Parent-Child Sexual Communication: Preventing Sexual Violence

Siti Maimunah1*

1Faculty of Psychology, University of Muhammadiyah Malang, Indonesia
*maimunah@umm.ac.id

Abstract

Through sexual communication, parents can play an important role as primary educators for their child’s sexual health. Unfortunately, sexual matters are rarely discussed in family communication, and parents tend to avoid them. This community service activity aims to determine the percentage of parents who have engaged in sexual communication, and to improve sexual education skills and knowledge for carrying out sexual communication through psychoeducational activities. Participants in this program were 78 parents of students in grades 4–6 at Madrasah Ibtidaiyah Sunan Kalijogo Malang. The survey findings from this activity revealed that students’ parents lack sufficient information about sexual education and skills in carrying out sexual conversation with their children. Reflection, sharing, role acting, and lectures are among the psychoeducational activities done in an effort to avoid sexual violence against children. These activities can expand knowledge and provide students’ parents with skills in sexual communication.

Key words: sexual communication, sexual education, sexual violence

Introduction

According to the World Health Organization (WHO), sexual violence is defined as all acts carried out with the aim of obtaining unwanted sexual acts, sexual comments and advances, or other acts directed at a person's sexuality using coercion, regardless of the status of the relationship with the victim (WHO, 2012). The phenomenon of sexual violence often haunts parents. This is because the number of cases of sexual violence continues to increase in various regions of Indonesia.

According to the data of the Ministry of Protection of Women and Children (Simfoni PPA, 2023) for the period January–June 2023, the number of cases of sexual violence recorded was 4,575. The increase in the number of cases of sexual violence each year makes the PPA Ministry issue a declaration that Indonesia is in a state of emergency regarding child sexual violence. With a total of 2,337 cases, the age group with the highest frequency of sexual violence was adolescents (13–17), followed by children (6–12). Based on the distribution of territory, this sexual violence continues to occur in the territory of Indonesia. It’s spreading from Aceh to Papua. Not least, East Java has also experienced the spread of cases of sexual violence against children, with a total of 112 children over the period of 6 months counted from January to June 2023.

This sexual violence can happen anywhere; the three places where the most cases of sexual violence occurred included households, schools, and public spaces (Ceccato et al., 2021; Maduakolam et al., 2023). Houses and schools...
are supposed to be safe places for children, but unfortunately, there is a lot of sexual violence in the neighborhood. The perpetrators are the people closest to their children, such as their parents, stepparents, grandparents, uncles, and teachers Simfoni PPA, 2023).

According to Dogangün et al. (2016), children who are sexually violent victims may face a variety of consequences, including anxiety, poor academic performance, dropping out, pessimism, mistrust of others, vulnerability, helplessness, abuse of illegal substances, and self-harm behavior. For victims of sexual violence, the PPPA Ministry offers therapeutic services such as health care, counseling, legal support, social reintegration, rehabilitation, and support from spiritual authorities. Preventive interventions are needed to curb the growing number of sexually violent victims, but they are not readily available. Educating parents about their critical role in safeguarding their child’s sexual health and preventing sexual violence by having sexual communication with them at a young age is one strategy to stop children from becoming victims of sexual violence.

Sexual communication is the two-way exchange of information on sex-related topics, such as sex, sexuality, and the consequences of sexual behavior, between parents or role models and their offspring (Flores and Baroso, 2017). Parents can be the primary educators of their child’s sexual health through sexual communication. (Aspy et al., 2007; Ballard & Gross, 2009; Eisenberg et al., 2006). In order to help their children emulate their own sexual health, parents should also set an example of honest and open conversation regarding this topic. [Widman and others, 2014]. In addition to decreasing risky sexual behavior (Dilorio et al., 2003; Trejos-Castillo & Vazsonyi, 2009; Nyirandegeya et al., 2022), the quality of sexual communication between parents and adolescents also increases responsibility in making decisions related to sexuality (Wilson & Donenberg, 2004; Rogers et al., 2015; Harris, 2016). Regrettfully, parents and teenagers tend to avoid talking about sexual concerns and rarely bring them up in family conversations (Ayalew et al., 2014). Parents perceive conversations regarding sexuality as uncomfortable as well (Rosenthal & Feldman, 1999; Ashcraft & Murray, 2017). This is because discussions about sexuality are sensitive and can make teenagers feel uncomfortable, awkward, and ashamed (Collins et al., 2009; Diamond & Savin-Williams, 2009; Grossman et al., 2018). The solution that can be given to parents to overcome this problem is psychoeducation.

Psychoeducation can be defined as ‘systematic, structured, didactic information on the illness and its treatment, and includes integrating emotional aspects in order to enable patients – as well as family members – to cope with the illness’ (Bäuml et al., 2006). Psychoeducation is a form of education or training for someone which aims at the treatment and rehabilitation process. The goals of psychoeducation are to develop and increase the patient’s acceptence of the disease or disorder, increase the patient’s participation in therapy and develop the coping mechanisms when the patient has problems associated with the disease (Bordbar & Faridhosseini, 2012).

There are four education models: a. Information model, the focus is on providing families knowledge about psychiatric illness and their management. b. Skill training model, the focus is on developing certain skills so that the family members can manage the illness more effectively. c. Supportive model, mainly involves taking help of support groups for engaging the family members of the patients in sharing their feelings. d. Comprehensive model; the comprehensive model uses a combination of the previous three models. Currently, the function of psychoeducation extends not only to the treatment and rehabilitation process of patients experiencing psychological disorders but also to reducing academic stress (Nursalim et al., 2021), providing emotionally support (Vicentini et al., 2022), and improving problem-solving skills (Phiri et al., 2023). This method is considered appropriate by the researchers for providing services to the community as a preventive attempt to prevent children from becoming victims of sexual violence.

Based on the results of the preliminary study with the school, there are several problems, among them: 1) The role of parents in sexual education has not been identified. 2) The model of sexual communication that parents conduct with their children has been unknown. 3) What are the skills or abilities of the parents in providing material about sexual education to their children? Through the psychoeducation program, it is expected to enrich knowledge about the importance of sexual education. On the other hand, this activity is also expected to provide skills to the parents of students about the important sexual communication that affects the provision of protection to children from sexual violence, so that they can live a peaceful life according to their stages of development.

**Method**

This activity is a community service. This activity started with the identification of problems that occurred at the school. Based on the results of the identification of the problem, the steps of approach agreed with the school authorities to solve the problem. The agreement is to carry out activities or programs of enrichment and empowerment for parents, which can be called psychoeducation. Psychoeducation in this research is interpreted as action given to a group of individuals with similar problems with the aim of socializing and exchanging opinions, carried out by professionals in the form of educational intervention.
Participants

The community service activities were conducted out at School of Madrasah Ibtidaiyah Sunan Kalijogo Malang in March and April 2023. The activity's intended audience consists of the students' parents. As a consequence of working with the school to determine the participants, it was decided that the participants would be the parents of children in grades 4–6. Parents who have children in grades 4–6 need to be given psychoeducation, considering that their children are in the stages of puberty and early adolescence. Researchers gave invitations to 120 parents of students in grades 4–6, but only 78 parents have attended. So this activity was carried out with a total of 78 participants.

Procedure

The strategies for community service activities are as follows:

1. Identifying the role of parents of students in sexual violence and sex education at home
   At this stage, Focus Group Discussion (FGD) is aimed at learning about parents' understanding of sexual violence and the role of students' parents in providing sex education at home.

2. The assessment of sexual communication conducted by the students' parents.
   At this point, parents of kids are given a scale measuring parent–child sexual communication (KSOA). This stage seeks to determine how many parents have engaged in sexual communication with their children. This phase includes: 1) developing a scale of sexual communication between parents and children; 2) administering scales to parents; and 3) evaluating the data, interpreting, and concluding on the assessment results.

3. Psychoeducation for students' parents on the need of sexual communication in preventing sexual violence.
   The psychoeducational activities seek to provide educational interventions to parents in the intention of increasing their understanding and knowledge of the importance of sexual communication as a means of preventing sexual violence in children. Regarding psychoeducational activities:
   a. Reflection
      The truth about reflection is to reflect or present back. So, in this activity, reflection involves presenting our souls with the experiences that have transpired in order to find significance and deeper value. Participants were asked to recollect valuable childhood memories, parental expectations, and noble values established around sexual matters.
   b. Sharing
      Sharing refers to sharing thoughts or sentiments that occur as a result of contemplation with others in collaborative learning activities. The goal of sharing is for each participant to listen to others' experiences, capture the meaning and values imparted, and strengthen themselves to protect and respect the principles of dignity. Participants are asked to share valuable information about sexual education that they have studied so that they can gain experience from others. In this session, they were also asked to explore opinions and hopes related to sexual education for children.
   c. Role playing
      In this activity, participants were given material about sexual communication and had to play the characters exactly as stated. The goal of this activity is to assess participants' abilities to deal with various situations including sexual difficulties.
   d. Discourse
      Lectures are a form of communication or transmission of information in a structured, one–way manner from the speaker to the participant. Participants are still given the opportunity to ask questions, but it is limited.

Data Analysis

This activity uses only one instrument: sexual communication between parents and children (KSOA). The analysis was done just to find out how many percent of the parents had sexual contact. As a result, descriptive analysis is employed with frequency distribution to simplify and show data by categorizing it.

Results and Discussion

Participants in this program are parents of students in grades 4–6 at School of Madrasah Ibtidaiyah Sunan Kalijogo Malang. Table 1 provides a detailed description of the participants.

According to the table above, females dominate this activity with 92.3%, while males account for only 7.7%. The majority of participants (66.7%) are between the ages of 30 and 40. Because the institution is Islamic–based, all participants in the religious category are recognized as believers in Islam. Education participants were divided into
Table 1. Participant Description

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>72</td>
<td>92,3</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>7,7</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – 30 years old</td>
<td>14</td>
<td>18,0</td>
</tr>
<tr>
<td>30 – 40 years old</td>
<td>52</td>
<td>66,7</td>
</tr>
<tr>
<td>40 – 50 years old</td>
<td>12</td>
<td>15,3</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>78</td>
<td>100,0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td>12</td>
<td>15,4</td>
</tr>
<tr>
<td>Senior High School / Equal</td>
<td>61</td>
<td>78,2</td>
</tr>
<tr>
<td>Junior High School / Equal</td>
<td>5</td>
<td>6,4</td>
</tr>
<tr>
<td>Job Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>24</td>
<td>30,8</td>
</tr>
<tr>
<td>Non-working</td>
<td>54</td>
<td>69,2</td>
</tr>
</tbody>
</table>

According to the job status category, non-working individuals outnumbered working participants by 69.2% to 30.8%.

The Focus Group Discussion (FGD) activities revealed that the majority of participants did not understand the concept of sex education. They believed that sex education taught children how to have sex. As a result, the participants believed that sexual education was taboo and unworthy of being taught to children, and they lacked the bravery to teach their children sex education. On the other hand, participants understood the phrase sexual violence to mean rape.

The condition found in the parents of students in this school is a common condition also found in parents in general. Most of them refuse to engage in sexual communications because they are considered taboo and not worthy of discussion. On the other hand, they were also ashamed to talk about sexuality, and if they do, they don’t know where or how to start. Parents’ understanding of sexual violence is also very restricted. Many parents recognize that sexual violence is limited to rape. Many parents are unaware that sexual violence may involve a broader range of behaviors, including sexual harassment, seductive remarks, and sexually charged humor. Based on the findings, we need an enrichment program to provide parents with proper knowledge regarding sex education and sexual violence.

The results of the assessment carried out in relation to sexual communication between parents and children were presented in the same question form for 14 questions. The question was, "In the last six months, how often did you communicate with your child on the following topics?"

Table 2. Descriptive Statistics for Study Variables

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Prosentase</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>VO</td>
<td>O</td>
<td>S</td>
</tr>
<tr>
<td>1.</td>
<td>Sexual reproductive system</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Menstruation/ wet dreams (depending on the gender of the child)</td>
<td>3,7</td>
<td>96,3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Masturbation</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Attraction of the opposite sex</td>
<td>17,5</td>
<td>22</td>
<td>60,5</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Sexual intercourse</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Adolesence pregnancy</td>
<td>3,7</td>
<td>15,5</td>
<td>80,8</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Sexually transmitted diseases</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Sexual harassment / violence</td>
<td>12</td>
<td>7,8</td>
<td>80,2</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Interaction with the opposite sex</td>
<td>8</td>
<td>18,9</td>
<td>23</td>
<td>50,1</td>
</tr>
<tr>
<td>10.</td>
<td>Abortion</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Early marriage</td>
<td>9,7</td>
<td>90,3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Gender differences</td>
<td>25,8</td>
<td>22,3</td>
<td>30</td>
<td>21,9</td>
</tr>
<tr>
<td>13.</td>
<td>Cares and protects the intimate part</td>
<td>13</td>
<td>27,5</td>
<td>42,1</td>
<td>17,4</td>
</tr>
<tr>
<td>14.</td>
<td>Dressing ethics</td>
<td>46,8</td>
<td>27,2</td>
<td>14,7</td>
<td>11,3</td>
</tr>
</tbody>
</table>

Notes: VO = Very often O = Oven S = Sometimes N = Never
Based on the results in Table 2, it was found that some participants had engaged in sexual communication on common topics such as dress ethics (46.8%), gender differences (25.8%), care and protection of the intimate part (13.0%), and interaction with the opposite sex (8.0%). While there are some more specific materials that have never been communicated with their child, among them are the sexual reproductive system, masturbation, sexual intercourse, sexually transmitted diseases, and abortion. Participants did not communicate on specific topics because they felt that they did not know whether themes were important to be discussed and how and when it was the right time if they were. Therefore, the results of this assessment can be used as material for consideration in sustainable activities to provide enrichment and support to the participants.

The next activity in this program is psychoeducation. Psychoeducation takes place through four stages: reflection, sharing, role-playing, and lectures. The result of the reflection was that the majority of participants felt they would never get sexual education from their parents. In the sharing activity, only a few people are active. They shared about a faster puberty than they had before and their concerns about their children in view of the massive pornography in digital media. Roleplaying is done by a few people alone to obtain a sense of how they react and what remedies they use when they confront unanticipated situations relating to sexual concerns. As a result, the participants appear bewildered and unsure of how to proceed, even if they are attempting to make the most of the situation. Its primary activities include psychoeducation, which includes a network of resources on sex education, the role of parents in sex education, and how to communicate sexually with children.

The material provided to the parents of the students includes the definition of sex education, information on sexual violence data, the role of parents in sexual education, sex education material, and how to conduct sexual communication. The material on parents' role in sex education is presented as follows: (1) Helping the child understand that their body is their own and that the child has the right to make decisions about their body. This includes letting the child decide whether they want a hug or a kiss from a family member or a friend. (2) Encourage children to pay attention to and respect other people's signals about personal limitations by paying attention to another person's body language. For example, stay away from the body when talking to others. (3) Train children to be able to speak and do something if they are in a situation that makes them feel uncomfortable. (4) Teach children to protect their privacy and security online, as well as help them understand the importance of asking for permission before sharing something like photos or videos about others.

In terms of how to communicate sexually with children, the content offered emphasized the practical approach to communication in everyday life, as follows: (1) Use basic, proper language appropriate for the age of the child. Seven- and twelve-year-olds will experience differing outcomes. (2) Use suitable terminology to describe the body's functioning. (3) Ensure that settings, surroundings, and timing are optimal for instilling good values (rather than negative emotional states). (4) Do not judge a child based on words or inquiries that occur. (5) Determine what the child currently knows and provide the correct knowledge. (7) Ensure that the parents provide the best responses at the time.

The form of information sentences continued with questions can be used as an alternative for initiating sexual communication with children. Here are some examples of sentences that a student parent can use to initiate sexual communication with his child: (1) “Adek bayi ini lucu banget ya…. Kamu tahu tidak adek bayi ini keluarnya dari mana?” (2) “Tadi kan mama minta tolong kamu ambilkan pembalut ya…. tahu gak itu untuk apa?” (3) “Mama baruusan beli buku tentang Kesehatan reproduksi neeh, ayo belajar bareng…. ” (4) “Eh tadi di (film, tv, buku, dll) ada kosa kata privas, kamu tahu tidak apa artinya?”. Parents can do exploration related to the questions and the answers given by the children.

The psycho-educational process went smoothly, and the participants were very enthusiastic until the event ended. The participants were very pleased to have learned a lot of new knowledge that could be used in the upbringing of their teenage children. For the participant, this activity was very helpful because of his ignorance of information about sex education, sexual communication, and how to do it. The event was also one of the responses of parents to their concerns about the prevalence of rape or other sexual abuse. The evaluation given by the school, represented by the head of the school, is that the program is very good and effective in introducing sex education and a way of teaching sexual communication as an anticipative form of sexual violence. The school hopes the program will continue every semester as part of the school’s parenting routine. The limitation of this program is that it does not do pre- and post-tests on the knowledge and skills of the participants, so it is not known whether this activity is really effective. However, the main purpose of this activity is to conduct psychoeducation, which is to provide intervention in the form of knowledge in the hope that parents will have additional information about sex education and how to carry out sexual communication with their children.

**Conclusion**

The survey findings from this activity revealed that the students' parents lacked appropriate knowledge of sexual education and sexual communication skills with their children. The series of psychoeducational activities organized at Madrasah Ibtidaiyah Sunan Kalijogo Malang School includes reflection, sharing, role-playing, and lectures known
to enrich knowledge and equip students’ parents with skills in sexual communication as an effort to prevent sexual violence against children.

**Implication**

Based on the outcomes of the actions performed, the implications can be given as follows: 1. Given the importance of sexual communication between parents and adolescents, it is vital to review any elements that can assist parents in sexual communication with their children. 2. The school is supposed to follow up on the activities by informing parents about the lower levels of classes 1–3 as they prepare for puberty and adolescence. Schools can also persuade students about the need of sexual education and communication by providing materials in class or by displaying wall magazines and posters.

**Acknowledgments**

The author would like to offer the greatest gratitude to all the participants who have spared some of their time to join in this research. The author would also like to thank the Psychology Faculty of Universitas Muhammadiyah Malang, which has allowed the researchers to conduct this research.

**Conflict of Interest**

The author’s stated that there is not any conflict of interest.

**References**


