

LAMPIRAN

Lampiran 1 Biodata Informan

Biodata Informan

No	Nama	Usia	Jenis Kelamin	Pekerjaan	Informan
1.	EH	45 thn	Perempuan	Pedagang	Utama
2.	NA	53 thn	Perempuan	Ibu Rumah Tangga	Utama
3.	JR	49 thn	Laki-laki	Buruh	Utama
4.	AL	37 thn	Perempuan	Wiraswasta	Utama

Lampiran 2 Jadwal Wawancara**Waktu Wawancara dan Observasi Informasi**

No	Informan	Keterangan	Tanggal	Waktu	Tempat
1.	EH	Utama	5 Juni 2025	09.20 – 10.30	Ruang Konseling UPTD PPA
2.	NA	Utama	14 Juni 2025	13.00 – 13.55	Ruang Konseling UPTD PPA
3.	JR	Utama	19 Juni 2025	11.25 – 12.30	Ruang Konseling UPTD PPA
4.	AL	Pendukung	29 Juni 2025	09.15 – 10.30	Ruang Konseling UPTD PPA

Lampiran 3 Guide Interview


Guide Interview

No	Aspek	Indikator	Pertanyaan
1	<p>Kesadaran Diri (<i>Self-awareness</i>)</p> <p>Kemampuan individu untuk menyadari siapa dirinya secara utuh, termasuk pikiran, perasaan, perilaku, dan respons terhadap situasi tertentu.</p>	<p>Mengenali dan memahami emosi pribadi</p> <p>Menyadari respons diri terhadap kejadian traumatis</p> <p>Refleksi diri atas perubahan peran dan identitas</p>	<ol style="list-style-type: none"> 1. Bagaimana perasaan Anda ketika pertama kali mengetahui bahwa anak Anda mengalami kekerasan seksual? 2. Apa yang Anda sadari tentang diri Anda setelah kejadian ini terjadi? 3. Bagaimana Anda menggambarkan perubahan diri Anda sejak mengetahui peristiwa tersebut? 4. Apakah Anda merasa mampu memahami emosi Anda sendiri dalam menghadapi situasi ini?
2	<p>Keyakinan akan kemampuan menghadapi kehidupan</p> <p>Rasa percaya diri bahwa dirinya mampu mengatasi tantangan hidup. Ini mencerminkan adanya optimisme, ketahanan mental, dan kemauan untuk bangkit dari keterpurukan.</p>	<p>Optimisme dalam menghadapi masa depan</p> <p>Tidak menyerah pada keadaan</p>	<ol style="list-style-type: none"> 1. Bagaimana Anda menjalani hari-hari setelah mengetahui kondisi anak Anda? 2. Apa yang membuat Anda tetap kuat dan bertahan? 3. Sejauh mana Anda yakin dapat melalui situasi ini bersama anak Anda?

3.	<p>Menerima pujian secara positif</p> <p>Rasa menerima dan menghargai pujian tanpa merasa rendah diri atau menyangkal, menunjukkan adanya penerimaan terhadap nilai positif diri yang dikenali oleh orang lain.</p>	<p>Tidak merasa tidak pantas saat menerima pujian</p> <p>Menerima pengakuan tanpa merendahkan diri</p>	<ol style="list-style-type: none"> 1. Bagaimana perasaan Anda saat ada orang lain yang memuji ketegaran atau perjuangan Anda? 2. Apakah Anda merasa pantas menerima pujian tersebut? Mengapa?
4.	<p>Mengetahui kelebihan diri dan mengembangkannya secara positif</p> <p>Seseorang yang menyadari potensi atau kekuatan yang dimilikinya dan berupaya mengembangkan potensi tersebut secara konstruktif untuk kehidupan pribadi maupun sosial.</p>	<p>Menyadari kekuatan diri</p> <p>Berusaha berkembang dari pengalaman</p>	<ol style="list-style-type: none"> 1. Dalam situasi ini, apakah Anda melihat sisi kekuatan atau kemampuan khusus dalam diri Anda? 2. Apakah pengalaman ini mendorong Anda untuk berubah atau berkembang dalam cara tertentu?

Lampiran 4 Informed Consent

Responden 1


PEMERINTAH KABUPATEN KUNINGAN
DINAS PENGENDALIAN PENDUDUK KELUARGA BERENCANA
PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK
UPTD PERLINDUNGAN PEREMPUAN DAN ANAK
 Jalan RE. Martadinata Telp. (0232) 871444
 ANCARAN – KUNINGAN 45514
 Email : uptdppa.kab.kuningan01@gmail.com

LEMBAR PERSETUJUAN INFORM CONSENT

Yang bertandatangan di bawah ini :

NAMA : ELIN HERLINA
 NIK : 3208319604800002
 TTL : KUNINGAN, 16 APRIL 1980
 ALAMAT : DESA KERTAUNBARAN, SINDANGGUNG, KUNINGAN



Selanjutnya saya menyetujui dilakukannya proses penanganan terhadap :

NAMA : ALIKA FITRIA HAFSY
 TTL : KUNINGAN, 18 MEI 2017
 ALAMAT : DESA KERTAUNBARAN, SINDANGGUNG, KUNINGAN
 PENDIDIKAN : SD
 HUBUNGAN DENGAN PELAPOR : ANAK


Dengan ini menyatakan :

- Bahwa benar saya meminta bantuan layanan terpadu untuk kasus yang saya hadapi kepada Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan antara lain:
 - Layanan Hukum
 - Layanan Psikologi
 - Layanan lainnya sesuai kebutuhan dalam penyelesaian kasus
- Bahwa selama dalam proses pendampingan Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan, saya tidak akan meminta bantuan hukum kepada pihak lain, tanpa seizing UPTD PPA Kabupaten Kuningan;
- Bahwa Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan boleh meminta bantuan kepada Lembaga lain/merujuk kasus sesuai dengan kebutuhan saya (mitra);
- Bahwa saya akan memberikan informasi, data, dokumen dan keterangan lainnya yang berkaitan dengan proses penyelesaian kasus secara benar dan dapat dipertanggung jawabkan;
- Bahwa dalam memberikan informasi saya bersedia untuk didokumentasikan menggunakan alat bantu audio visual untuk kepentingan pendampingan dan penyelesaian kasus;
- Bahwa dalam proses pendampingan saya akan mentaati SOP dan peraturan lainnya yang berlaku di Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan;
- Bahwa apabila isi pernyataan ini saya dilanggar maka UPTD PPA kabupaten kuningan tidak bertanggung jawab atas keberlanjutan kasus yang ditangani serta dapat menempuh jalur hukum sesuai dengan ketentuan yang berlaku.

Kuningan 05 JUNI 2025

Inform Consent Responden 2


PEMERINTAH KABUPATEN KUNINGAN
DINAS PENGENDALIAN PENDUDUK KELUARGA BERENCANA
PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK
UPTD PERLINDUNGAN PEREMPUAN DAN ANAK
 Jalan RE. Martadinata Telp. (0232) 871444
 ANCARAN – KUNINGAN 45514
 Email : uptdppa.kab.kuningan01@gmail.com

LEMBAR PERSETUJUAN INFORM CONSENT

Yang bertandatangan di bawah ini :

NAMA : NIA AULIA
 NIK : 32081450350001
 TTL : Cirebon 10 Juni 1995
 ALAMAT : Perumahan Pejanten Residen blok D4 No. 06, Mandirancan


Selanjutnya saya menyetujui dilakukannya proses penanganan terhadap :

NAMA : SALMA NUR MAULIDA
 TTL : Kuningan 05 Februari 2012
 ALAMAT : Perumahan Pejanten Residen blok D4 No. 06, Mandirancan
 PENDIDIKAN : SMP
 HUBUNGAN DENGAN PELAPOR : Anak


Dengan ini menyatakan :

- Bahwa benar saya meminta bantuan layanan terpadu untuk kasus yang saya hadapi kepada Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan antara lain:
 - Layanan Hukum
 - Layanan Psikologi
 - Layanan lainnya sesuai kebutuhan dalam penyelesaian kasus
- Bahwa selama dalam proses pendampingan Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan, saya tidak akan meminta bantuan hukum kepada pihak lain, tanpa seizing UPTD PPA Kabupaten Kuningan;
- Bahwa Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan boleh meminta bantuan kepada Lembaga lain/merujuk kasus sesuai dengan kebutuhan saya (mitra);
- Bahwa saya akan memberikan informasi, data, dokumen dan keterangan lainnya yang berkaitan dengan proses penyelesaian kasus secara benar dan dapat dipertanggung jawabkan;
- Bahwa dalam memberikan informasi saya bersedia untuk didokumentasikan menggunakan alat bantu audio visual untuk kepentingan pendampingan dan penyelesaian kasus;
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- Bahwa apabila isi pernyataan ini saya dilanggar maka UPTD PPA kabupaten kuningan tidak bertanggung jawab atas keberlanjutan kasus yang ditangani serta dapat menempuh jalur hukum sesuai dengan ketentuan yang berlaku.

Kuningan 14 Juni 2025



Inform Consent Responden 3



PEMERINTAH KABUPATEN KUNINGAN
DINAS PENGENDALIAN PENDUDUK KELUARGA BERENCANA
PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK
UPTD PERLINDUNGAN PEREMPUAN DAN ANAK
 Jalan RE. Martadinata Telp. (0232) 871444
 ANCARAN – KUNINGAN 45514
 Email : uptdppa.kab.kuningan01@gmail.com

LEMBAR PERSETUJUAN INFORM CONSENT

Yang bertandatangan di bawah ini :

NAMA : JOHAN PAWIYAH
 NIK : 320.81.906.06.760003
 TTL : KUNINGAN 06-06-1976
 ALAMAT : DUSUN MARGA SETRA RT 003/001 CIDAHU - KUNINGAN


Selanjutnya saya menyetujui dilakukannya proses penanganan terhadap :

NAMA : AURA FATIMAH HANIFAH T
 TTL : KUNINGAN 05-05-2017
 ALAMAT : DUSUN MARGA SETRA RT 003/001 CIDAHU - KUNINGAN
 PENDIDIKAN : SD
 HUBUNGAN DENGAN PELAPOR : ORANG TUA / ANAK


Dengan ini menyatakan :

- Bahwa benar saya meminta bantuan layanan terpadu untuk kasus yang saya hadapi kepada Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan antara lain:
 - Layanan Hukum
 - Layanan Psikologi
 - Layanan lainnya sesuai kebutuhan dalam penyelesaian kasus
- Bahwa selama dalam proses pendampingan Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan, saya tidak akan meminta bantuan hukum kepada pihak lain, tanpa seizing UPTD PPA Kabupaten Kuningan;
- Bahwa Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan boleh meminta bantuan kepada Lembaga lain/merujuk kasus sesuai dengan kebutuhan saya (mitra);
- Bahwa saya akan memberikan informasi, data, dokumen dan keterangan lainnya yang berkaitan dengan proses penyelesaian kasus secara benar dan dapat dipertanggung jawabkan;
- Bahwa dalam memberikan informasi saya bersedia untuk didokumentasikan menggunakan alat bantu audio visual untuk kepentingan pendampingan dan penyelesaian kasus;
- Bahwa dalam proses pendampingan saya akan mentaati SOP dan peraturan lainnya yang berlaku di Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan;
- Bahwa apabila isi pernyataan ini saya dilanggar maka UPTD PPA kabupaten kuningan tidak bertanggung jawab atas keberlanjutan kasus yang ditangani serta dapat menempuh jalur hukum sesuai dengan ketentuan yang berlaku.

Kuningan 29 Juni 2021



Inform Consent Responden 4


PEMERINTAH KABUPATEN KUNINGAN
DINAS PENGENDALIAN PENDUDUK KELUARGA BERENCANA
PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK
UPTD PERLINDUNGAN PEREMPUAN DAN ANAK
 Jalan RE. Martadinata Telp. (0232) 871444
 ANCARAN – KUNINGAN 45514
 Email : uptdppa.kab.kuningan01@gmail.com

LEMBAR PERSETUJUAN INFORM CONSENT

Yang bertandatangan di bawah ini :

NAMA : ANA LIANAH
 NIK : 3208105203880003
 TTL : KUNINGAN, 12 MARET 1988
 ALAMAT : DESA KADURAMA, KEC. CIAMINGEBANG KUNINGAN


Selanjutnya saya menyetujui dilakukannya proses penanganan terhadap :

NAMA : ZAHRA KAMILAH
 TTL : KUNINGAN, 14 JANUARI 2019
 ALAMAT : DESA KADURAMA, KEC. CIAMINGEBANG, KUNINGAN
 PENDIDIKAN : TK
 HUBUNGAN DENGAN PELAPOR : KEPONAKAN

Dengan ini menyatakan :

- Bahwa benar saya meminta bantuan layanan terpadu untuk kasus yang saya hadapi kepada Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan antara lain:
 - Layanan Hukum
 - Layanan Psikologi
 - Layanan lainnya sesuai kebutuhan dalam penyelesaian kasus
- Bahwa selama dalam proses pendampingan Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan, saya tidak akan meminta bantuan hukum kepada pihak lain, tanpa seising UPTD PPA Kabupaten Kuningan;
- Bahwa Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan boleh meminta bantuan kepada Lembaga lain/merujuk kasus sesuai dengan kebutuhan saya (mitra);
- Bahwa saya akan memberikan informasi, data, dokumen dan keterangan lainnya yang berkaitan dengan proses penyelesaian kasus secara benar dan dapat dipertanggung jawabkan;
- Bahwa dalam memberikan informasi saya bersedia untuk didokumentasikan menggunakan alat bantu audio visual untuk kepentingan pendampingan dan penyelesaian kasus;
- Bahwa dalam proses pendampingan saya akan mentaati SOP dan peraturan lainnya yang berlaku di Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) Kabupaten Kuningan;
- Bahwa apabila isi pernyataan ini saya dilanggar maka UPTD PPA kabupaten kuningan tidak bertanggung jawab atas keberlanjutan kasus yang ditangani serta dapat menempuh jalur hukum sesuai dengan ketentuan yang berlaku.

Kuningan 29 Juli 2025



Lampiran 5 Hasil Interview

Hasil Interview Informan 1

	Verbaton	Uraian
Interviewer:	Permisi bu, sebelumnya perkenalkan saya Nisa dari UPTD PPA Kabupaten Kuningan. Kami mendapatkan laporan dari tim Unit PPA Polres atas kasus yang terjadi pada AFH yang merupakan anak dari ibu EH. Kebetulan yang bertugas penjangkauan dan pendampingan di hari ini dengan saya dan Teh Raisa ya Ibu.	Pembuka dan Perkenalan
Responden:	Oh muhun neng, kamari bu euis tos masihan terang ka ibu saurna kangge BAP bade aya nu sumping kangge ngadampingan ti tim UPTD PPA Kabupaten Kuningan	
Interviewer:	Betul Ibu, sebelumnya nanti saya izin ngomongnya pake bahasa Indonesia ya bu hehe, dan izin buat catat beberapa point dari apa yang kita obrolkan nanti, terus ada lembar inform consent yang harus diisi terlebih dahulu Ibu untuk data pendampingan dari kami ya bu,	
Responden:	Muhun neng, mangga.. Ibu geuh ngerti bahasa Indonesia mah tapi tos biasa sundaan wae bisi kurang pas bahasa Indonesia na ku sunda wae ya neng	
Interviewer:	Iya bu gakapapa, nanti si neng AFH nya akan di dampingin Teh Raisa dan dimintai keterangan oleh Ibu Putsel selaku penyidik dulu ya, sama nanti Ibu akan dimintai keterangan juga tapi di ruangan sebelah bareng saya	
Responden:	Tapi neng nembe teh saur pak dadang dipiwarang mantun anggean nu diangge waktu kajantenan sareng pelakuna neng, ieu teh dibantuan ku abdi atanapi ku murangkalih neng?	
Interviewer:	Oooh iyaa Ibu itu nanti dijadiin barang bukti yah, nanti Ibu bisa titipkan dulu ke Teh Raisa karena yang bertugas mendampingi AFH nya kan nanti Teh Raisa ya bu, nanti Ibu mah sama saya ke ruangan sebelah yaa	

Responden:	Oh muhun muhun, ieu neng anggeanna (Menitipkan ke teh raisa)	
Interviewer:	Neng AFH, cantik,.. nanti kan neng di temani sama teteh raisa yaa nanti ada ibu polisi juga, kalo ibu polisinya bertanya ke neng, nanti neng nya jawab ya dan ceritain aja pelan-pelan kejadian nya bagaimana yaa, berani yaa ibu nya di ruang sebelah dulu,.	
Responden:	Muhun sok neng, nengna ulah sieun ke disarengan ku teh raisa nyah (Nunjuk ke teh raisa)	
Interviewer:	Marii ibu,.. ikut saya ke ruangan sebelah yaa	
Responden:	Muhun neng (Mengangguk)	
LANJUT DI RUANG UNIT 2 PPA		
Interviewer:	Mangga ibuu, silahkan duduk,	
Responden:	muhun neng,	
Interviewer:	Baik ibu, ini bisa di isi dulu lembar inform consent yang dari UPTD PPA ini sesuai dengan kolom nya yaaa, ini pulpennya bu mangga	
Responden:	Oh iya muhun neng, ieu teh kolom nu luhur nami abdi teras kolom handap nami putri abdi leres? Atau ti balik?	
Interviewer:	Iya ibu leres yang bertanda tangan dibawah ini atas nama ibu selaku orang tua dari AFH nah nanti kolom selanjutnya baru nama lengkap neng AFH nya ibu	
Responden:	Oh muhun muhun (Lanjut mengisi)	
Responden:	Tos neng yeuh	
Interviewer:	baik bu, saya izin simpan dulu lembarnya yaa terimakasih sudah berkenan mengisi, ini juga nantinya salah satu tanda bukti bahwa kasus ini akan di tindak lanjuti oleh pihak kepolosian ya ibu	

Responden:	Muhun neng, teulangkung saena bae (Mengangguk)	
Interviewer:	Boleh saya tau dulu bu, untuk sehari-hari nya ibu berkerja sebagai apa? Terus sebelumnya ibu sudah tau terkait kejadian yang terjadi pada AFH?	
Responden:	Abdi mah sadidintenna di rompok bae neng henteu damel diluar jadi ibu rumah tangga, da abdi ge nembe terang ieu teh neng, tuda murangkalihna tara cacarita	
Interviewer:	Berarti ibu tau kejadian ini baru yah, pas mendapatkan panggilan?	
Responden:	Muhun puguh neng, abdi ge reuwas	
Interviewer:	Informasi yang gimana sekarang yang sudah ibu dapatkan terkait kejadian itu bu?	
Responden:	Eemm (Menghela nafas) muhun saurna teh si neng AFH kalebet korban kekerasan seksual ku bapana, abdi ge reuwas te nyangka bakal kajantenan sapertos kieu, soalna katingalina mah jalmi bageur eta teh	
Interviewer:	Oooh iya iyaa, Wajar banget si ibu merasa seperti itu pastinya ada hal yang membuat ibu nggak nyangka juga yah. Justru, yang ingin saya diskusikan dengan ibu juga hari yah, eummm... tentang bagaimana ibu tuh mengenali dan memahami emosi pribadi ibu sendiri saat pertama kali mengetahui kejadian ini begitu	
Responden:	Eem... abdi ge kalah teu puguh rasaan ieu teh neng, bingung. ngambek, kaduhung, hayang ceurik sagala rupa. Tpi kadang abdi ge ngarasa asa kasalahkeun oge, da asa lalai janten kolot teh)	Aspek kesadaran diri (Self Awareness)
Interviewer:	hmm gituu baik saya paham yang ibu rasakan, Kalo dengan pelaku nya sendiri apa ibu kenal?	
Responden:	Ka si bapana neng?	
Interviewer:	Iya bu	

Responden:	Kenal atuh neng, sok diajakan nginep lamun si neng AFH na libur sakola teh, tapi da sok izin heula ka abdi. Nyaurna teh “Bu, neng wengi nginep nyah” nya pedah biasana ge tara kunanaon jadi nya ku abdi teh di ensok keun we.. da bakat ku tos percaya ka si bapana da tos jiga ka incu soranganna di perlakukeun na teh	
Interviewer:	Ohh gtu yah bu, Lalu, setelah kejadian itu terjadi, apa saja yang Ibu sadari tentang diri Ibu sendiri?	
Responden:	(Menghela napas panjang, mencoba menenangkan diri) Seer atuh neng, abdi janten sadar ayeuna mah percaya teuing ka batur. Dikinten abdi sadaya jalmi ge da bageur, komo deui eta mah donatur nu sok ngabantuan ka panti asuhan. Ayeuna mh abdi kedah langkung waspada. Abdi ge sadar kedah tiasa langkung kuat kangge AFH, anjeunna butuh ka abdi. janten abdi ge kedah langkung tiasa ngalindungan anjeunna. Mung abdi ge sadar bahwa abdi teh teu tiasa nyanghareupan ieu nyalira, butuh bantosan jeung butuh dukungan oge	Aspek kesadaran diri (Self Awareness) Aspek mengetahui kelebihan diri dan mengembangkannya secara positif Aspek keyakinan akan kemampuan menghadapi kehidupan
Interviewer:	betul ibuuu, ibu juga udah sangat hebat bisa menyadari hal-hal tersebut di tengah situasi yang sulit ini. InsyaAllah kami disini juga sebisa kami bantu bersama untuk keadilan neng AFH ya buu yaaahh,	
Responden:	Muhun neng, mudah mudahan aya jalanna nya neng	Aspek menerima pujian secara positif

Interviewer:	Aamiinn ibuu, terus kalo boleh saya tau pas menghadapi situasi kayak gini biasanya emosi atau perasaan seperti apa yang paling dominan ibu rasakan?	
Responden:	Nu karaos pisan mah puguh rasa keheul, ambek jeung nagarsa lepat. Keheul ku teu ka sangka kunaon ieu tiasa terjadi, ambek mah puguh ka si bapa eta, jeng ngarasa salah tos lalai dina ngajaga si neng AFH. Tapi sok sanaos kitu ge aya rasa hoyong ngalindungi jeung mastikeun si murangkalih teh teu nanaon	Aspek kesadaran diri (Self Awareness)
Interviewer:	Eummmm oke-oke, Tapi Kalo ibu sendiri ngrasa mampu memahami emosi yang Ibu rasakan dalam menghadapi situasi seperti itu nggak?	
Responden:	Saleresna mah abdi ge bingung keneh neng.. kadang ngambek, kadang sok hayang ceurik, kadang sok asa teu percaya teh naha bisa kajadian kieu ka murangkalih abdi... keur mah murangkalih teh rada benten ti batur nya bu, murangkalihna mh da teu ngarti nanaon, abdi asa ngarasa gagal janten kolot teh. Tapi da abdi ge sadar, abdi teh kudu kiat teu tiasa ngarasa salah wae kieu. Nya abdi ge pasti diajarlah supados tiasa nampi kana kaayaan ieu lalaunan.	Aspek mengetahui kelebihan diri dan mengembangkannya secara positif
Interviewer:	oke baik, lalu bagaimana ibu ngejalanin hari-hari ibu setelah mengetahui hasil pemeriksaan visum anak ibu?	
Responden:	Duka neng asa meuni hancur hate mah, tapi da abdi kudu nyarios ka diri abdi bahwa 'murangkalih teh butuh abdi'. ayeuna mah ku abdi nyobi dijalanin we lah dina sadidintenna.. beurat aslina mh, tapi abdi kudu yakin, abdi teu nyalira, abdi percaya ieu murangkalih masih gaduh masa depan. Abdi mah terus ngadoa ka allah mudah mudahan aya jalan nu terbaik kangge kaadilan ieu murangkalih	Aspek keyakinan akan kemampuan menghadapi kehidupan
Interviewer:	InsyaAllah ibu nggak sendiri... Ada yang bantu yah saya, tim dari UPTD, dari psikolog juga, dan juga pihak kepolisian. Ibu harus tetap berjuang, saya yakin ibu bisa Lewatin ini. Mungkin butuh	

Responden:	waktu, tapi saya percaya ibu bisa yaahhh Muhun neng, aamiin haturnuhun pisan nya neng tos ngabantosan abdi dina kasusna si neng AFH	Aspek menerima pujian secara positif
Interviewer:	Iya bu sama-sama,..	

Hasil Interview Informan 2

	Verbaton	Uraian
Interviewer:	Selamat siang, Dengan Ibu NA?	Pembukaan dan Perkenalan
Responden:	Selamat siang, Iya teh betul saya ibu NA ibu nya SNM yang kemaren lusa visum di dampingan ku teteh	
Interviewer:	Betul ibu, Silahkan duduk bu dan mengisi daftar hadir terlebih dahulu dibuku tamu ya bu	Aspek keyakinan akan kemampuan menghadapi kehidupan
Responden:	Muhun teh. Sekarang teh tanggal berapa teh?	
Interviewer:	Tanggal 25 Juni bu hehe,.	
Responden:	Oh iyaa , Ya Allah punten hiilap, (Sambil mengisi daftar hadir) boro-boro emut kana tanggalan teh duh, sibuk bae ngurusan kasus murangkalih neng , hoyong kening keadilan intina mah sing ek jauh uah uih ge	
Responden:	iya neng kan lumyan ya jarak dari mandirancan ke polres , kamari lusa ke RS 45 ge kan untung aya adi na tiasa ngajajapkeun, mamangna geh sami , tadi geh sami dianteurkeun ku adi abdi enjing teh . Cuma kan tadi saur bu indah nanti yang masuk ketemu sama si teteh jadi tadi ku ibu teh piwarangan ditinggal bae kin pang jemputkeun deui kitu.	
Interviewer:	owh gituu..... ,iya buu karna hari ini ada	

	<p>beberapa data yang saya ingin tanyakan terkait kejadian kasusnya neng S, makanya tadi saya nitip pesan ke ibu indah untuk minta di jadwalkan ketemu langsung dengan ibu. Berarti sekarang neng S nya di rumahj bu?, atau dimana bu?</p>	
Responden:	<p>muhun neng kawitna mah hoyong ngiring, cuman kan kamari geh minta jajan terus sagala hoyong ari di ajak ka RS teh. Maklum yah neng soalnya neng S mah masih proses berobat jalan oge di RS mitra plumbon, jadi emang kondisinya special kitu saur dokter mah, teteh atau bu indah ge tos paham mereun nyah.</p>	
Interviewer:	<p>iya ibu tidak apa apa kami sudah dapat informasi nya akan hal itu yang penting mah jangan ditinggal sendirian di rumah nya</p>	
Responden:	<p>(Mengangguk) iya teh henteu da sok direncangan ku si bapakna di rumah mah teh. di bagian ini diisina naon teh?</p>	
Interviewer:	<p>iya ibu bisa diisi sebagai konsultasi saja dan nanti sebelum saya mulai ada lembar inform consen yang harus ibu isi juga yah</p>	
Responden:	<p>muhun teh</p>	
LANJUT DI RUANG KONSELING UPTD PPA		
Interviewer:	<p>Mangga ibu, ini lembarnya bisa diisi terlebih dahulu yah</p>	
Responden:	<p>oh muhn neng,..nami abdi nu ieu mah berarti nyah neng?</p>	
Interviewer:	<p>Ya betul bu,</p>	
Responden:	<p>ini tanda tanganna di dieu neng? Abdi teu mantun materaina neng kumaha?</p>	
Interviewer:	<p>Ya bu gak papa, langsung tanda tangan disini aja (Sambil ditunjukkan) tidak usah memakai materai</p>	
Responden:	<p>ooo iya iya,.. (Lanjut mengisi), tos neng</p>	
Interviewer:	<p>Baik ibu, saya izin simpan dulu lembarnya yaa terimakasih sudah berkenan mengisi, ini juga</p>	

	salah satu tanda bukti bahwa kasus ini akan di tindak lanjuti oleh pihak kepolosian ya ibu	
Responden:	muhun mangga neng, (Mengangguk)	
Interviewer:	Boleh saya tau bu, untuk sehari-hari nya ibu berkerja sebagai apa?	
Responden:	Abdi mah di rumah bae neng,aya icakan onghok sa alit aliteun mah di payuneun rumah sareng caroge.	
Interviewer:	Oh baik bu. Berarti ibu tau kejadian ini baru atau sejak kapan bu?	
Responden:	Kalau kenal mah neng ka si pelaku eta tos lumayan lami.. da eta teh tatangga desa. Tapi kejadian eta n amah abdi nembe pisanterang, kalah kaget abdi ge teu nyararangka. Emang budak teh dasar budak bangor ceuk neng, nya hapunten bae da eta mah tos katingali jiga lain jalma bener.	
Interviewer:	Ya ibu saya juga paham, wajar jika ibu merasa seperti itu	
Responden:	Pokokna mah neng kumaha wae carana eta budak ulah sampe ngganggu ka anak ibu deui weh, sina kapok, soalna abdi mah sok sieun bilih na'udzubillah aya korban deui salian anak abdi.	
Interviewer:	Baik ibu, hari ini kita akan bicara perlahan saja yah..kalau ibu merasa pengen berhenti atau minum silahkan aja ini ada aqua di meja	
Responden:	he'em neng muhun haturnuhun.	
Interviewer:	Kemaren ketika di rumah sakit kita sempat ngobrol-ngobrol juga walau singkat ya bu nah kebetulan mumpung ini di kantor juga jadi biar gak terlalu terbuka di tempat umum ya ibu, Saya ingin bertanya, bagaimana perasaan ibu ketika pertama kali mengetahui bahwa neng S mengalami kekerasan seksual dari pelaku?	
Responden:	Haduuhh neeng... awalna mah saur abdi geh	Aspek

	<p>reuwas kaget abdi terang aya kajadian kitu teh, awal na mah abdi teu percaya cuman da aya wargi nu nyarios ngabejaan abdi... anak abdi teh nuju peroses pengobatan keneh neng..saur si dokter psikiaterna ge neng kedah rutin dating ka anjeunna kangge kontrol. Namina ge special kitu nya teh si anak teh jadi polos kitu, aya nu ngajak ameng teh nya padu kenal jadi hayu wae kitu si anak teh. Eta ge kaleresan abdina teh teu terang da nuju jaga warung, biasana mah mun amengan ge ukur dinu caket rumah wae da seer jalmi seer tatangga jadi nya asa ama naman wae kitu.</p>	<p>kesadaran diri (Self Awareness)</p>
<p>Interviewer:</p>	<p>Hmm iya-iyaa,. Maaf bu kalo dari awal yang ngelapor ke ibunya itu kan katanya tetangga ibu sendiri yah, nah itu bilanginya seperti apa ke ibunya?</p>	
<p>Responden:</p>	<p>nya ceunah kieu “ ceu itu budak di ajak ka bengkel wayah kieu ka kebon tukang ku si R bilih kunanaan enggal di ajak uih tos burit ieu teh”. Cuman kan abdina nuju ngadamel bolu nyah nenng da aya pesenan tea jaba di antosan, jadi weh abdi miwarang ka bapana supaya di cek kitu neng. Cuman si bapana teh teu geura geura langsung nge cek teh da ceunah dikira tatangga teh heureuy bohong kitu.</p>	
<p>Interviewer:</p>	<p>kalo boleh tau, setelah semua ini terjadi apa yang ibu sadari tentang diri ibu?</p>	
<p>Responden:</p>	<p>(keluar air mata) nya abdi ge sadar neng kana kalalaian abdi dina ngajaga si S teh abdi na sibuk teuing fokus bae kana usaha.</p>	<p>Aspek kesadaran diri (Self Awareness)</p>
	<p>Abdi kedah langkung kuat deui utamana dina ngajaga si S kedah lewih ekstra lewih ketat ayeuna mah. Abdi ge da jalmi tuda neng butuh waktu kangge ngareda sedih, emosi, was-was jeung sagala rupana. Komo deui eta anak abdi dicitukon ku batur, karunya atuh neng eta budak kan masih panjang masih jauh masa depanna teh.</p>	<p>Aspek mengetahui kelebihan diri dan mengembangkannya secara positif</p>
<p>Interviewer:</p>		

<p>Responden:</p>	<p>Ibu sudah sangat hebat bisa menyadari hal-hal tersebut di tengah situasi yang sulit ini. InsyaAllah kami disini juga sebisa kami bantu bersama untuk keadilan neng AFH ya buu,</p> <p>muhun neng mudah mudahan enggal aya Solusi enggal aya jalan keluarna.</p>	<p>Aspek menerima pujian secara positif</p>
<p>Interviewer:</p>	<p>Aamiinn ibuu,.. ketika menghadapi situasi seperti ini biasanya emosi seperti apa yang paling dominan ibu rasakan?</p>	
<p>Responden:</p>	<p>duka teh campur aduk, samarasa hese di jelaskeunna ge. (lanjut nangis)</p>	
<p>Interviewer:</p>	<p>iya ibu gapapa (menyodorkan tissue) Kalo Ibu sendiri merasa mampu memahami emosi yang Ibu rasakan dalam menghadapi situasi seperti ini nggak?</p>	
<p>Responden:</p>	<p>kumaha atuh neng kadang abdi teh meuni keuheul ka eta pelaku teh, sedih oge ningali anak abdi janten korban budak bangor eta, bingung kadang mah, kunaon kudu terjadina teh ka anak saya kitu neng,.. keur mah kan anak abdi teh rada Istimewa teu jiga budak nu sanesna. Asa gagal abdi jadi ibu teh saleresna mah sa entos aya kajadian siga kieu teh, tpi da kumaha deui abdi na ayeuna kedah kuat ngahadapina, hese mun abdi murung wae ngarasa serba salah terus mah. Insyaallah abdi lalaunan belajarlah neng tina kajadian ieu supaya teu kajadian deui sapertos kieu khususna.</p>	<p>Aspek kesadaran diri (Self Awareness)</p>
<p>Responden:</p>	<p>abdi ge ngereketkeun ka diri abdi insyaallah aya solusina aya jalan kaluarna, abdi percaya aya allah nu bakalan ngabantosan abdi kangge menghadapi situasi ieu, abdi gaduh anak jeung si anak butuh abdi, jadi abdi kedah kuat ualh lemah, sagalana jang anak pokona mah neng.</p>	<p>Aspek keyakinan akan kemampuan menghadapi kehidupan (Self Efficacy)</p>
<p>Interviewer:</p>	<p>InsyaAllah ibu nggak sendiri yaa. Ada yang bantu</p>	

Responden:	kami dari tim UPTD PPA , dari psikiater juga, dan juga pihak kepolisian. Ibu harus tetap berjuang, saya yakin ibu bisa lewatin ini. Mungkin butuh waktu, tapi saya percaya ibu bisa	Aspek menerima pujian secara positif
Interviewer:	Muhun teh, Aamiin... haturnuhun nya teh tos ngabantosan abdi dina ngurusan kasus ieu.	
	Iya bu ama-sama,	

Hasil Interview Informan 3

	Verbaton	Uraian
Interviewer:	selamat siang, Pak JR?	Pembukaan dan Perkenalan
Responden:	Selamat siang, Iya teh betul saya pak JR wali dari neng A yang pekan lalu visum di dampingin oleh bu indah	
Interviewer:	baik pak, mengisi daftar hadir terlebih dahulu dibuku tamu ya pak	
Responden:	oh iya teh	
Responden:	Sudah teh	
Interviewer:	Baik pak mari ikut saya ke ruangan sebelah	
Responden:	oh iya teh	
LANJUT DI RUANG KONSELING UPTD PPA		
Interviewer:	silahkan duduk pak, sebelumnya tadi udah ada obrolan dengan ibu indah dan udah ada info yang di sampaikan belum terkait beberapa data yang harus bapa isi dan keterangan untuk laporan kami?	
Responden:	Iya neng, udah katanya bu indah nanti di bantu di lanjut sama teh nisa	
Interviewer:	Ya betul pak, itu saya	
Responden:	oh iya, gimana teh?	

Interviewer:	bisa isi dulu lembar persetujuan ini untuk tindak lanjut proses neng A nya ya pak	
Responden:	ooo baik, (Lanjut mengisi),	
Responden:	sudah teh	
Interviewer:	Baik pak, terimakasih sudah berkenan mengisi, ini juga salah satu tanda bukti bahwa kasus ini akan di tindak lanjuti oleh pihak kepolosian ya pak nantinya	
Responden:		
Interviewer:	iyaa teh, (Mengangguk) Boleh saya tau dulu pak, untuk sehari-hari nya bapak berkerja sebagai apa?	
Responden:	Saya kerjanya admin di salah satu kantor X	
Interviewer:	Dikuningan pak?	
Responden:	iya di kuningan neng	
Interviewer:		
Responden:	Oh baik pak. Punten pak ini saya izin wawancara singkat terkait kejadian neng A ke bapak sebagai walinya, untuk data sementara kami ya pak nanti selebihnya kami bisa mendampingi si neng nya karena buat panggilan lanjutannya nanti sama pihak PPA polres kuningan	
Responden:	Oh muhun teh, boleh tapi punten ieu mun bahasa na campur sunda tiasa ngerti teh?	
Interviewer:	muhun bapak, tiasa mangga	
Responden:	iya teh bisi pabelieut	
Interviewer:	iya bapak gakpapa	
Responden:	he em neng, kumaha?	
Interviewer:	kieu bapak, tiasa dicaritakeun, kumaha rasana bapak nalika bapak mimiti terang pas neng A mengalami kajadian seperetos ieu pak?	
		Aspek

Responden:	Aduuhh Tehhh, Yaaa kacida ancur teh kumaha nya, asa leuwih ti ambek, sedih oge iya, asa teu percaya kitu 'naha ieu teh bener-bener kajadian keluarga abdi?' kitu teh	kesadaran diri (Self Awareness)
Interviewer:	Hmm iya-iyaa, Teras naon anu ku bapa lakukeun saatos terang sadayana?	Aspek kesadaran diri (Self Awareness)
Responden:	nya atuh kumaha ya teh, asa sewot hayang nabok ka palaku iyaa, keheul ka diri sorangan geh iya soalna teteh oge paham nya, ma enya abdi bade sewot ka anak nu sadidinteuna geh cicingan teh,	Aspek mengetahui kelebihan diri dan mengembangkannya secara positif
Interviewer:	tapi aya rasa kahayang kangge refleksi diri teu pak ka neng A ?	
Responden:	yaa saur abdi mah, abdi nu salah teh kadang ya sok sieun oge nepi ka terus mikir lamun kajadian ieu teu bakal kajadian mun ti heula abdi leuwih ati-ati, tapi ya ayeuna oge abdi keur di ajar nya teh pikeun ngamaafkeun diri sorangan	
Interviewer:	nyaa paa, betul pastina aya insyaAllah pembelajarana diri oge pan bisa belajar deui nya pa	
Responden:	iya neng, semoga aya jalan terbaik lah	
Interviewer:	tapi aya info oge, naha bapa janten langkung nutup diri atanapi kumaha eta teh pa?	Aspek keyakinan akan kemampuan menghadapi kehidupan
Responden:	mimitina mah leres, sempat kitu. tapi ya abdi teras emut, abdi teh kedah kuat oge keur budak abdi teh nyobian fokus heula kana kasehatan na si neng A	
Interviewer:	teras kumaha pak parobihan ti saprak kajadian eta? Satelah refleksi atau kasadaran nu bapak terang?	Aspek

Responden:		kesadaran diri (Self Awareness)
Interviewer:	nya abdi sadar teh, peran abdi salaku orang tua janten leuwih penting jeung berat oge, tapi abdi janteun langkung waspada kana eta, sareng ningali hirup teh sanes ngan ukur abdi wae atanapi budak oge	
Responden:	<p>enya pak, pastina kan aya rerasa emosi oge nyaa, nah kumaha bapa ngokolakeun emosi eta ketika emosi eta datang pa?</p> <p>Aya teh ayaa pasti. enyaa upami keur kesel pisan abdi nyobian neangan heula anu positip sanajan beurat teh</p>	Aspek mengetahui kelebihan diri dan mengembangkannya secara positif
Interviewer:		
Responden:	<p>bapa na kedah tetep kuat nyaaa ka tahan, sabar heula karena proses ti polres oge kan aya aturana jadi penyelesaian na oge teu tiasa langsung instan nya paa nyaaa</p> <p>enyaa teh abdi nurutan kenging na wae,</p>	Aspek menerima pujian secara positif
Interviewer:		
Responden:	<p>tapi dina situasi ieu, bapa ningali kakuatan teu ka diri bapa na kangge neng A na?</p> <p>Leres teh, abdi ningali kakuatan lan kasabaran oge ayeuna mah kangge lewih ngajaga langkung Tangguh tibatan anu di sangka abdi sateuacana</p>	Aspek keyakinan akan kemampuan menghadapi kehidupan
Interviewer:		
Responden:	<p>tahh kitu, bismillah aya jalan ya pa sabisa kami sasarengan bantu oge ti dieu</p> <p>Muhun mugit teteh, bu indah, bu euis, sareng-sareng bisa ngupayakeun oge sae naa</p>	Aspek menerima pujian secara positif

Hasil Interview Informan 4

	Verbaton	Uraian
Interviewer:	Selamat pagi, Keluarga dari neng Z?	Pembukaan dan Perkenalan
Responden:	iyaa, Saya AL tante dari Z teh, pun kamari teh ceunah aya panggilan ka kantor UPTD dipiwarang ku bu indah teh	
Interviewer:	Owalah, Iya iyaa Ibu, tapi punten sebelumna dinten ieu teh bu indah na lagi aya kaperluan tugas heula, tapi ntos nitipkeun amanah ka saya mun aya kaluarga ti neng Z teh saurna kitu	
Responden:	Oh iya teh, tenanaon	
Interviewer:	Mangga ibu calik na di lebet wae nya supados nyaman oge	
Responden:	nya teh, nuhun..	
LANJUT DI RUANG KONSELING UPTD PPA		
Interviewer:	mangga ieu ibu aya aqua bisi bade minum heula	
Responden:	iya nuhun teh,	
Interviewer:	sambil santai aja ini mah ya bu saya izin kawitan ngobrolna, Cuma sateuacana aya beberapa data heula anu di lengkapi bu kangge laporan di kantor nyaa	
Responden:	muhun teh, data naon teh?	
Interviewer:	ieu aya lembar informconsent atau persetujuan kangge tindak lanjut kasus na neng Z nu kedah ibu isi, mangga,	
Responden:	(Mengangguk) muhun teh	
Responden:	Tanda tangan abdi na kedah aya materai na teh? Kumaha atuh abdi na teu mawa euy teh	
Interviewer:	Ya bu gak papa, sebentar ya saya ambilkan dulu aya ti kantor da	
Responden:	ooo iya teh,.. (Lanjut mengisi)	

Interviewer:	ieu ibu materai na , di pasang di dieu nyaa	
Responden:	muhun teh, (Mengangguk)	
Responden:	ntos teh	
Interviewer:	Oh baik bu. Sekedap nya buu	
Responden:	muhun teh	
Interviewer:	O iya sateuacana kenalkeun, abdi Nisa ti tim pendamping UPTD PPA , maksud abdi aya kaperluan sareng ibu dinten ieu teh sanes bade ngungkit-ngungkit deui kajadian neng Z, tapi hoyong terang lanjutan keadaana sareng kelengkapan data kangge kantor bu tenanaon?	
Responden:	muhun teh, abdi ngartos kamari pas telfon ntos di piwarang bu indah Cuma abdi kira sareng bu indah kituu	
Interviewer:	muhun ibu, tadina mah bade sareng bu indah Cuma tadi teh mendadak aya kaperluan bu indah na	
Responden:	he em teh tenanaon	
Interviewer:	kieu bu, kembali deui ka obrolan tadi ya abdi teh bade nanya, kumaha perasaan ibu pas pertama kalina tau bahwa neng Z ngalami musibah sepertos kitu ti si pelaku?	
Responden:	Ya Allah teh, Dunya, abdi geh reuwas pisan komo deui ti awit alit sareng abdi, ibu bapa na sibuk masing-masing teu ngurusan uang bulanan geh kedah di paksa-paksa wae teh, Cuma ya kumaha ya teh musibah geh teu aya nu terang kalalaian abdi	Aspek kesadaran diri (Self Awareness)
Interviewer:	abdi	
Responden:	owwh iya muhun ibu, teras naon nu ibu sadari tentang diri ibu aya parobahan sikap henteu? akhir-akhir ieu mah selama kasus na can beres ti polres na abdi sakaluarga agak tertutup neng teu pengen ibur , isin ku tatangga tapi yaa abdi teu rela komo deui ka palaku na teh asa hayang kaadilan	Aspek keyakinan akan kemampuan menghadapi kehidupan

Interviewer:	kangge neng Z	
Responden:	<p>pasti bu, insyaAllah aya kaadilan lan sama-sama ngusahakeun pendampingan oge ti dieu, tapi emosi nu ibu rasakeun kumaha?</p> <p>(keluar air mata) sanajan hate nuju perih, lalaunan abdi geh kedah sadar yen abdi teh menusa anu teu sempurna. tetep kedah kuat demi kaadilan neng Z</p>	Aspek kesadaran diri (Self Awareness)
Interviewer:		
Responden:	(Mengulurkan tisu), luar biasa ibu tetep bisa kuat ogee, teras kondisi neng Z ayeuna kumaha bu di rumah na?	
Interviewer:	punten ya teh, abdi kalah ceurik	
Responden:	tenanaon ibuu, abdi paham	
Interviewer:	nyaa ayeuna mah, ku abdi na dijaga pisan bade ameng oge ku abdi tak suruh jeung sodara na wae di rumah, angge batur oge supados kumaha carana neng Z oge tetep ceria, soalna teteh oge mereun ngarti nya teh kumaha ari anak kebtuhan khusus teh	
Responden:	<p>nya bu abdi geh ngarti, lan ibu oge kedah tetep fokus lan tetep kuatt</p> <p>Abdi percaya aya Allah nu bakal ngabantosan abdi kangge menghadapi situasi ieu, abdi gaduh anak jeung si anak butuh abdi, jadi abdi kedah kuat</p>	Aspek keyakinan akan kemampuan menghadapi kehidupan
Interviewer:		
Responden:	enyaa bu, ulah berlarut nyalahkeun diri sorangan nya, kedah ambil hikmah na ti kejadian ieu. Tapi abdi bade naros oge aya sisi kakuatan atawa kamampuan khusus nu ibu sadari ayeuna?	Aspek kesadaran diri (Self Awareness)
Interviewer:	Enyaa panginten abdi teh nembe teurang bahwa sabar teh teu gampang komodeui kapungkur mah barbarian kehel teh	Aspek

Responden:	Berarti ieu teh secara teu engeuh bisa ndorong ibu kangge bisa berubah lan berkembang oge nya bu? Muhun, Abdi hoyong janten indung anu langkung belajar sae deui teh, ngajaga murangkalih secara kabutuhana	mengetahui kelebihan diri dan mengembangkannya secara positif
Interviewer:		
Responden:	enyaa ibu, Insyallah kami ti UPTD PPA oge teras dampingi tuntas nyaa,..teu usah sungkan bilih aya nanaon bisa kabaran ka nomor kantor wae atawa ka nomor na ibu indah	Aspek menerima pujian secara positif
Interviewer:	Muhun teteh,. Hatur nuhun pisan nyaa, Abdi oge ngarasa di bantosan Sami sami ibuu.,	

Lampiran 6 Surat Izin Melakukan Penelitian



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Lampiran :
Perihal : **Permohonan Ijin Pengambilan Data Penelitian Skripsi / Tugas Akhir**

Kepada Yth.

**Bapak/Ibu Pimpinan UPTD Perlindungan Perempuan dan Anak
Jalan Re. Martadinata, Ancaran, Kabupaten Kuningan, Jawa Barat**

Dengan hormat,

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Nama	: Wahyunnisa Aisy Agustini
Nomor Induk Mahasiswa	: 2022033002
Program Studi	: Psikologi
Judul Skripsi	: PENERIMAAN DIRI PADA ORANG TUA YANG MEMILIKI ANAK BERKEBUTUHAN KHUSUS SEBAGAI KORBAN KEKERASAN SEKSUAL DI BAWAH UMUR

Waktu Penelitian : 1 Juni 2025 s/d 30 Juni 2025

Demikian atas perhatian dan kerja sama yang baik, kami mengucapkan terima kasih.


Surakarta, 4 Agustus 2025

Mengetahui,
Dekan Fakultas Sosial, Humaniora dan Seni



Faqih Purnomosidi, S.Psi., M.Si
NIDN. 0602058801

Lampiran 7 Surat Pernyataan Telah Melakukan Penelitian


PEMERINTAH KABUPATEN KUNINGAN
DINAS PENGENDALIAN PENDUDUK KELUARGA BERENCANA
PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK
UPTD PERLINDUNGAN PEREMPUAN DAN ANAK
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SURAT KETERANGAN TELAH MELAKUKAN PENELITIAN

Yang bertanda tangan di bawah ini, Kepala UPTD Perlindungan Perempuan dan Anak Kabupaten Kuningan, menerangkan bahwa sesungguhnya saudara :

Nama	: WAHYUNNISA AISY AGUSTINI
NIM	: 2022033002
UNIVERSITAS	: SAHID SURAKARTA
FAKULTAS	: SOSIAL, HUMANIORA DAN SENI
PRODI	: PSIKOLOGI

Mahasiswa tersebut benar – benar melakukan kegiatan Penelitian Tugas Akhir (Skripsi) di UPTD Perlindungan Perempuan dan Anak Kabupaten Kuningan pada tanggal 1 Juni 2025 sampai 30 Juni 2025 dengan judul Penelitian " Penerimaan Diri Pada Orang Tua Yang Memiliki Anak Berkebutuhan Khusus Korban Kekerasan Seksual di Bawah Umur".

Demikian surat keterangan ini kami buat dengan sebenarnya, agar dapat digunakan sebagaimana mestinya.

KEPALA UNIT PELAKSANA TEKNIS DAERAH
PERLINDUNGAN PEREMPUAN DAN ANAK
KABUPATEN KUNINGAN

Dr. YANUAR FIRDAUS SUKARDI, M.KM
 Pejabat TK I
 NIP. 19820116 201401 1 001

Lampiran 8 Dokumentasi



Lampiran 9 Lembar Bimbingan Skripsi

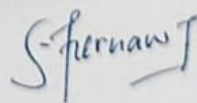
LEMBAR KONSULTASI BIMBINGAN SKRIPSI

Nama : Wahyunnisa Aisy Agustini
 NIM : 2022033002
 Pembimbing I : Sri Ernawati, S.Psi., M.Psi., Psikolog

NO	Hari/Tanggal	Uraian	Tanda Tangan
1	Rabu, 19 November 2025	• Bimbingan & konsultasi terkait isi bab IV dan bab V.	St.
2	Kamis, 27 November 2025	• Mengkonsultasikan hasil wawancara responden	St.
3	Selasa, 16 Desember 2025	• Konfirmasi penerbitan Jurnal beserta link jurnal yang sudah terbit	St.
4	Senin, 22 Desember 2025	• Bimbingan terkait bab IV dan bab V	St.
5	Jum'at, 09 Januari 2026	• Konsultasi terkait yang sudah direvisi mengenai bab IV dan V	St.
6	Jum'at, 23 Januari 2026	• Ada beberapa kata & kalimat yang perlu diperbaiki (penggantian ke-sucurahan)	St.
7	Selasa, 27 Januari 2026	• Mengkonsultasikan yang sudah direvisi dan diperbaiki	St.
8	Kamis, 29 Januari 2026	• ACC Final ke-sucurahan & penandatanganan	St.

Kuningan, 29 Januari 2026


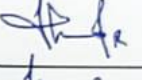
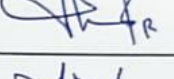
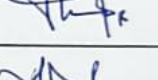
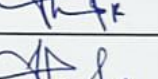

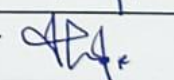
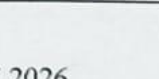
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Nama : Wahyunnisa Aisy Agustini
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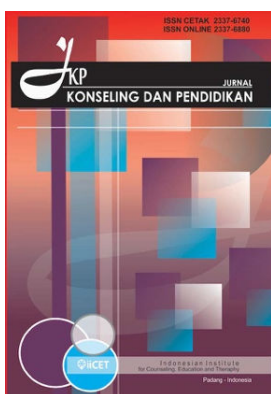
NO	Hari/Tanggal	Uraian	Tanda Tangan
1	Jum'at, 21 November 2025	• Bimbingan dan konsultasi terkait isi bab IV dan V	
2	Jum'at, 19 Desember 2025	• konfirmasi terkait terbitnya publikasi jurnal penelitian	
3	Senin, 23 Desember 2025	• Bimbingan terkait bab IV dan bab V	
4	Senin, 13 Januari 2026	• konsultasi bab IV dan V (sistematika penulisan)	
5	Senin, 20 Januari 2026	• Bimbingan dan konsultasi ulang mengenai perbaikan	
6	Senin, 26 Januari 2026	yang sudah direvisi dari bab IV dan bab V	
7	Senin, 27 Januari 2026	• Tambahan beberapa kalimat pada hasil penelitian	
8	Kamis, 29 Januari 2026	• konsultasi & ACC final keseluruhan & penandatanganan	

Kuningan, 29 Januari 2026

Pembimbing II,



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The process of acceptance by parents of children with special needs who are victims of sexual violence at an early age

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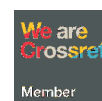
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The process of acceptance by parents of children with special needs who are victims of sexual violence at an early age



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ABSTRACT

Cases of sexual violence against children with special needs (CWSN) in Indonesia continue to rise, placing parents under layered psychological pressures that remain poorly understood. This study aims to analyze how parents construct self-acceptance through emotional dynamics, the reconstruction of caregiving roles, and the use of social-spiritual support after their children experience sexual violence in early childhood. The research employed a qualitative method with a case study approach. Data were collected through in-depth interviews with four parents in West Java whose children were identified as victims, and were analyzed using thematic analysis to identify recurring experiential patterns. The findings reveal three main themes: (1) initial emotional turmoil characterized by shock, anger, fear, and intense guilt; (2) reconstruction of caregiving meaning, including role adjustments and heightened protective responses as part of restoring parental identity; and (3) psychological strengthening through social and spiritual support, which forms the foundation for developing self-acceptance. The results indicate that self-acceptance in this context is multidimensional and shaped by relational factors as well as cultural values. This study offers novelty by highlighting the unique characteristics of self-acceptance among parents of CWSN who are victims of sexual violence. Its implications provide an essential basis for developing psychosocial interventions that are more sensitive to the trauma experienced by CWSN families.

Keywords:

Child sexual violence
Children with special needs
Emotional coping
Caregiving role
Reconstruction
Social spiritual support

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Introduction

Sexual violence against children is a form of human rights violation that creates long-term physical, psychological, and social impacts (Ali et al., 2024; Hillis et al., 2017; Walker-Descartes et al., 2021). This phenomenon can occur to anyone, regardless of age, gender, or any specific conditions the child may have. Reports of child sexual violence have continued to rise in recent years, raising deep concern within society (Ferrara et al., 2019; Wessells & Kostelny, 2021; Wolf et al., 2019). Such violence is experienced not only by typically developing children but also by children with special needs, who may have physical, intellectual, emotional, or social limitations (Collins, 2020; Fang et al., 2022; Njelesani, 2019). These limitations make children with special needs more vulnerable due to difficulties in communication, understanding situations, and protecting themselves from threats. Studies by Klebanov et al. (2023) indicate that children with special needs are two to four times more likely to experience sexual violence compared to children without developmental barriers, making this phenomenon an important issue that requires attention from various parties, including academics, practitioners, and policymakers.

When a child with special needs experiences sexual violence, the impact is felt not only by the child but also by the parents as the primary caregivers (Fong et al., 2017; van Duin et al., 2022; Warrington et al., 2023). This traumatic situation creates significant emotional strain, marked by reactions such as shock, anger, fear, sadness, and disbelief, which often emerge simultaneously. Many parents are overwhelmed by feelings of guilt for believing they have failed to protect their child, even though the incident was entirely beyond their control. Parenting challenges that were already demanding become even more complex when the child is also coping with traumatic experiences. This layered emotional burden can lead to feelings of helplessness, loss of control, and doubt about one's abilities as a parent. These conditions affect how parents make sense of the event, carry out daily activities, and interact with their child during the recovery process (Anggraini et al., 2018; Cardoso et al., 2025; Zimba et al., 2017).

In facing such circumstances, each parent has a different way of accepting and adjusting to the reality they encounter (Borelli et al., 2019; McElvaney & Nixon, 2020; Reddy et al., 2019). Some are able to gradually recover, understanding that the incident was beyond their control, and strive to find ways to support their child's healing. However, others encounter difficulties in this process, such as declining psychological functioning, withdrawal from social environments, or challenges in rebuilding self-confidence. The process of self-acceptance becomes an important yet complex aspect because it involves not only how individuals positively accept their own condition, but also how they reinterpret their role as parents in a highly stressful situation (Kaçan et al., 2023; Mansur et al., 2022; Nawantara & Atrup, 2022).

Previous studies on parental self-acceptance have tended to focus on the child's disability without positioning the traumatic experience of sexual violence as a variable that complicates this acceptance process. Lei et al. (2025), Guo et al. (2025), and Keleynikov et al. (2023) show that parents experience emotional cycles such as denial, guilt, and confusion when accepting the condition of a child with special needs. However, these studies have not examined how the self-acceptance process changes when disability intersects with sexual violence, which has the potential to create layered trauma for both parent and child. International literature likewise tends to discuss the impact of sexual violence on children or general parental coping strategies, rather than focusing on the dynamics of self-acceptance in a dual-trauma situation.

This knowledge gap underscores the importance of the present study. To date, there has been no in-depth research integrating two critical aspects simultaneously—the status of a child with special needs and the experience of sexual violence—in exploring parents' self-acceptance processes. Moreover, dimensions of self-acceptance such as self-awareness, reconstruction of parenting roles, the ability to manage guilt, and spiritual or social adaptation mechanisms have not been comprehensively analyzed in the context of sexual violence against children with special needs. In fact, a deeper understanding of these dimensions is essential for designing effective psychosocial interventions for families.

The urgency of this study grows stronger given that self-acceptance serves as the primary foundation for parents to provide stable emotional support to their children. Without a healthy self-acceptance process, parents risk experiencing emotional exhaustion, withdrawal, and difficulties in assisting their child's recovery. Therefore, academic exploration of the dynamics of self-acceptance in the context of sexual violence against children with special needs is not only theoretically relevant but also has significant practical implications for support services, family counseling, and child protection efforts.

This study offers novelty by integrating two traumatic contexts that are rarely examined together: the condition of having a child with special needs and the experience of sexual violence in early childhood, in order to gain a deeper understanding of the parental self-acceptance process. Using a qualitative approach grounded in parents' direct experiences, this study presents new insights into emotional stages, reconstruction of parenting roles, and the influence of spiritual and social factors in shaping their psychological resilience.

Based on the above explanation, this study aims to analyze the self-acceptance process of parents whose children with special needs have become victims of sexual violence at an early age, by examining emotional stages, subjective meanings, coping strategies, and the social-spiritual factors that influence this process. The findings are expected to provide a clearer picture of how parents build psychological resilience, how they reinterpret their parenting roles, and how they draw strength to accompany their child's recovery process. These findings not only enrich the literature on self-acceptance in the context of layered trauma but also provide a stronger empirical basis for developing psychosocial support models that are more sensitive to the needs of families of children with special needs who are victims of sexual violence.

Methods

This study uses a qualitative approach with a case study design, chosen because it allows the researcher to explore in depth the subjective experiences of parents facing sexual violence experienced by a child with special needs. This approach is relevant for examining a complex phenomenon involving emotional, social, and spiritual dynamics, enabling capture of meanings constructed by participants within their life contexts. The case study design is used to understand holistically the self-acceptance process in a dual-trauma situation and to identify recurring patterns of experience across the cases studied.

Research Location

The study was conducted in two cities/regencies in West Java, namely the residential locations of the informants and the working areas of the Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA) that handled the cases. The sites were selected purposively to ensure informants had direct experience with accompaniment of sexual violence cases so that the data obtained would be rich and relevant to the study objectives.

Informants and Sampling Technique

Informants were selected using purposive sampling with the following criteria: parents or guardians of a child with special needs; the child is a victim of sexual violence under the age of 18; the case has been handled by an official service agency; the parent is willing to be interviewed and is able to verbalize their experience.

Four parents participated and were recruited via recommendations from UPTD PPA caseworkers. The researcher made initial contact through the accompanying counselor to ensure informants' ethics and comfort prior to the interviews.

Instruments and Data Collection Procedures

The primary instrument was a semi-structured interview guide covering the following aspects: parents' initial reactions, emotional dynamics, meanings constructed about the event, the self-acceptance process, social and spiritual support and adaptation strategies.

Interviews were conducted face-to-face at locations chosen by the informants, lasted between 60 and 90 minutes, and were audio-recorded with participant consent. The researcher used open-ended questions with flexibility to probe deeper into experiences considered important by informants. Field notes were used to record nonverbal expressions, situational context, and the researcher's initial reflections.

Data Analysis Technique

Data were analyzed using Braun & Clarke's thematic analysis approach through six stages: (1) Familiarization with the data by re-reading transcripts thoroughly; (2) Generating initial codes based on units of meaning emerging from the transcripts; (3) Grouping codes into categories that describe patterns of experience; (4) Developing main themes, such as emotional stages, self-reflection, and external support; (5) Reviewing themes by checking consistency across data and categories; (6) Defining and naming themes, which subsequently produced three stages of self-acceptance.

The analysis process was iterative to ensure depth of interpretation and alignment of themes with participants' actual data.

Trustworthiness

To maintain credibility and integrity, several validity strategies were employed: (1) Source triangulation by comparing interview data, field notes, and information from caseworkers; (2) Member checking, where the researcher confirmed summaries of findings with informants to ensure interpretive accuracy; (3) An audit trail, i.e., systematic documentation of the analysis process from coding to theme development; (4) Researcher reflexivity, conducted via a reflective journal to minimize bias during interpretation.

Research Ethics

The study adhered to qualitative research ethical principles, including informed consent, confidentiality of identities, and the informants' right to stop the interview at any time. All names and locations were anonymized to protect the privacy of the families and children.

Results and Discussion

Table 1. Summary of Research Findings

Main Theme	Subtheme	Description of Findings	Supporting Quotes
Initial Emotional Turmoil	Emotional chaos	Parents experienced shock, anger, fear, confusion, and loss of control after learning that their child was a victim of sexual violence.	"I was confused... kept crying... it felt like I failed as a parent." (R1)
	Self-blame (guilt)	Parents blamed themselves for the incident, felt negligent, and repeatedly thought about how the situation might have been prevented.	"I keep thinking this wouldn't have happened if I had been more careful earlier." (R3)
	Efforts to regulate emotions	Although overwhelmed by intense emotions, parents gradually tried to control themselves in order to continue supporting their child.	"I must be strong; I cannot stay sad because S needs me." (R2)
Reconstruction of Parenting Meaning	Re-evaluating the parental role	Parents reflected on the meaning of their role, including a renewed sense of responsibility to help their child recover.	"Now I must be more attentive; I cannot be the same as before." (R2)
	More protective parenting	Parenting patterns became more cautious, strict, and structured as a form of ongoing protection.	"I keep watching over them; I cannot leave them alone." (R1)
	Social withdrawal due to stigma	Some parents avoided social environments due to shame, stigma, and fear of people's judgment.	"I feel embarrassed when people ask... so I prefer being alone." (R4)
Social Support & Spirituality	Spiritual coping strategies	Prayer, surrendering to God, and religious beliefs helped parents calm themselves and	"I believe God helps... this is how I stay strong." (R4)

Main Theme	Subtheme	Description of Findings	Supporting Quotes
		regain psychological strength.	
	Support from family and institutions	Assistance from family, UPTD PPA counselors, psychologists, and community members provided emotional support and information.	"The counselor helped a lot... so I didn't feel alone." (R1)
	Hope for the child's future	Social and spiritual support strengthened parents' optimism that their child still has a bright future.	"I believe... my child still has a future." (R1)

Source: Processed Research Data (2025)

Table 1 shows that all parents experienced very intense emotional reactions immediately after learning that their child had become a victim of sexual violence. The emotions that emerged were not singular, but layered—a mixture of shock, anger, sadness, fear, and loss of self-control. This condition reflects the psychological instability commonly found in the initial phase of a traumatic event. Self-blame appeared as a painful form of reflection. Parents blamed themselves and felt that they had failed to protect their child. At this stage, guilt emerged not only as a spontaneous emotion but also became part of the internalization process of the event. In addition, efforts to regulate emotions began to appear. Despite being overwhelmed by internal turmoil, some parents started attempting to compose themselves in order to continue supporting their child. These findings illustrate an early transition from emotional instability toward attempts at self-recovery, although still very limited.

In the second theme, parents' experiences shifted from emotional reactions to a process of reorganizing roles and responsibilities. The findings show that they began to reflect on their parenting duties and question the effectiveness of their previous roles. A more protective style of parenting emerged as an adaptive response. Parents increased their vigilance, tightened supervision, and structured their child's activities more carefully. This reflects the need to regain a sense of control and to ensure that similar incidents do not happen again. Another behavioral pattern revealed a tendency to withdraw from social environments. Feelings of shame, fear of judgment, and concern over stigma caused some parents to limit social interactions. This indicates that the impact of the event is not only personal but also influences social relationships and the daily functioning of the family.

The third theme illustrates how parents began to find sources of strength outside themselves. Spirituality emerged as an important element that helped alleviate emotional pressure. Prayer, faith in God, and the belief that they were not entirely alone provided calmness and hope. In addition to spiritual factors, social support from family, relatives, and assisting institutions such as UPTD PPA played a significant role in the adaptation process. This support not only provided information and practical solutions but also offered a sense of safety and emotional reinforcement. Both forms of support contributed to the development of optimism that the child still has a promising future. These findings show that parents' recovery process does not rely solely on internal strength but is also greatly influenced by the presence of external support.

Initial Emotional Turmoil: Reactions to Layered Trauma

The findings show that all parents experienced highly intense emotional reactions upon learning that their CWSN had become a victim of sexual violence. Reactions such as shock, anger, sadness, fear, and confusion not only reflect a typical shock response but also mark the presence of layered trauma. The first trauma relates to the child's disability, while the second arises from the sexual violence. This explains why the emotional turmoil identified in this study was far stronger than in previous research that focused solely on parents' reactions to disability (Aksakal Kuc & Keleşoğlu, 2020; Embang, 2024; Fernández-Alcántara et al., 2016; Kolemen et al., 2021).

In addition to intense emotional reactions, the findings also illustrate the emergence of strong self-blame. Parents felt they had failed to protect their child and considered themselves responsible for the incident. This phenomenon can be understood as an early stage of the self-acceptance process described by Kurniawati (2024), where individuals are confronted with painful realities before developing an attitude of acceptance. However, in this context, self-blame is not merely an emotional reaction but is also shaped by cultural norms surrounding familial moral responsibility, which adds to the psychological burden.

These findings enrich the literature by showing that the self-acceptance of parents of children with special needs who are victims of sexual violence cannot be understood linearly. The intense emotional turmoil at the initial stage indicates the need for intensive psychological support during the early phase of disclosure, while emphasizing that the process of self-acceptance begins at a point of deep emotional crisis.

Reconstructing Parenting Meaning: Reorganizing Identity and Responsibility

The second findings reveals that after moving through the initial emotional stage, parents entered a phase of role reflection and parenting reorganization. Parents began to reassess their roles as protectors and caregivers and reconceptualized the meaning of parenting in a post-trauma context. Changes toward more protective, strict, and structured parenting patterns indicate a strong drive to prevent similar incidents from recurring. This aligns with previous findings on adaptation strategies among parents of children with special needs; however, this study extends those findings by showing that such changes are motivated not only by the developmental needs of the child but also by the parents' efforts to recover from the collapse of their moral identity as caregivers. Parents attempted to rebuild their sense of competence and protective ability, which had momentarily "collapsed" when the incident was revealed (Arif et al., 2021; Bayrak et al., 2024; Chen & Yu, 2024; Özkan et al., 2024; Salsabila & Adrian, 2025).

Within framework of psychological well-being (Jambekar et al., 2018), these behavioral changes reflect elements of environmental mastery efforts to regain control over the caregiving environment and purpose in life, where parents rediscover their purpose as companions in their child's recovery. Thus, reconstructing the meaning of parenting represents an important phase in the restoration of parental identity after trauma.

These findings contribute new insights to the literature by demonstrating that the reconstruction of parenting roles serves as a bridge between the initial emotional crisis and the subsequent stages of self-acceptance. It is at this point that the process of self-acceptance begins to take concrete form through caregiving actions and daily role adjustments.

Social Support & Spirituality

The third findings shows that social support plays a crucial role in facilitating the self-acceptance process. Support from immediate family, relatives, neighbors, caseworkers from UPTD PPA, and psychologists helped stabilize parents' emotional conditions. The presence of caseworkers provided not only procedural information and legal assistance but also a sense of safety and validation for the parents' psychological state.

These findings align with Arslan (2018), Kavanaugh et al. (2020), and Serin (2018), who emphasized that social support is a key determinant of self-acceptance among parents of children with special needs. However, this study identifies a more complex form of support because it relates to recovery from sexual trauma, in which formal institutional support becomes just as important as support from the family. The involvement of professional caseworkers also provides a space for parents to understand that their experiences are not personal failings but situations that must be addressed systemically. This helps reduce the guilt experienced in the early stage and accelerates psychological recovery.

Furthermore, spirituality emerges as a key element in the self-acceptance process. The findings show that parents used prayer, surrender to God, and religious beliefs as primary mechanisms to relieve emotional distress. Spirituality functions not only as a coping strategy but also as a source of

meaning that helps parents reinterpret traumatic experiences and find renewed strength to continue caregiving.

The role of spirituality reinforces view Karaca & Konuk şener (2021) and Pandya (2017) that developing positive meaning from experiences is a vital part of self-acceptance. In Indonesia's religious and cultural context, spirituality serves as a psychological foundation that accelerates identity reconstruction and provides a sense of calm and hope for the child's future. This study makes an important contribution by demonstrating that self-acceptance is not only psychological and social but also deeply spiritual. This expands theoretical understanding of self-acceptance by incorporating a strong religious dimension within the local cultural context.

Conclusion

The findings of this study indicate that the process of self-acceptance is a gradual psychological journey involving three essential dimensions: intense initial emotional turmoil, the reconstruction of parenting meaning as a form of parental identity recovery, and psychological strengthening through social and spiritual support. Together, these dimensions show that self-acceptance is not merely an individual emotional response but a relational process shaped by layered traumatic experiences, family dynamics, cultural values, and the surrounding support systems.

Substantively, this study highlights that self-acceptance within the context of child sexual trauma has unique characteristics: a deeper sense of guilt, a stronger need for role reconstruction, and a greater reliance on external support compared with parents of children with disabilities who have not experienced sexual violence. Thus, this research makes an important contribution to understanding the dynamics of self-acceptance in situations of layered trauma and expands theoretical perspectives on self-acceptance, which have thus far emphasized intrapersonal aspects.

The findings also carry implications for psychosocial services and child-protection policy. First, interventions must be multi-dimensional: in addition to individual therapy, support programs should include family-based assistance, community interventions to reduce stigma, and culturally and religiously sensitive approaches. Second, service institutions (such as UPTD PPA) play a crucial role not only in legal or medical aspects but also as facilitators of emotional support and information for families. Third, training for caseworkers should include competencies in helping parents reconstruct their parenting roles and modules for addressing self-blame.

This study has inherent limitations, including a small sample size ($n = 4$) and a geographically and culturally specific context, which reduces generalizability. The sensitivity of the topic may also influence the depth and honesty of participants' disclosures. Future research is recommended to conduct comparative studies with larger samples, incorporate cultural variations and different post-trauma time frames, and employ longitudinal methods to capture the dynamics of self-acceptance from the initial phase through the long term.

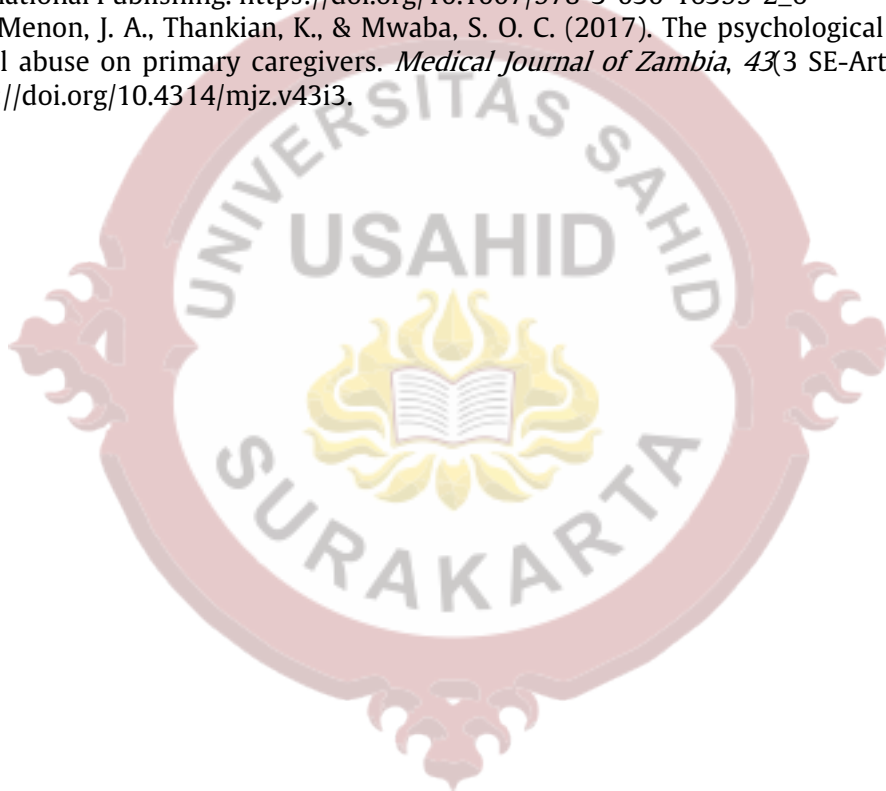
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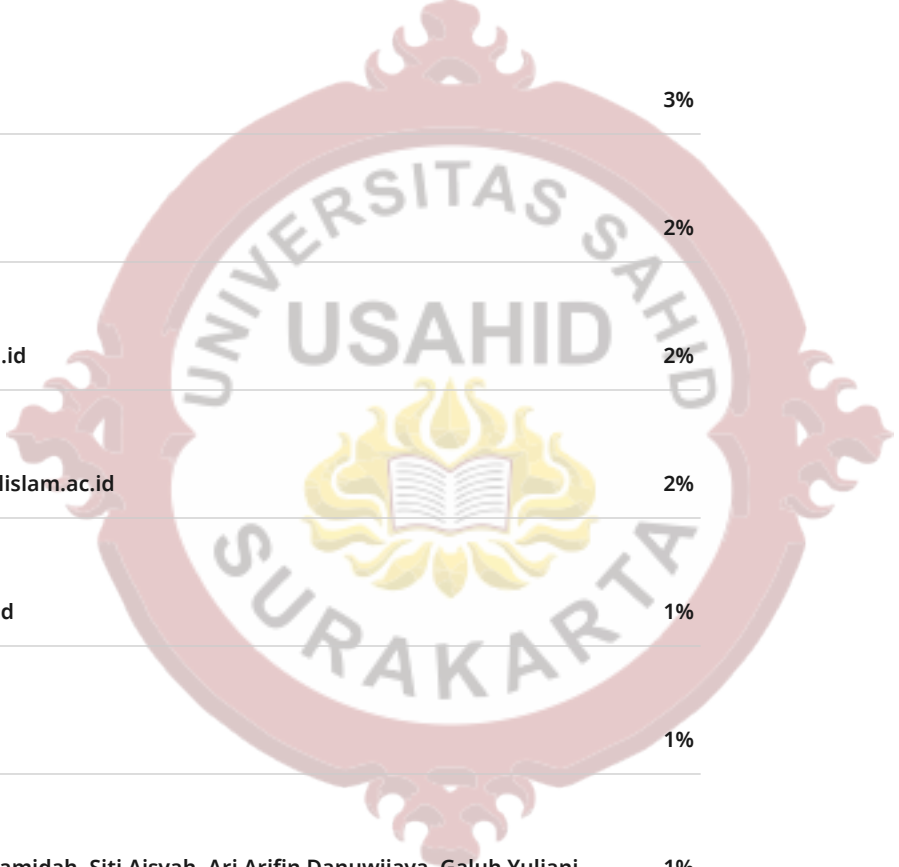
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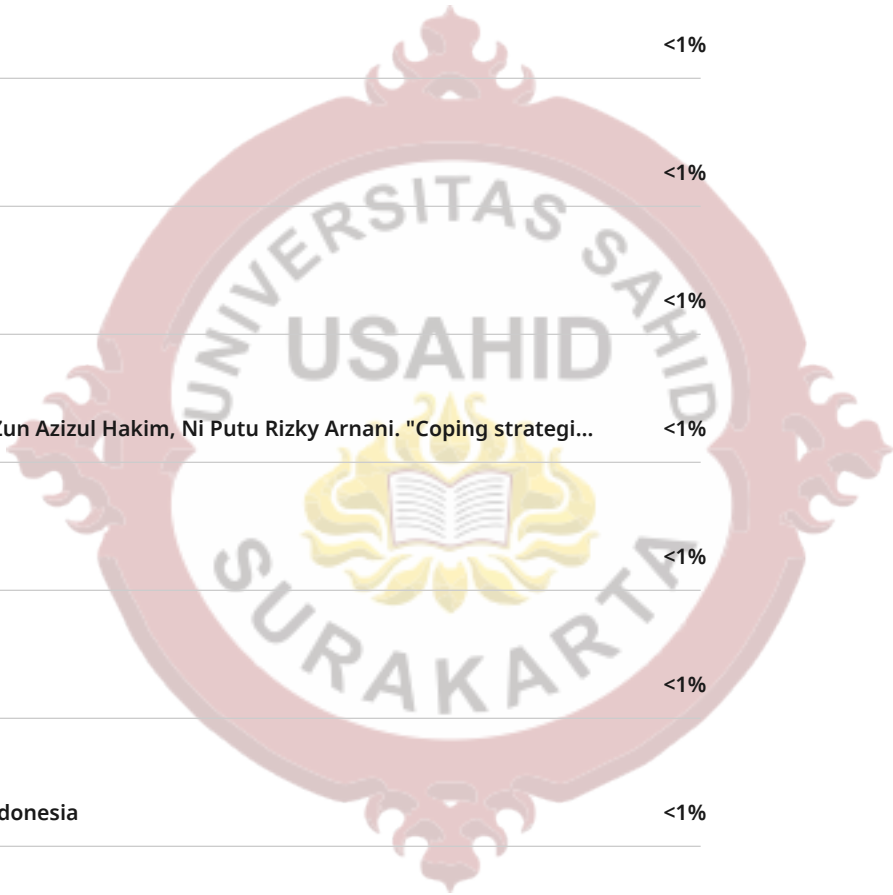
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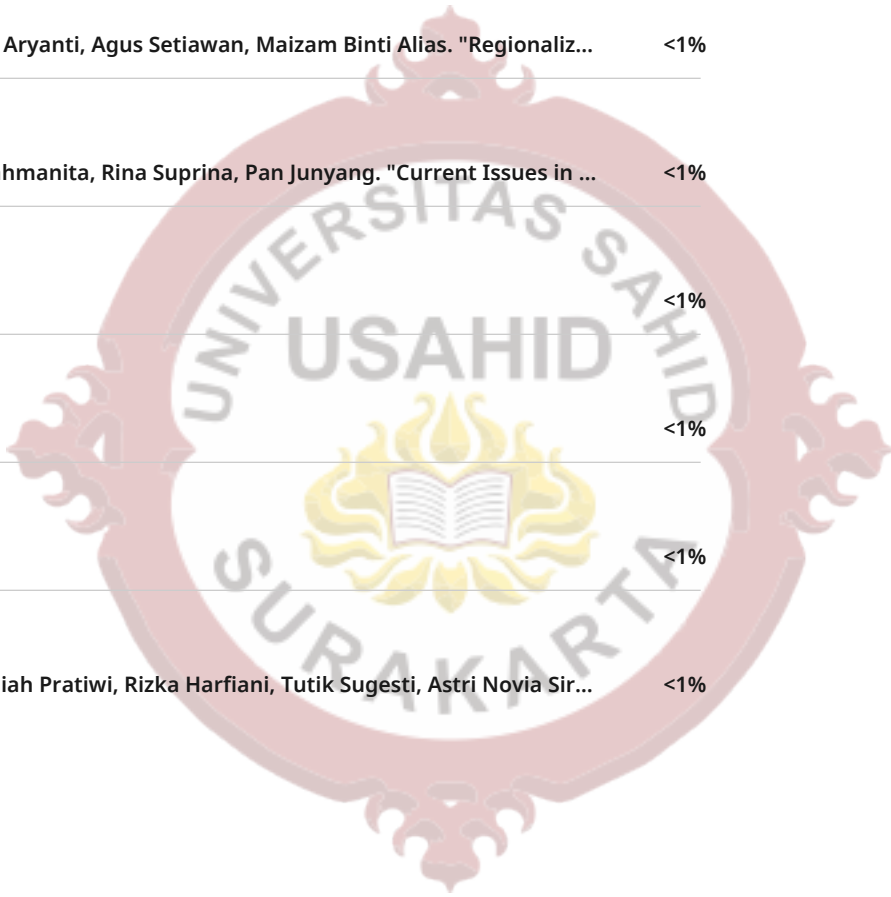
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SELF-ACCEPTANCE OF PARENTS WHO HAVE CHILDREN WITH SPECIAL NEEDS AS VICTIMS OF UNDERAGE SEXUAL VIOLENCE

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ABSTRACT

Children with special needs (CWSN) are at a higher risk of becoming victims of sexual abuse due to their cognitive limitations, communication barriers, and reduced ability to protect themselves. This condition not only impacts the victims but also causes significant psychological distress for their parents, especially in fulfilling their role as protectors and caregivers during the child's recovery process. This study aimed to analyze the process of self-acceptance among parents of children with special needs who have experienced sexual abuse during childhood. The research employed a qualitative method using a case study approach. Data were collected through in-depth interviews with four parents in West Java whose children were identified as victims. The results revealed that the process of self-acceptance occurs in three main stages: (1) emotional turmoil marked by feelings of anger, disappointment, and guilt; (2) reflection and reconstruction of parental roles; and (3) psychological reinforcement through spiritual and social support. Self-acceptance was influenced not only by internal awareness but also by external factors such as family environment, support from institutions, and religious beliefs. In conclusion, self-acceptance is an adaptive process that plays a crucial role in supporting the child's psychological recovery and strengthening the parents' emotional resilience.

Keywords:

self-acceptance, parents, children with special needs, sexual abuse

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Introduction

Sexual harassment is a common occurrence today. Not only in the general public, but there are many cases of sexual harassment at school and most of the perpetrators are teachers themselves. The perpetrator of this sexual harassment does not look at the age, shape, or background of the victim. Many cases of sexual harassment are also found in elementary schools (SD). This sexual abuse does not only occur in children with normal backgrounds, but there are also cases of sexual abuse of children who have mental retardation.

According to news from kompas.com children with disabilities are actually more vulnerable to becoming victims of sexual abuse. This is because the perpetrator considers that children with special needs lack knowledge about sex education and children with special needs are able to be manipulated by the perpetrator. Cases of adolescent abuse were also found to be 2 times more experienced by children with special needs than normal children.

Children with special needs are individuals who have special traits and attitudes in them, in contrast to normal children in general, children with special needs have higher or even lower intellectual, mental and physical characteristics. Therefore, children with special needs are often dubbed as special children. Children with special needs are classified into 3 groups, namely Children with Physical Special Needs, Children with Mental

Special Needs and Children with Special Needs combined. The classification includes groups of children who suffer from mental retardation, learning disabilities, emotional disorders, physical abnormalities, damage or disorders of the five senses.

Children who are born with an unhealthy mental condition certainly make parents sad and sometimes not ready to accept it for various reasons. Moreover, children with disabilities who also experience sexual violence add to the complexity, because deep trauma can affect the quality of parent-child relationships and parents' self-image (Faradina, 2016).

According to Miranda (2013), the first reaction of parents when initially said to be problematic is disbelief, shock, sadness, disappointment, guilt, anger and rejection. It is not easy for parents whose children have special needs to experience this phase, before finally reaching the acceptance stage. There are times when parents ponder and do not know what exactly action to take. Not a few parents then choose not to open up about their child's condition to friends, neighbors or close family members, except for the doctor who treats the child.

Cases of sexual abuse of children with special needs are rarely revealed in the community. Brown (in Husada & Monika, 2024) suggest that children are unlikely to admit wrongdoing or reveal they are victims of sexual abuse. Smith and colleagues (in Husada & Monika, 2024) It found that about 50% of children delayed revealing experiences of sexual abuse for at least five years, while about 25% reported not disclosing sexual abuse until they became adults.

In this study, sexual harassment that occurs in children has reached touching or hurting parts of the body of the erogenous zone. The erogenous zone consists of the genitals (genitals), buttocks, anus, perineum (the area between the genitals and the anus), breasts (especially the nipples, both male and female), inner thighs, armpits, navel, neck, ears (especially the earlobes) and the mouth (lips, tongue and the entire oral cavity) (Hermayani & Aviani, 2016).

Sexual abuse that occurs in children with special needs is usually carried out by the people closest to the child. According to Mardian (2015) Perpetrators of child sexual abuse are family members or close associates, only about a quarter of all cases are committed by foreigners and usually the perpetrators are about 20 years older than the age of the child who is a victim of sexual abuse.

Sexual abuse experienced by children with special needs can affect the child's developmental process. According to Guinea fowl (2016) Children who experience sexual abuse will experience post-traumatic stress, cognitive distortion, emotional pain, avoidance, a self-esteem disorder, and interpersonal difficulties. The biggest impact on children who experience sexual abuse that will continue into their adult life is fear that produces anxious, depressed, grumpy, and distrustful adults.

Abdullah (2013) stating that the first reaction that appears when parents find out that they have a child with a disorder is the onset of feelings of confusion and devastation. These feelings then cause various reactions, including guilt, regret, shame, rejection, and acceptance as they are. The reaction of these parents can affect their condition and behavior towards their child. Parental acceptance will affect parents' behavior towards their children. The acceptance of parents of children with special needs who are victims of sexual abuse can affect the recovery process and development of children in dealing with their living conditions. Parents who have a good attitude of self-acceptance will directly have an impact on the acceptance of the parents of their children who have normal or abnormal conditions or disabilities (Mardian, 2015)

The development of self-acceptance and acceptance of others leads to a more positive view of oneself and others. Miranda (2013) said self-acceptance is a condition that fosters personal adjustment and well-being or happiness. Hurlock (1999) It also argues that individuals who accept themselves, like themselves and are satisfied with themselves so that they will consider themselves valuable, can accept themselves more accurately

and realistically. Based on the above statement, the researcher is interested in researching parents' acceptance of children with special needs who are victims of underage sexual abuse.

Methods

This research was a descriptive qualitative research. Qualitative research is one of the research methods that aims to gain an understanding of reality through the process of inductive thinking. Through qualitative research, researchers can recognize subjects, feel what they experience in their daily lives (Scott, 2018). This research used a type of qualitative field research method because this research is carried out directly and this research is very involved with the situation and context in which the data is collected.

The data sources needed in this study are primary and secondary data:

a. Data Primer

The data obtained directly from the first source (Hikmawati, 2020). The primary data source used by the author in this study is data obtained by direct interviews with 4 parents of children with special needs who are victims of sexual abuse.

b. Data Seconds

Secondary data sources are data sources that can provide additional information or data that can strengthen the main data, either in the form of human beings by way of interviews or objects (magazines, books, newspapers, etc.) (Azwar, 2011). In this study, the secondary data sources are official documents, namely books and journals that are relevant in the discussion of self-acceptance for parents who have children with special needs as victims of sexual abuse.

The data collected in this study was carried out through the following techniques:

1. Interview

An interview is a direct oral question and answer process conducted by a person to another person. (Suryani & Hendryadi, 2015). On the occasion of this study, the author sought data by interviewing 4 parents of children with special needs who were victims of sexual abuse.

2. Documentation

This method is used to collect written data to complete the data needed in the research. And in carrying out this research, what needs to be investigated is data in the form of documentary evidence related to cases of sexual abuse experienced by victims in children with special needs.

The data processing techniques used by the author in this study are as follows:

1. Data Collection

The data collection process can also be done at the same time as data analysis. The data is everything that is seen, heard and observed. The data obtained is not final data that can be directly analyzed to draw a final conclusion. In this study, the data collected to be analyzed are data obtained from interviews with several related parties (Azwar, 2011).

2. Data Reduction

This stage takes place continuously in line with the implementation of the research. It is intended to sharpen, classify, direct, discard unnecessary data and organize it.

3. Data Presentation

Data presentation is a structured set of information that provides the possibility of drawing conclusions and taking action. By paying close attention to the presentation of the data, it is easier for researchers to understand what is happening and what to do. The form of data presented can be in the form

of charts, brief descriptions, graphs, charts or tables. In this study, the results of data acquisition will be displayed by describing the results of data analysis and referring to the perspective of self-acceptance.

4. Conclusion Drawn/Verification

Based on the data that has been reduced and presented, the researcher makes conclusions that are supported by strong evidence at the data collection stage. The conclusion is the answer to the formulation of the problems and questions that have been expressed by the researcher since the beginning.

Results and Discussion

The results of this study reveal the dynamics of self-acceptance experienced by parents who have children with special needs (ABK) as victims of underage sexual violence. Based on the results of interviews with four parents, it was found that the process of self-acceptance involves emotional struggle, reflection on the role of parents, and efforts to develop inner toughness through spiritual encouragement and social support. This process takes place gradually and is not easy, given the enormous psychological burden that parents experience as a result of such traumatic events.

1. Emotional Upheaval and Self-Control Efforts

In the early stages, almost all respondents experienced shock, anger, sadness, and even disbelief when they first learned that their child was a victim of sexual violence. These emotions arise simultaneously and disrupt their psychological stability.

Respondent 1 (Mrs. EH), said:

"I was so confused, I was so confused. Crying, crying, crying, crying. "At times, I feel like I'm being mistaken for a parent."

Likewise, Respondent 2 (Mrs. NA), said:

"I'm so sorry to hear about it, but it's hard to explain."

The two quotes above suggest that anger and sadness became the dominant initial response, followed by feelings of failure as parents. But over time, parents begin to try to control themselves and realize that they should not be dissolved in emotions in order to still be able to provide protection and support for their children.

2. Guilt and Self-Reflection

One of the obstacles in the process of self-acceptance is a very deep feeling of guilt. The respondents admitted that they blamed themselves for negligence that was considered to have contributed to the occurrence of the incident. However, in the end they realize that lingering in guilt will not solve the problem.

Respondent 2 (Mother NA), stated:

"Abdi sadar neng kana kalalaian abdi dina ngajaga si S teh... abdi kedah langkung kuat deui, utamana dina ngajaga si S kedah langkung ketat ayeuna mah."

Meanwhile, respondent 3 (Mrs. JR), said:

"Saur abdi mah abdi nu salah teh, sok sieun nepi ka terus mikir lamun kajadian ieu teu bakal kajadian mun ti heula abdi leuwih ati-ati. Tapi ayeuna abdi keur usaha diajar pikeun ngamaafkeun diri sorangan."

This reflection shows an awareness to let go of guilt and start focusing on self-recovery and protection of children. This is an important stage in the process of self-acceptance as stated by Bernard (2013), that a person who can accept himself will be able to face reality honestly and rebuild his inner strength.

3. Spiritual Encouragement and Social Support

The solution in the face of very heavy emotional pressure, most respondents stated that spiritual strength and the presence of those close to them are the main source of strength to stay afloat.

Respondent 1 (Mrs. EH), said:

"Ayeuna mah ku abdi nyobi dijalanan we lah dina sadidintenna.. beurat aslina mh, tapi abdi kudu yakin, abdi teu nyalira, abdi percaya ieu murangkalih masih gaduh masa depan."

Respondent 4 (Mrs. AL), added:

"Abdi percaya aya Allah nu bakalan ngabantosan abdi kangge menghadapi situasi ieu, abdi gaduh anak jeung si anak butuh abdi, jadi abdi kedah kuat."

This statement shows an optimism that grows slowly along with the process of inner healing. Trust in God and hope for a better future for their children are an important foothold in the process of self-acceptance. Support from the UPTD PPA, psychologists, and the social community also plays a big role in helping parents through the crisis phase.

The Relationship of Findings to Theory

The findings of this study support and strengthen a number of theories that have been put forward previously regarding the concept of self-acceptance. Self-acceptance of parents who have children with special needs as victims of underage sexual violence is a complex and dynamic psychological process. This process involves initial emotional reactions, deep reflection on the role of parenting, and attempts to reconstruct meaning to the traumatic experience experienced.

Conceptually, Bernard (2013) explains that self-acceptance is the ability of an individual to accept in its entirety all aspects of himself, both strengths and weaknesses, unconditionally. The results of this study show that all respondents experienced post-traumatic emotional crises, but in the process tried to rebuild the meaning of their role as parents. This is in line with Bernard's concept that self-acceptance is not static, but rather the result of the process of awareness and learning.

Furthermore, Ryff's theory (Purwanto, 2011) emphasizes that self-acceptance is one of the indicators of psychological well-being, where individuals show a positive attitude towards themselves, including in acknowledging and accepting unpleasant living conditions. The response obtained from responding to this context, the parents who were respondents showed an effort to remain positive towards themselves despite experiencing shock due to the trauma experienced by their children. They are not only aware of the limitations of the role they play, but also try to rebuild protective and emotional functions towards children.

Triwijati (2019) It also states that self-acceptance is closely related to the individual's ability to respond to his or her strengths and limitations objectively, without being overwhelmed by shame or self-rejection. This is reflected in the respondents' interviews which describe the existence of guilt and failure, but followed by the realization that these feelings cannot be allowed to drag on. This awareness is the starting point for the formation of self-acceptance and psychological adjustment to the new role as the main companion in the child's recovery.

Social support and the spiritual dimension are also an important part of the process of self-acceptance. Based on theory Bernard (2013), one way to increase self-acceptance is to build a positive meaning of the events experienced and develop responsibility for life. In this study, respondents showed that spiritual closeness and

hope for justice for their children are one of the sources of strength in undergoing the recovery phase. This indicates that self-acceptance is not only individual, but is also influenced by external factors such as religious values and a supportive social environment.

Further Husada & Monika (2024) states that self-acceptance has a close correlation with acceptance attitudes towards others. The findings of this study corroborate this statement, where respondents who show a higher level of self-acceptance tend to be open to help from outside parties, such as companions from child protection institutions, psychologists, and the police. Positive interactions with these parties helped respondents reconstruct confidence and strengthen social support as part of psychological recovery.

10 Theoretically, it can be concluded that the process of self-acceptance for parents of children with special needs victims of sexual violence is a real implementation of the theories that have been put forward by Bernard, Ryff, Endah, and Sheerer. This process is gradual, involving emotional, cognitive, social, and spiritual dimensions, and is influenced by the individual's ability to manage trauma and form new meanings from the life experiences experienced.

Conclusion

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27 This study shows that the process of self-acceptance in parents who have children with special needs (ABK) as victims of underage sexual violence is a complex and multidimensional psychological process. Based on the results of interviews with four respondents, it was found that self-acceptance does not occur instantaneously, but through intense emotional stages, deep self-reflection, and a reinterpretation of the role of parenthood.

In the early stages, respondents experience a variety of negative emotions such as anger, sadness, disappointment, and strong guilt. However, over time, respondents began to realize the importance of emotional stability to provide optimal support to children. This awareness encourages parents to rebuild inner strength through reflective processes, spirituality, and social support from the environment and related institutions.

7 Theoretically, these findings are in line with Bernard's (2013) view that self-acceptance includes an awareness of one's unconditional strengths and limitations. This process also reflects the indicators of psychological well-being as put forward by Ryff, which are characterized by the individual's ability to accept even difficult living conditions. In addition, social support and spiritual values have been shown to play a significant role in strengthening the psychological resilience of parents.

This study can conclude that parental self-acceptance in this context is not only related to personal acceptance, but also includes moral and emotional responsibility for the sustainability of the child's recovery. These findings indicate that holistic psychosocial interventions are needed to support the process of self-acceptance of victims' parents, especially in cases involving children with special needs and sexual trauma.

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