therapeutic alliance profoundly influences the youth's engagement in counseling. Those who feel safe, accepted, and supported by their counselors tend to be more open and active during sessions. This engagement is crucial for the effectiveness of rehabilitation programs, as it directly correlates with the youth's willingness to participate and benefit from the process. The findings suggest that when young individuals experience a secure connection with their counselors, they are more likely to express themselves and address their issues constructively. This transformative experience can enhance their emotional well-being and contribute to a more successful rehabilitation journey.

Overall, the study reveals that a strong therapeutic alliance is pivotal to the success of counseling programs at LPKA. It highlights how the alliance fosters openness, encourages engagement, and ultimately enhances the effectiveness of rehabilitation efforts. Despite the evident benefits, challenges such as shame, guilt, and distrust remain

barriers that need to be addressed to optimize outcomes. The research advocates for increasing the number of professional counselors, providing specialized training, and developing programs tailored to the psychological and emotional needs of the youth. By focusing on strengthening therapeutic alliances, the institution can facilitate faster recovery and smoother reintegration of these young individuals into society.

The Therapeutic Alliance Theory, proposed by Bordin in 1979, serves as a foundational framework for understanding the dynamics of counseling relationships, particularly emphasizing three core components: the emotional bond, agreement on goals, and collaboration in counseling tasks. The emotional connection established between counselors and clients is highlighted as a crucial element in fostering openness during counseling sessions. When counselors create a secure and comfortable emotional rapport with their clients—especially with youth undergoing rehabilitation—it significantly enhances the likelihood of active participation in the counseling process. This emotional bond forms the bedrock of the therapeutic alliance, encouraging clients to feel safe in sharing their thoughts and feelings. For youth in rehabilitation, who may carry the weight of past traumas and emotional distress, the ability to establish this foundational relationship is essential. It not only supports the child's willingness to engage in discussions about their experiences but also sets the stage for meaningful participation in therapeutic activities designed to facilitate their healing and growth.

The second component of Bordin's theory, goal agreement, plays a pivotal role in the effectiveness of counseling practices. In successful therapeutic interactions, counselors and their young clients collaboratively establish rehabilitation and emotional recovery objectives. This process of joint goal-setting is not merely a formality; it is a vital aspect of counseling that provides clarity regarding the aims of therapy. When clients actively participate in defining their goals, they develop a sense of ownership and investment in their therapeutic journey. This investment is critical, as it motivates clients to engage more actively in the process of recovery. Furthermore, understanding the purpose behind counseling sessions fosters a sense of direction for the youth, which can be particularly empowering for individuals who may feel lost or overwhelmed due to their circumstances. The alignment of goals creates a partnership dynamic between counselors and clients, reinforcing the therapeutic alliance and facilitating a more effective healing process.

Collaboration in counseling tasks is the third essential component of the Therapeutic Alliance Theory, which underscores the importance of working together towards the shared objectives set during the goal agreement phase. This collaboration is not limited to merely discussing goals; it extends to the active involvement of clients in the therapeutic activities designed to achieve those goals. When counselors and clients work collaboratively, it cultivates a sense of teamwork, where both parties contribute to the therapeutic process. This joint effort can enhance the client's motivation and commitment to the rehabilitation program, as they see themselves as active participants rather than passive recipients of care. Moreover, this collaborative environment allows for ongoing feedback and adaptation of therapeutic strategies to better meet the needs of the client. By integrating these three components—emotional bond, goal agreement, and collaboration—counselors can create a robust therapeutic alliance that significantly enhances the effectiveness of counseling and rehabilitation efforts, ultimately leading to better outcomes for youth in need of support.

Carl Rogers' Client-Centered Counseling Theory (1951) further supports the idea of a strong therapeutic alliance, underscoring three essential aspects: empathy, unconditional acceptance, and congruence. Counselors who demonstrate empathy are

able to forge deep emotional connections with their clients, creating a safe environment conducive to open dialogue. Research indicates that children who may initially be reluctant to speak openly often find comfort in knowing their counselor understands their experiences. Additionally, the concept of unconditional acceptance reduces psychological barriers, such as shame and fear, enabling clients to feel valued for who they are. This acceptance significantly boosts their confidence to express themselves freely. Furthermore, congruence, or the counselor's authenticity, fosters a genuine relationship where trust can flourish, facilitating deeper engagement in the counseling process.

George Herbert Mead's Role Theory (1934) provides a framework for understanding the social dynamics at play in counseling settings, particularly in specialized rehabilitation institutions. Counselors and their clients engage in a reciprocal process where each party fulfills specific social roles—counselors as facilitators and guides, and clients as recipients of guidance. Mead's theory posits that social roles are dynamic and shaped by interactions. In counseling sessions, the exchange of roles is evident, as counselors guide while clients provide insights into their experiences. This interaction not only enhances trust but also encourages clients to actively participate in their rehabilitation. As time progresses, clients often shift from passive participants to more active contributors in the counseling process, illustrating the evolving nature of their roles and the importance of fostering an environment that supports such growth. Overall, understanding these theoretical frameworks provides valuable insights into the complexities of the counseling relationship and highlights the critical factors that influence the success of rehabilitation efforts.

CONCLUSION AND SUGGESTION

The findings from the research highlight the significant role of the therapeutic alliance in promoting openness among youth during counseling sessions. This alliance is characterized by trust, empathy, and unconditional acceptance, which together create a safe space for the youth to share their personal experiences, including traumatic events that may be difficult to articulate. Such emotional bonds are crucial, as they form the foundation of an effective counseling process. When young individuals feel secure in their relationship with their counselor, they are more inclined to express their thoughts and feelings, paving the way for deeper engagement in their rehabilitation journey. This openness is essential for their healing, as it allows for the exploration of underlying issues that can hinder their progress.

Moreover, the effectiveness of counseling services and rehabilitation programs for youth, particularly those involved in sexual violence, is closely linked to the quality of the therapeutic alliance. Positive relationships between counselors and youth enhance participation in rehabilitation activities, leading to meaningful changes in behavior and emotional recovery. The research indicates that when children experience emotional support from their counselors, they are more motivated to engage actively in counseling sessions. This active involvement is critical for achieving rehabilitation goals, as it not only fosters individual growth but also promotes a sense of community and belonging among the youth, which is vital for their overall development.

Despite the acknowledged benefits of a strong therapeutic alliance, the research identifies several barriers that hinder the establishment of such relationships. These barriers are particularly related to the past traumas experienced by the youth and the limited number of counselors available at the LPKA. Such challenges can diminish the intensity of interactions between counselors and youth, adversely affecting the quality of

the therapeutic alliance and the overall effectiveness of rehabilitation programs. Some youth may require additional time and consistent support to build trust with their counselors, which underscores the need for ongoing efforts to address these barriers within the counseling framework.

In conclusion, the study emphasizes that while the therapeutic alliance is a key element in fostering openness and enhancing the effectiveness of counseling and rehabilitation services, it is equally important to recognize and address the barriers that can impede its formation. By understanding the dynamics of trust and emotional connection in the therapeutic relationship, practitioners can better facilitate healing and recovery for the youth. The findings suggest that enhancing the counselor-to-youth ratio, providing ongoing training for counselors, and ensuring a consistent and supportive environment are crucial steps in strengthening therapeutic alliances, thereby optimizing the rehabilitation process for these vulnerable individuals.

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