

Safe Boundaries – Protect Yourself: Developing Interactive Education to Prevent Early Childhood Sexual Violence

Hilda Rosa Ainiyah¹, Yai Febdia Pradani², Dewi ‘Izzatus Tsamroh³, Rizka Fibria Nugrahani⁴, Moh. Dimas Fikri Kharisma Pratama⁵, Nur Hidayatur Rahman⁶

^{1,4,5,6} Faculty of Psychology, Universitas Negeri Malang

² Faculty of Engineering, Universitas Negeri Malang

³ Faculty of Vocation, Universitas Negeri Malang

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Abstract

This study aimed to design and evaluate a digital interactive Massive Open Online Course (MOOC) titled Safe Boundaries – Protect Yourself to improve parental attitudes toward early childhood sexual education. Using a one-group pretest–posttest experimental design, the study included 70 parents who participated in the intervention to assess changes in their attitudes toward body safety education. The Attitudes Toward Sex Education Scale (ATSES) was administered before and after the intervention to measure attitudinal shifts. The digital course integrated interactive videos, visual storytelling, and guided reflections to encourage parents to engage in discussions about body boundaries and protection strategies actively. Results revealed a statistically significant improvement in parental attitudes, with $t(69) = -39.39$, $p < .001$, and a large effect size (Cohen’s $d = 0.86$), indicating that participants developed more positive perceptions and greater confidence in discussing personal boundaries with their children. The analysis also showed increased parental awareness of age-appropriate communication techniques and an enhanced sense of responsibility for preventing sexual abuse. Moreover, participants reported that the course’s culturally sensitive content helped reduce discomfort when addressing sensitive issues within family contexts. The findings demonstrate that interactive digital learning effectively enhances parents’ knowledge, responsiveness, and self-efficacy in addressing sensitive topics. In conclusion, this study highlights the transformative potential of culturally responsive digital interventions to strengthen preventive education and promote awareness of early childhood protection across diverse communities.

Abstrak

Penelitian ini bertujuan untuk merancang dan mengevaluasi Massive Open Online Course (MOOC) interaktif digital berjudul Batas Aman – Jaga Diri untuk meningkatkan sikap orang tua terhadap pendidikan seksual anak usia dini. Menggunakan desain eksperimen pretest-posttest satu kelompok, penelitian ini melibatkan 70 orang tua yang berpartisipasi dalam intervensi untuk menilai perubahan sikap mereka terhadap pendidikan keselamatan tubuh. Attitudes Toward Sex Education Scale (ATSES) diberikan sebelum dan sesudah intervensi untuk mengukur perubahan sikap. Kursus digital ini mengintegrasikan video interaktif, penceritaan visual, dan refleksi terpandu untuk mendorong orang tua terlibat aktif dalam diskusi tentang batasan tubuh dan strategi perlindungan. Hasil penelitian menunjukkan peningkatan yang signifikan secara statistik dalam sikap orang tua, dengan $t(69) = -39,39$, $p < 0,001$, dan ukuran efek yang besar (Cohen’s $d = 0,86$), yang menunjukkan bahwa peserta mengembangkan persepsi yang lebih positif dan kepercayaan diri yang lebih besar dalam membahas batasan pribadi dengan anak-anak mereka. Analisis ini juga menunjukkan peningkatan kesadaran orang tua tentang teknik komunikasi yang sesuai usia dan rasa tanggung jawab yang lebih besar untuk mencegah pelecehan seksual. Lebih lanjut, para peserta melaporkan bahwa konten kursus yang peka budaya membantu mengurangi ketidaknyamanan saat membahas isu-isu sensitif dalam konteks keluarga.

Temuan ini menunjukkan bahwa pembelajaran digital interaktif secara efektif meningkatkan pengetahuan, daya tanggap, dan efikasi diri orang tua dalam membahas topik-topik sensitif. Sebagai kesimpulan, studi ini menyoroti potensi transformatif intervensi digital yang peka budaya untuk memperkuat pendidikan preventif dan meningkatkan kesadaran akan perlindungan anak usia dini di berbagai komunitas.

Correspondence concerning this article should be addressed to Hilda Rosa Ainiyah, Jalan Semarang No. 5, Building B4, Malang, East Java 65145, Indonesia.
Email: hilda.ainiyah.fpsi@um.ac.id



INTRODUCTION

The prevention of sexual violence against children remains a critical public health concern, increasingly exacerbated by the complexities of the digital era. According to the latest UNICEF global report (2024), approximately 650 million women and girls (around 1 in 5) and 410–530 million men and boys (around 1 in 7) have experienced some form of sexual violence during childhood. In Indonesia, the Ministry of Women’s Empowerment and Child Protection (KemenPPPA, 2024) reported 28,831 cases of violence against children, with sexual abuse accounting for the majority of cases—most of which occurred within familiar environments such as the home or school. These alarming figures emphasize the urgency of implementing preventive strategies that target not only children but also the adults directly responsible for their safety, namely, parents and caregivers.

Despite the growing body of literature on child sexual abuse prevention, a significant research gap remains in the domain of parental involvement, particularly in digital-based and interactive learning contexts. Many prevention programs prioritize children as the main learners while overlooking the critical influence of parents as mediators, role models, and co-educators. Drawing on Bandura’s Social Learning Theory (1977), parents act as behavioral models from whom children learn protective behaviors and internalize social norms through observation and imitation. Similarly, Vygotsky’s Sociocultural Theory (1978) emphasizes that effective learning occurs within the Zone of Proximal Development (ZPD)—the distance between what learners can do independently and what they can achieve with support from a “More Knowledgeable Other” (MKO). Within this framework, parents serve as MKOs who scaffold children’s understanding of personal boundaries, safety, and self-protection through guided communication and shared meaning-making.

Building on these theoretical foundations, there is a strong rationale for developing a digital interactive platform, such as a Massive Open Online Course (MOOC), to enhance parental readiness in child protection education. MOOCs provide flexible, scalable, and cost-effective learning experiences that combine multimedia materials, self-paced modules, and reflective discussions. They are particularly suited to Indonesia’s diverse sociocultural context, where disparities in digital literacy, access, and cultural norms necessitate inclusive and contextually grounded learning designs.

Accordingly, the present study seeks to design and evaluate an interactive MOOC to strengthen parents’ attitudes, confidence, and skills in delivering early childhood sexual education. This initiative is intended to fill the empirical and practical gap in digital parental education by promoting preventive awareness, fostering intergenerational communication, and supporting a culturally responsive approach to child sexual violence prevention in Indonesia.

Sexual Violence

Child sexual violence is a complex problem with acts causing physical, emotional, or psychological and sexual harm or neglect. Under Indonesian legislation, Law No. 35 of 2014, the definition of violence against a child covers abuse, threat, physical force, and illegal deprivation of human rights. Sexual violence is also described by the World Health Organisation (WHO, 2019) as any sexual act or attempt to obtain a sexual act; unwanted comments of a sexual nature, gestures or suggestions, and actual coercion into something sexual. The concept of sexual violence in relation to children refers to a child's use to meet the perpetrator's sexual needs, whether these are perpetrated by an adult, peer, or family member (Meinck et al., 2015).

Several reasons are responsible for the high rate of sexual violence against children, including a lack of public awareness in relation to reproductive health education and self-protective strategies (Collin-Vézina et al., 2015). Misperceptions and lack of exposure to sex education hinder prevention in time (Walsh et al., 2015). Silences are also sustained in silence due to social norms, as victims are routinely afraid of stigma or retribution, meaning they do not report. Even when it is reported, the victim may not get sufficient protection from instrumental physical, verbal, or sexual violence (Rahayu et al., 2021).

The effects of sexual violence fall into three broad categories: physical, psychological, and social. Victims can incur physical injuries, bruising, and damage to genitalia as a result of the abuse; with female victims being vulnerable to unwanted pregnancy and contracting STIs (El-Murr, 2017). Their minds too suffer from higher incidences of post-traumatic stress disorder, depression, and sexual addictions as well as personality disorders, which may not arise for some time after the horror is over. These fears of people or situations remind them of their trauma lingering on long after therapists have dealt with it. They could suffer stigmatization, be alienated, and feel shame, being of low value (Meinck et al., 2015).

Preventive measures include education on reproductive health, awareness of sexually transmitted diseases (STDs), and voluntary personal safety training (WHO, 2019). Some of these age-appropriate measures are: (1) early-age education about gender and sexual harassment; (2) prevention strategies on sexual violence; and (3) knowledge of body autonomy and privacy.

Early Childhood Sexuality Education

Early childhood development refers to the period from birth to age 6, also known as the formation stage (Desmita, 2017). During this period, some children exhibit rapid learning and emotional development (Farantika et al., 2024). Research by Beier et al. (2015) found that about half of it occurs in the first 4 years, when they reach around 8 years, is about 80% by late adolescence, and reaches 100% by early adulthood. These results have relevance to the need for early sex education to encourage positive development and self-protection.

Sexuality education is an organized educational process that systematically equips the uneducated with accurate information on human sexual function and reproductive health in order to create physical, psychological, and social safe conditions for safeguarding healthy growth and development (Farantika et al., 2024). Despite long-standing and widespread misunderstanding that sees sex education as equal to frank sexual activity, it is actually a form of holistic education (Amanda et al., 2024). Sexuality education encompasses both the biological and social dimensions of human development (Pratiwi et al., 2023).

For younger children, sexuality education involves delivering information and influencing attitudes and beliefs that pertain to sexuality, gender identity, relationships between people, and intimacy. Fundamental topics include human anatomy and reproduction, reproductive health,

emotional relationships, and appropriate behavior regarding sexual life (Amanda et al., 2024). Since every child is entitled to age and developmentally appropriate comprehensive sexuality education, provision of early instruction is an essential aspect for the prevention of sexual violence (Beier et al., 2015).

The following are the main purposes of sex education for early childhood (Farantika et al., 2024):

1. Building knowledge about gender roles.
2. Growing social abilities for respectful communication with classmates of the opposite sex.
3. Preventing deviant sexual behavior.
4. Helping children recognise and respond to inappropriate or abusive behaviour.
5. Protecting against child victims and offenders, countering sexual abuse in children.
6. Rather than children suppressing sexual trickery, encourage them to report to authorities cases of sexual violence.

In addition to formal education settings, parents, as the first source of caregiving to young children, play a pivotal role in the field of early childhood sexuality. One of the many ways children's parents' openness, informed-consciousness, and approachability determine how children perceive and approach issues on the body borders, permission, and rights, self-protection, which includes primary sexual abuse prevention measures.

METHODS

This study involved a one-group pretest–posttest design that was conducted to examine the effect of a Massive Open Online Course on parents' attitudes to early childhood sexual education. The curriculum adopted an appropriate pedagogical design and cultural and developmental relevance. It exposed parents to fundamental concepts such as bodily autonomy, safe and unsafe touch, and talking points for younger people. This paper surveyed seventy parents of preschool-aged children recruited through purposive sampling. All participants met the criterion of having daily caregiving responsibilities and owning a device capable of streaming the MOOC. All parents completed the Attitudes Toward Sex Education Scale before and after the unit.

The MOOC comprised multimedia educational content delivered via a flexible, asynchronous online platform, allowing parents to progress through the curriculum at their convenience. The teaching resources featured video presentations, digital storytelling, reflection questions, and short quizzes to enhance children's comprehension and critical thinking regarding child sexual safety. Each parent had up to two weeks to finish the module and the assessments. The ATSES was the primary outcome variable, validated as a research instrument and typically administered as a 5-point Likert-type scale, used to measure an individual's attitudes toward sex education. The internal reliability of the Attitudes Toward Sex Education Scale (ATSES) used in this study demonstrated an acceptable-to-high level of consistency, with a Cronbach's alpha coefficient of .929, indicating that the instrument possessed robust internal reliability for measuring parental attitudes toward early childhood sexual education.

An online informed consent process was presented, and all participants completed the ATSES as a pretest. Shortly after completing my courses, the same instrument was administered as a posttest via the same digital platform. A paired-samples t-test was used to examine whether a statistically significant difference existed between pretest and posttest mean scores, and to quantify the magnitude of the attitude shift. A Shapiro–Wilk test was used to assess the normality of the data. Furthermore, Cohen's *d* was calculated to confirm the intervention's effect size.

Ethical considerations were integrated throughout the research process, ensuring participants' anonymity and confidentiality. Moreover, the study's implementation procedures were in accordance

with institutional guidelines for social-behavioral research and were approved by the university’s ethics review board. The results, in their turn, provide an overall perspective on the implications of the implementation of scalable, digitally delivered prevention programs to help parents fulfill their role in mitigating child sexual abuse risks.

RESULTS

Overview of Attitude Scores

These results are presented as the mean and standard deviation of participants’ attitudes toward child sexual education before and after the program. Table 1 shows that on the pretest, the mean score was 30.91 (SD = 5.64). This value indicated that parents’ readiness to discuss early sexual education topics was moderate prior to the program. By contrast, the average posttest score indicated a significant positive attitude change, with a mean of 55.56 and a standard deviation of 6.92. These descriptive statistics showed how the MOOC has a positive effect on increasing parents’ willingness to bring up the issue of early child sexual education.

Table 1.
Descriptive Statistics of Pretest and Posttest Scores

	N	Mean	SD	SE	Coefficient of Variation
Pretest	70	30.91	5.641	0.674	0.182
Posttest	70	55.56	6.915	0.826	0.124

Source: obtained from primary data.

The increase in attitude scores indicates a significant level of parental knowledge and willingness regarding body safety and individuality themes. According to Beier et al., interactive, situationally relevant learning approaches are incorporated to encourage adult participation and internalization of issues perceived as sensitive. The measure of scattered parent comprehension is minimized because Test 2 shows parents with a more convergent stance.

Data Reliability and Statistical Validation

A normality test was run on the dataset to verify the appropriateness of parametric analysis using the Shapiro–Wilk test. The posttest data were normally distributed ($W = 0.977, p = .219$). Hence, the successive statistical tests were appropriate.

Table 2.
Shapiro–Wilk Normality Test for Pretest and Posttest Scores

	W	p
Pretest–Posttest	0.977	.219

Source: obtained from primary data.

Note: Significant results suggest a deviation from normality.

As Field proclaims, preliminary confirmation of data normality provides a foundation for confidently attributing score changes to intervention effects, rather than random variability. As such, data for all three ratio-level variables are nonparametric due to the fact that they do not correlate linearly.

Visual Distribution of Data

A Q–Q plot is used to visualize the distribution of the posttest scores. As shown in Figure 1, the data points were closely aligned with the diagonal line, indicating no excessive deviation and consistent with the normality assumption.

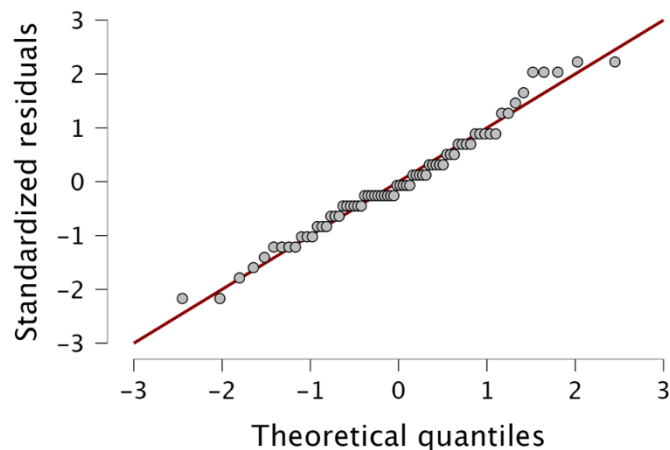


Figure 1.

Q–Q Plot of Pretest and Posttest Data Distribution

Secondly, the results of this visualization supported the idea that the parents' attitudes to early sexual education have indeed generally improved after the intervention, and, more importantly, they did not drastically or erratically fluctuate across all participants. Vygotsky's sociocultural theory of learning can also explain this relatively low variability in the results. This theory assumes that guided and interactive environments enable people, including adults, to internalize new concepts more quickly and efficiently.

Comparative Analysis of Attitude Change

To compare pretest and posttest scores, a paired-samples *t*-test was conducted. The pretest scores were compared to *z*-scores. The analysis showed a statistically significant difference between participants' pretest and posttest scores, $t = -39.39$, $p < .001$. A negative *t*-value indicates considerable growth in posttest scores (Cohen's $d = -4.71$), indicating a significant impact of the intervention on the treatment group.

Table 3.

Paired Samples T-Test Results Comparing Pretest and Posttest Scores

Measure 1	Measure 2	<i>t</i>	<i>df</i>	<i>p</i>	Cohen's <i>d</i>	SE Cohen's <i>d</i>	95% CI for Cohen's <i>d</i>	
							Lower	Upper
Pretest	Posttest	-39.39	69	< .001	-4.708	0.338	-5.511	-3.888

Source: obtained from primary data. Note: Student's *t*-test.

Table 3 presents the results of a paired-samples *t*-test comparing parents' attitudes toward early childhood sexual education before and after participation in the digital interactive intervention. The analysis revealed a statistically significant improvement in parental attitudes from pretest to posttest, $t(69) = -39.39$, $p < .001$, indicating that the intervention produced a substantial positive change. The negative *t*-value indicates a higher posttest mean score than the pretest, indicating greater parental readiness and confidence following the program. Moreover, the effect size (Cohen's $d = -4.708$)

demonstrates a large magnitude of change, supported by the 95% confidence interval $[-5.511, -3.888]$, confirming that the intervention had a robust impact on participants' attitudes. These results provide strong empirical evidence for the effectiveness of the Safe Boundaries – Protect Yourself MOOC in promoting more positive and proactive parental perspectives on sexual education in early childhood.

DISCUSSION

Effectiveness of the Interactive MOOC

To conclude, the results of this study show that parents' attitudes towards early sexual education may be changed positively using an interactive MOOC, Safe Boundaries – Protect Yourself. Therefore, this approach can help transform a topic generally deemed sensitive and challenging for parents, such as young children's body safety education, into one that is accessible and acceptable and empowers caregivers. Additionally, the parents were educated in child-development-appropriate ways to discuss the core concepts of bodily autonomy and safety.

This finding reinforces the argument that parental education should be provided before menarche and delivered through interactive exercises. Such methods elicit emotional and intellectual responses. Thus, information becomes more accurate and is perceived and assimilated at the behavioral level. According to Walsh et al., experiential learning with rich contextual elements is the most effective means of enhancing parental competence in safety training in everyday situations.

In addition to information acquisition, parents developed psychological security when interacting with animations, stories, and games, as well as through the MOOC. It provided an opportunity to practice conversations and anticipate obstacles while learning to build dialogues directly during interactions with their child. Such an approach aligns with Vygotsky's sociocultural concept of learning, which holds that when adults are in supportive, mediated configurations, they operate within adaptable, well-informed systems. In this way, the MOOC not only provided information and learning opportunities but also offered a secure environment for parents to develop their conversational confidence in more critical areas with their children.

Alignment with Early Childhood Learning Theory

The MOOC design seems suitable for the early childhood education framework, which often prioritizes active engagement and meaningful experiences. The program's use of both guided narration and actual tasks is likely based on the scaffolding described by Vygotsky. While it might have been addressed to children as an audience, the scaffolding model was also appropriate for adults wishing to understand the material and support its development for younger learners.

This is also supported by Beier et al., who claim that multimodal learning, using multiple perspectives, encourages retention and implementation. In this situation, parents not only watched what was happening but also engaged in dialogue and reflection on the basis of the scenarios learned. This action promises a better comprehension of the key concepts of body understanding and consent by incorporating and using it in future mentoring.

Rapid emotional and cognitive development and the need for sensitive and concrete interactions with children during these years, as Desmita argues, contribute to the necessity of using MOOCs that are focused on storylines, visual elements relevant to daily life, and interactive elements to adapt complex social meanings into beneficial instruments and tools that parents can implement to ensure emotional safety and a nurturing environment for personal development. Farantika et al. support using explicit learning with emotional resonance to achieve a powerful behavioral result.

Cultural and Contextual Relevance

The contextualization of content in the cultural environment of Indonesian families is another reason that contributed to the success of the program. As it was mentioned previously, the MOOC employed a localized language, settings, and examples that helped to communicate the message of body safety in a way that is respectful to parents and effective to kids. Such an approach also benefits the learning process itself, making it less demanding and more understandable for Indonesian parents.

According to Kuntoro et al., there is a stronger response to education embedded in values based on cultural experience. Through the culturally sensitive lens, in a context where discussing sex could be problematic culturally, this program necessarily introduced and promoted the care, empathy, and protection concepts that resonated with many Indonesian traditions. It also allowed parents to contextualize body safety instead of contrasting it with family values.

In addition to the above, the inclusive adaptation of the program made the learning process more accessible to an expanded circle of families. When based on universally relatable pictures and situations, parents from different cultural and racial backgrounds can comprehend the intended message and pass it to the child. This approach corresponds to the WHO recommendation that child safety education should adhere to social and cultural standards to supplement and not discontinue the value system of a local community.

Implications for Preventive Education

In conclusion, the aggregate findings imply that technology-based education like MOOCs might be an acceptable and cost-effective channel for the delivery of preventative education to young families. While it is highly unlikely that these families who are likely to offer therapeutic education, as proved by the Safe Boundaries MOOC, taught mitigating content using active and appropriate tools. This will help the WHO's objective of preventing child sexual assault by equipping families with facts and resources.

In addition, the entertainment-based learning approach also mimics the national mandate of Indonesia to promote digital learning platform expansion. Given the high degree of scalability and equity in MOOCs, entertainment-based learning can ensure uniform access to high-quality learning resources irrespective of geography or economic opportunities. Parents and caregivers can explore the resources on their own time, while teachers can integrate the resources in a variety of formal and informal settings.

Apart from just being implemented in schools, the program's flexibility stretches its usage to homes. Independently, parents and other major home caregivers can run it in their homes. This factor promotes family inclusivity and discussions, hence sending a strong message and support congruence to the child. According to Amanda et al., "The combination of schools and home working together promotes all-round protection of the child". The MOOC is hence shared when it comes to nurturing resilience, vigilance, and ensuring open-ended communication between children and the adult.

Limitations and Future Directions

Nonetheless, there were several shortcomings to the study. First, the program sample was limited to parents of a single group. As the results demonstrated, the proposed platform was effective. However, it would be interesting to know whether the intervention would be beneficial to the other Indonesian families, and this knowledge will be useful for future studies. Second, the program only showed its effectiveness in an area in which countries have relatively stable access to the internet. Thus, it is unclear whether parents with limited internet connections, like those in free, underserved rural populations or little-developed countries, would obtain the same benefits. Perhaps the availability of offline versions or a partnership with institutions in the targeted countries will help to close the digital

divide. The third limitation is that the program measured the cognitive and attitudinal shifts rather than the practical application of these abilities. Thus, future studies could be aimed at observing parents' behavior in natural settings or conducting follow-up interviews or surveys. Fourth, the program material is static, and it does not develop "adaptation and inclination to which all parents learn". Thus, further development and research could be based on creating an adaptive learning path for each parent or an opportunity to complete only specific units. The fifth limitation is the lack of inclusive design for parents with learning disabilities or children with special needs. It would be beneficial for a future program to incorporate these elements. Lastly, policymakers could integrate guidelines to access programs based on evidence in national child safety policies.

CONCLUSION

This assessment signals that Safe Boundaries – Protect Yourself: Developing Interactive Education to Prevent Early Childhood Sexual Violence. This MOOC successfully shifted its role from vague or insecure stereotyped perceptions into a more informed and culturally responsive perspective on how to teach children about body boundaries and security. Further revealing how parents in various cultures respond to courses on sex education, the program has opened the way to another development, as the digital format allows integrating psychological teaching and convenient design to address sensitive topics responsibly and be useful to caregivers. In the presence of adequate cultural sensitivity and understanding of age-appropriate interaction, digital education in the field is equipped with the tools and initiatives to provide parents with the confidence and skills to encourage their children's agency in unsafe and dangerous situations. This program will be further developed and adapted to be more accessible to a larger audience and support use among various cultural settings. Sustainable intervention work methods, together with educators, families, and policymakers, are central to ensuring the effective use of such an interactive initiative in future family-based long-term prevention programs. Future studies can investigate adaptive learning to promote sustainable behavior change, long-term management methods, and, thanks to their different learning systems, the features of parent accessibility. Technology-oriented online initiatives through the intersection of psychological and disciplinary advancements aim to help parents, and, therefore, their children, feel safer and more consciously in the world.

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