

## Mental Illness dan Self Care Behavior Perpetrator Non-Suicidal Self Injury Female Victims of Sexual Violence: A Phenomenological Study

Deceu Berlian Purnama<sup>1</sup>, Suhertina<sup>2\*</sup>, Ku Hidayatullah Binti Ku Ismail<sup>3</sup>, Regita Cahyani Putri<sup>4</sup>, Hasgimianti<sup>5</sup>, Raja Rahima Munawarah Raja Ahmad<sup>6</sup>

<sup>1,2,4,5,6</sup> Universitas Islam Negeri Sultan Syarif Kasim Riau

<sup>3</sup>Universiti Antarbangsa Sultan Abdul Halim Mu'adzam Syah Kuala Kedah Malaysia

\*Correspondence: suhertina@uin-suska.ac.id

### Article History

Submitted:

August 29, 2024

Reviewed:

Nov 13, 2024

Approved:

Dec 30, 2024

### Abstract

*The objectives of this study are: 1) gaining knowledge about the forms of mental illness experienced by perpetrators and 2) gaining knowledge about the self-care behavior abilities of perpetrators of NSSI who are victims of sexual violence. This study uses a phenomenological approach, Located in Pekanbaru. The number of research informants is 5 victims of sexual violence who commit NSSI through a purposive sampling technique. Data collection using open-ended interview techniques and observation. This research uses Husserl's phenomenological approach, the data is analyzed using the Colaizzi 1978 model, namely the data is read repeatedly, extracting significant statements, coding meaningful and important statements, inserting them into themes, describing in detail and unambiguously, identifying common points of view and sublimation of thematic concepts, validating the participants. The results of this study indicate the types of mental illness experienced by NSSI perpetrators are 1) anxiety disorders, of the realistic type with avoidant and attached behavioral patterns and social anxiety disorders, 2) post-traumatic stress experienced by informants of the complex, chronic PTSD type, and comorbidities strengthened by the following factors: committed by a close person, accompanied by physical torture, the victim hides the fact of violence and lack of social support from the family. Self-care of female, namely: 1) self-physical care; the informant is reluctant to take care of themselves physically; 2) psychological care; the informant is serious about recovering psychologically; 3) spiritual care; the research informant tries to stay connected with God; and 4) the informant's professional life continues with various motives.*

**Keywords:** *Mental Illness, Self Care Behavior, Non Suicidal Self Injury, Sexual Violence*

### INTRODUCTION

Sexual violence is currently a crucial issue in Indonesia. Some provinces with high levels of sexual violence include West Java, East Java, and Central Java, followed by North Sumatra, Yogyakarta, East Kalimantan, East Nusa Tenggara, Aceh, West Nusa Tenggara, and Riau. (PPA, 2024). Sexual violence is a sexual act that tends to be forced and unnatural

and is not liked; it can take the form of abuse, rape, oral on the penis, oral on the clitoris, and so on. (Zahirah, Nurwati, & Krisnani, 2019). Sexual violence is certainly a very painful event for every victim. (Darmayasa & Natanael, 2023). Most victims of sexual violence feel severe shock, feel devastated, the world is ending, and have physical responses such as shivering, cold sweats, tears flowing, and feelings of incomparable pain in the short term. In the long term, incidents of sexual violence cause victims to experience psychological disorders such as sleep disorders, difficulty socializing, self-injury, feeling helpless, not believing in love, feeling like they are just a sexual object, sexual deviation, not feeling satisfaction in making love or sexuality, having bad thoughts about sexual relationships, romance, and even marriage. (Rini, 2020).

Based on the latest survey, there are 10,965 cases of sexual violence that have occurred throughout Indonesia, consisting of 2,367 male victims and 9,650 female victims. This phenomenon includes 9,659 types of sexual violence, with the most victims in the age range of 13–17 years (PPA, 2024) and become the most frequent case of violence in the public (Perempuan, 2023). Based on the data above, women are the most common victims of sexual violence in Indonesia. Not only in terms of numbers, but seen from a gender perspective, the losses that must be borne by victims of sexual violence are experienced more by women than men. According to several studies, the impact of sexual violence on women can cause mental disorders or mental illness (Bentivegna & Patalay, 2022; Health, 2023) such as irrational fear, depression, trauma (Mahmudah & Fatimah, 2022) loss of academic performance, impaired concentration in learning, decreased achievement (Mallista, Soetikno, & Risnawaty, 2020), loss of dignity, self-esteem and social relationships (Gyawali & Maharjan, 2022). In addition, women have to bear risks such as unwanted pregnancies. (KUHP, 2013), physical injury, shame and exclusion (Rukman, Huriani, & Shamsu, 2023).

Other forms of mental illness that may be experienced by victims of sexual violence include anxiety disorders, post-traumatic stress, depression, destructive behavior, insomnia and self injury (Berutu & Mutiawati, 2023; Fayasari & Lestari, 2022; Hedén, Jonsson, & Fredlund, 2023; Kerig, 2017; Kleszczewska-albińska, 2022; Kumar, 2023; Manurung & Ningsih, 2023; Mu et al., 2022; Rodrigues & Shigaeff, 2022; Sugandi, Dewi, & Wilson, 2022; Theresia & Wijaya, 2020; Weir, 2022; Windarwati, Megananda, Nova, Kusumawati, & Ati, 2023; Żurawek & Turecki, 2021).

The impact of sexual violence against women often does not receive appropriate treatment. This is because women experience more side effects and social pressure from the environment, such as the stigma formed in patriarchal society which places women as the weaker party ( Fadhilah, N. 2020; Kayowuan LewoLeba & Yuli Wahyuni, 2023) and are considered to occupy secondary roles in various sectors and in the family itself (Rahmatulloh et al., 2023). Even though there has been a lot of research on women, both in terms of creation, their rights and obligations, and the stereotypes attached to them (Mutho'am & Heriyanto, 2023; Siti Fahimah & M Mukhibat, 2023), women are still often blamed for the violence they experience because they are seen as not maintaining gender norms and thus

experiencing sexual violence (Rukman et al., 2023). Women are often the subjects who are blamed for various incidents of sexual violence, both in the form of disclosure and sexual violence such as cunning, compared to men who are the perpetrators (Fadhilah, N., & Rohmaniyah, A., 2023; Rukman et al., 2023). Apart from that, women suffer more physical losses as victims of sexual violence such as venereal disease, both unmarried women and housewives (Demartoto, Bhisma Murti, & Sri Hilmi Pujihartati, 2023). This causes most victims to be unable to openly report the violence they have experienced and are immersed in long-term mental illness. This gender stigma causes women victims of sexual violence to choose to remain silent, not report it, and suffer alone. Several studies also show that victims of violence experience mental illness and engage in NSSI. Therefore, it is very important to study the impact of sexual violence on women who are perpetrators of NSSI to obtain accurate data and targeted assistance for them, considering that they are not so free to get help after experiencing violence.

Non-suicidal self-injury (NSSI) is self-harming behavior that does not result in death. Common forms of NSSI can be in the form of a desire to harm oneself, such as cutting the skin, burning the skin, banging the head, biting oneself, and other acts of self-harm. (Brown & Plener, 2017). NSSI occurs in at least 70% of people with depression. (Briere & Gil, 1998; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006). At least 36.9% of Indonesians have intentionally injured themselves for various reasons. (Media, 2023). NSSI perpetrators admit that they continue to do so because they do not receive encouragement to stop. (Anugerah, Karima, Puspita, Amir, & Mahardika, 2023). Sexual violence in Riau ranks 10th out of all provinces in Indonesia. This phenomenon was found in one of the universities in Pekanbaru, Riau Province. Several victims of sexual violence for years doing NSSI did not do proper self-care.

Self-care is an important thing that everyone must have to achieve good health, both physically and mentally. This is related to a person's ability to manage themselves, manage problems, understand and accept themselves, and heal anxiety, stress, depression, and trauma experienced (Lucock et al., 2011). Through knowledge about mental illness experienced, it can direct parents and social workers, such as psychologists and counselors, to be able to help victims of sexual violence who commit NSSI recover. Based on the phenomenon found in Pekanbaru, several victims of sexual violence who commit NSSI show symptoms of experiencing mental illness.

This phenomenon is important to study, considering that sexual harassment and violence continue to increase and occur everywhere. The author feels the need to study this phenomenon to see the picture of "mental illness among female NSSI perpetrators who are victims of sexual violence." This phenomenon is important to study, considering that sexual harassment and violence continue to occur and NSSI perpetrators are around. To help adolescent victims of sexual harassment and violence, the author feels the need to study this phenomenon to see the picture of "mental illness and self-care behavior of non-suicidal self-injury perpetrators of sexual violence." The results of this study can, of course, be used as

information for counselors to be able to study NSSI problems and then help them get out of mental illness problems and be able to carry out self-care behaviors correctly.

The approach used in this research is Husserl's qualitative phenomenological approach. (Anshori, 2018). This approach is considered appropriate to see the phenomenon of mental illness and self-care of female NSSI perpetrators who are victims of sexual violence closely and directly. This approach will show a person's experience including an objective phenomenon and reflecting subjectively. (Hadi, Asrori, & Rusman, 2021). The informants of this study were 5 women who committed NSSI and were women who were victims of sexual violence using purposive sampling techniques. In phenomenological research, the number of informants ranged from 3-10 people. (Cresswell, 2015). The following is the profile and description of the problems of each research informant as follows:

Respondents (Initial)	Age	Profession
YA (R1)	21 Years	Nurse at one of the maternal and child hospitals in Pekanbaru
RA (R2)	18 Years	Students at one of the State Universities in Pekanbaru
FE (R3)	36 Years	Administrative Staff at One of the Universities
PK (R4)	19 Years	Students at one of the State Universities in Pekanbaru
R (R5)	20 Years	Students at one of the State Universities in Pekanbaru

Observation techniques are used to see physical signs of NSSI that are carried out and observe changes in body gestures and facial expressions during the interview. This technique is used to obtain non-verbal data from research informants, which aims to strengthen the validation of interview results. Interview data will be analyzed using the Colaizi technique (Wirihana et al., 2018) through the steps (K.R. & S., 2021) as follows: 1) getting a general understanding of each copy of the transcript of the discussion; 2) extracting important statements; 3) formulating meaning; 4) organizing meaning formulated into groups of themes and themes; 5) explaining the phenomenon in depth; 6) explaining the basic structure of the phenomenon; 7) returning to the participants to validate the findings of the research participants.

## **DISCUSSION**

Based on a qualitative analysis of the results of interviews with research respondents, the following symptoms were found to be indicative of mental illness:

### **Mental Illness**

The first mental illness experienced by female NSSI perpetrators who are victims of sexual violence is anxiety disorder. Anxiety disorder is a negative emotional condition that is suffocating and characterized by several symptoms, such as physical, psychological, emotional, and cognitive aspects (Annisa & Ifdil, 2016). The symptoms of anxiety disorders experienced can vary, but physically, they can take the form of headaches, stomach aches, joint pain, and pain in other parts of the body (Laldinpuii, Rupiyoti, & Ankita, 2023). Symptoms in the physical aspects of research informants are described through the following expressions:

*“... I was shaking, I was sweating, I was shivering, and I was crying my eyes out in front of him...”*  
(R1)

*“... When other people tell me about it, my eyes immediately feel hot, and I want to leave”* (R1)

*“... I sweat, my heart is pounding, sometimes I can't breathe, and I'm afraid it will happen again, ma'am. My life is not peaceful, ma'am”* (R1)

*“... I was shaking, I was panicking, and I was sweating profusely.”* (R4)

The expressions that show the informant's physical reactions describe the great anxiety when they meet the perpetrator of sexual violence or even just remember the incident. The physical reactions above are supported by the informant's psychological or emotional reactions, such as the following expressions:

*“...I am anxious and afraid of men, I even have a fear of my own father”* (R1)

*“ Carried away in my dreams, ma'am, it often appears in my dreams and at night I am restless, because I am alone in my boarding house, ma'am, it is difficult to sleep...”* (R2)

*“... I was really anxious and scared when I was at my sister's house.”* (R4)

*“... I started to feel uncomfortable things (silence).”* (R4)

Cognitive reactions are also evident from the results of interviews with research informants who show that they experience symptoms of anxiety disorders. Some expressions that describe cognitive symptoms are as follows:

*“... I am anxious and often think that other people know about what I am experiencing”* (R1)

*“... I keep thinking about the incident, I can't focus on what I'm doing, ma'am”* (R2) “

*“... I lost my mind and was going to slash again.”* (R3) ”.

*“.. I'm confused about what to say to my family, ma'am, and it's hard to decide whether to stay at PKU or return to DM”* (R4)

Expressions that indicate panic, fear, communication disorders, confused thoughts, and hampered communication from research informants are described as symptoms of anxiety disorders. This disorder is almost experienced by all research informants, namely, R1, R2, R3, and R4. The dominant physical symptoms are indicated by R1, the dominant psychological symptoms are experienced by R4, and the dominant cognitive symptoms are experienced by R2. Based on the symptoms that appear, the anxiety disorders experienced by informants have reasons and consciously feel the danger. This anxiety is realistic anxiety, according to Freud (Annisa & Ifdil, 2016), namely the fear of real dangers from the outside world (perpetrators of sexual violence), not originating from within the individual, which is sometimes irrational. Supported by a study that states that violence can cause someone to

suffer from anxiety disorders (Laldinpuii et al., 2023). This can be learned from the results of the interview: almost all research informants experienced physical, psychological, and cognitive conditions that lead to anxiety disorders. Informant 1, for example, experienced anxiety disorders after experiencing sexual violence, even against his own father. The shadow of sexual violence, the threat of being criticized by the environment, concerns about the future, and fear of being sexually violent again made informant 1 unable to think clearly and continued to experience fear, which was followed by physical responses such as shivering, sweating, and pounding.

The symptoms that appear cannot be said to be a disorder if they do not last more than one month. This is because anxiety is a natural thing experienced by every human being (Theses, Dawson, Jacobo, & Dawson, 2021), both towards something real and something not (Annisa & Ifdil, 2016). In this study, the anxiety felt by the research informant was realistic, namely that the researcher was in a condition of feeling that there was a real danger from his external environment, which was none other than the perpetrator of sexual violence and had been going on for years. The second symptom that emerged was psychological symptoms such as panic, anxiety or worry, restlessness, sleep disorder, anger, annoyance, and fear. These symptoms emerged when the perpetrator of NSSI, a victim of sexual violence, heard things related to the traumatic events they experienced. Psychologically, they refused to remember the incident and were worried that other people would judge them negatively, so panic was the most common attack felt when they felt threatened (Laldinpuii et al., 2023).

People with anxiety disorders will form behavioral patterns or behaviors that appear, including avoiding sources of anxiety, being attached or dependent on sources of anxiety and thirdly being shaken (Annisa & Ifdil, 2016). Based on the symptoms that appear, the informants have different behavioral patterns, such as R1 having an avoidance pattern, namely that the informant tries to find ways and reasons not to meet the perpetrator of sexual violence. A similar pattern is carried out by R2 and R4, namely avoiding the perpetrator by moving to a faraway place for a long period of time. This avoidance behavior pattern is carried out for quite a long time.

Judging from the type of anxiety disorder experienced by informan, it tends towards social anxiety (events that cause sadness in the environment), or what is called social anxiety disorders (Laldinpuii et al., 2023). In this phenomenon, such as R1, who experienced sexual violence by her boyfriend, R2 by her cousin, R3 by her brother-in-law, R4 by her boyfriend, and R5 by her own husband, Social issues in the sense of anxiety do not come from personality disorders but are triggered by the environment, especially those closest to her. As experienced by R2, the situation she faced was that both parents ignored the sexual violence she experienced, which caused feelings of deep disappointment and dysfunction in family relationships afterwards (Duminitrescu, Eva, Turliuc, & Iliescu, 2019). In addition, social anxiety can also be seen from behavioral patterns of avoiding social relationships, such as avoiding friendships and people who were involved in previous traumatic events, as expressed by informants R1, R2, and R4.

The last symptom recognized in this study is the cognitive aspect (Grant & White, 2016; Mendoza, Trujillo-Güiza, Forero, & Baez, 2024; Milanrianto, Permana, & Ariani, 2023; Nicoară, Marian, Petriș, Delcea, & Manole, 2023; Xiao, Shen, Zhang, & Lin, 2023) and many studies use cognitive aspects as an approach to relieve anxiety disorders (Milanrianto et al., 2023; Nicoară et al., 2023). In this study, research informants showed symptoms that cognitively, they experienced confusion, negative thinking about uncertain events, were unable to make decisions, had difficulty communicating, had difficulty thinking clearly, and were not focused when related to traumatic events experienced. Past events influenced their thinking about the future, for example, thoughts about being difficult to accept by the environment, not being loved anymore, and other negative thoughts.

This kind of negative thinking then makes NSSI perpetrators lock themselves up and isolate themselves. They are less able to control negative thoughts and focus on feelings of fear of the perpetrator of violence, which worsens the anxiety disorder they experience. Looking at the typical fears and worries of victims of sexual violence, the disorder suffered is realistic anxiety (Annisa & Ifdil, 2016). This anxiety is justified and is a fear of a real threat outside of oneself, namely the perpetrator of sexual violence. The three symptoms that have been described have a relationship with each other, namely physical, psychological, and cognitive (Kim, 2016). Therefore, in cases of sexual violence experienced by NSSI perpetrators, the three symptoms above appear as interrelated reactions.

### **Post Traumatic Stress**

The mental illness experienced by the second research informant is post-traumatic stress. This disorder must also have symptoms that last more than a month (Institutes of Health, 2020), because stress is a natural thing experienced by humans. The informants of this study are known to have experienced symptoms of post-traumatic stress for years. Informant 2 even experienced sexual violence when he was in grade 3 of elementary school but continued to self-injure until he entered college. Symptoms of post-traumatic stress are divided into two categories: arousal and reactivity, and symptoms of cognition and mood. R2 predominantly experienced symptoms of arousal and reactivity to the events he experienced. The following are symptoms of arousal and reactivity revealed through interviews:

*"... I was shaking, I was in a cold sweat, I was shivering and I was crying uncontrollably when that incident happened ma'am, and when I remember that incident again my body still shivers to this day ma'am" (R1)*

*"Carried away in my dreams, ma'am, it often appears in my dreams and at night I am restless, because I am alone in my boarding house, ma'am, it is difficult to sleep..." (R2)*

*"... I can't sleep, I have trouble sleeping because I'm afraid my brother-in-law will come into the room and touch me again." (R4)*

R2 is an informant who experienced sexual violence in childhood, but the effects felt were very strong until adulthood. The symptoms above show the physical reactions of research informants to past events that they experienced; this indicates the deep trauma they experienced. The body spontaneously feels discomfort when remembering the violent events

it experienced. The cognition and mood of victims of sexual violence who commit NSSI do not improve even after years. This can explain why they have continued to commit NSSI until now. Some expressions that describe the cognitive and mood conditions of victims of sexual violence are as follows:

*“... I was shaking, I was in a cold sweat, I was shivering and I was crying uncontrollably when that incident happened ma'am, and when I remember that incident again my body still shivers to this day ma'am” (R1)*

*“... because it's a disgrace, and not necessarily other people will understand, when my story reminds me of that incident, I will cry and be shocked again ma'am...” (R2)*

*“... I can't sleep, I have trouble sleeping because I'm afraid my brother-in-law will come into the room and touch me again.” (R4)*

Post-traumatic stress, also known by the abbreviation PTSD, This disorder is experienced or occurs in someone after experiencing a painful, shocking, and dangerous event (Darmayasa & Natanael, 2023). Post-traumatic stress disorder is associated with repeatedly reliving a painful event after surviving it (Darmayasa & Natanael, 2023). This disorder also involves anxiety, emotional vulnerability and physical stress beyond normal (Theresia & Wijaya, 2020), shock after experiencing a major disaster or mental physical injury (Chen, 2023). Post-traumatic stress can also be experienced after experiencing painful events such as rape and other sexual violence (Darmayasa & Natanael, 2023; Dirgayunita, 2016; Khairani, Ramadhan, Kusmawati, Khotimah, & Fakhira Khansa, 2024; Manurung & Ningsih, 2023; Pangesti & Saputri, 2023; Ramadhani & Nurwati, 2023).

Seen from the duration of anxiety experienced, it can be concluded that the informants are experiencing complex anxiety disorder. Complex anxiety occurs when repeated trauma occurs for months or even years, such as R1, R3, R4, and R5, not a one-time event such as an accident or violence due to assault, but sexual violence that leaves deep trauma. In addition, the informant also suffers from comorbid PTSD because it coincides with anxiety disorders, depression, and destructive behavior. As an informant experiencing chronic PTSD, namely chronic trauma associated with complex PTSD symptoms, which can occur in childhood or adulthood and can cause problems in relationships and behavior in adulthood, such as R2. The experience of sexual violence in childhood can cause psychological disorders in adulthood (Rini, 2020) and affect the quality of life of the victims (Darmayasa & Natanael, 2023). This is caused by several factors, the first of which is that the perpetrator of sexual violence is someone close to the victim, such as the biological father, stepfather, boyfriend, biological brother, or cousin, also known as an incestuous relationship (Theresia & Wijaya, 2020).

The current rampant phenomenon in Indonesia is violence and sexual harassment committed by the nuclear family, which is increasing day by day. There are hundreds of incidents throughout 2024, such as fathers raping children, that you can easily find on the first page of the search with various cases, for example, the incident of a father raping a child in NTB (Rachmawati & Assifa, 2024), Father rapes child in Serang (Hasanudin, 2024), Father rapes child in Aceh (Dhewy, 2024), Father rapes child in Kotim (H, 2024). This is just one example of a nuclear family member committing sexual violence against their biological child,

not to mention grandfathers, uncles, cousins, and siblings. These cases are spread throughout Indonesia, and this is one of the factors in the increasing cases of mental health disorders and delinquency among teenagers. In fact, the impact of violence committed by family members will cause very deep trauma and depression for the victim (Theresia & Wijaya, 2020).

The second cause of more severe post-traumatic stress is the type of violence experienced; intercourse or rape is twice as likely to cause depression and trauma as addiction to alcohol or illegal drugs (Tabroni, Hardianty, & Sari, 2022), anxiety disorders, eating disorders, and sleep disorders (Theresia & Wijaya, 2020). This can be seen in R1, R2 and R4. The third cause is the way the violence is carried out, sexual violence accompanied by physical violence (Rini, 2020), abuse such as forcing kissing while only wearing underwear, stripping naked, and forcing to watch pornographic videos (Theresia & Wijaya, 2020). As happened in R1, R3, R4, and R5, it causes persistent trauma, especially during childhood, and 79% of victims of sexual violence accompanied by physical violence during childhood want to commit suicide (Rini, 2020) and cause deep resentment (Theresia & Wijaya, 2020) like R2 who continues to want the perpetrator dead.

The fourth reason is that, on average, victims of sexual violence hide the painful incident from themselves without telling anyone else because they consider the incident to be a disgrace, feeling dirty and despicable (Rini, 2020). The fifth cause is social support, which influences the severity of post-traumatic stress experienced by the victim (Rini, 2020). The absence of social support caused the victim's suffering to deepen. On average, victims of sexual violence who committed NSSI in this incident suffered from acute post-traumatic stress, namely restlessness, high anxiety, lack of focus or difficulty concentrating, sleep disorders, feeling disgusted with themselves, eating disorders, and isolating themselves (Theresia & Wijaya, 2020).

### **Self Care Behavior Female NSSI Perpetrators Victims of Sexual Violence**

The following is a description of the Self Care of NSSI perpetrators of victims of sexual violence in this study:

#### ***Self Physical Care (physic) :***

Self physical care is a person's ability to carry out physical care when in an unhealthy condition or in a condition of NSSI (Lucock et al., 2011). Based on qualitative analysis, perpetrators of NSSI victims of sexual violence have low physical care. Some expressions that describe the weak physical care provided by victims of sexual violence who commit NSSI:

*"...I don't treat it, I enjoy it and let it heal itself, if I have a stomach ache, I just leave it, stay in the room, and at most drink water" (R1)*

*"If the wound is still bleeding, I just give it some medicine, but more often than not it heals on its own" (R2)*

*"After counseling, I then looked for other diversions, I bought a bicycle, played badminton, table tennis" (R3)*

*"Let it heal itself, ma'am ..." (R4)*

*“I tried to regulate my sleep pattern after I saw that he was happy with his life, I dressed up again..”*  
(R5)

The data above illustrates the relatively low level of self-care carried out by research informants. Some informants choose to let the wounds from the cuts that were made intentionally heal on their own, without seeking medical treatment. The focus of the second study is the self-care of NSSI perpetrators who are victims of sexual violence. Through this discussion, the efforts of victims of sexual violence in protecting themselves from dangerous behavior or how to care for themselves after committing NSSI are presented. Some indicators of self-care, according to Lucock, are maintaining a diet, sleeping, seeing a doctor, taking care of your general health, living healthily, and doing routine activities or creative activities such as sports (Lucock et al., 2011).

The ability to perform self-care is very important for NSSI perpetrators. This is because it is difficult for others to know the NSSI committed by the perpetrator. The NSSI perpetrator will choose a body part that is hidden and unknown to others. So the desire to recover is very necessary; otherwise, others cannot help. This is also related to the relationship between depression and a person's ability to perform self-care; both have a reciprocal relationship. People who are depressed have low motivation and ability to perform self-care, a lack of nutrition due to eating disorders, and a lack of exercise (Mu et al., 2022). The five informants stated that they did not seek medical help when they made cuts on their bodies. This was done to enjoy the pain of the cuts so that the psychological pain they felt would move to the part of the body that was cut. This behavior aims to reduce or alleviate negative feelings, to punish oneself or to seek attention from others (Vázquez López et al., 2023).

The efforts made by informants in this study were mostly to do self-care by trying to divert attention to activities such as exercise, regulating sleep patterns, and treating wounds with simple medicines. The symptoms that have been expressed can be seen in the results of the interview in the destructive behavior section in the previous sub-chapter. Informants tend to let the pain they cause subside on its own, in accordance with a study, NSSI perpetrators expect support from those closest to them before finally seeing a health expert such as a doctor to ask for medical help (Florindo Salvador, Gouveia-Pereira, Simões, & Duarte, 2023).

### ***Psychological Care (psychic).***

Self-care from the psychological and/or emotional aspects has been attempted by research informants. Through the informants' expressions, it can be seen that psychological care efforts are more often attempted than physical care. Psychological care that has indicators includes seeking counseling assistance, talking to friends, relaxation, accepting oneself, coping strategies, adjusting to painful experiences, and building social relationships with others (Lucock et al., 2011). The research informants have tried to seek help from psychologists and counselors, have tried to build social relationships, have tried to avoid

sources of trauma, and have tried to find emotional outlets in more positive activities. Here are some expressions that describe the informants' efforts to seek psychological treatment.

*"I try to hang out with friends... and lowly tried to find out about psychologists" (R1)*

*"Yes, I went to a psychologist when I was in high school..." (R2)*

*"... like this one (pointing to the stitched scar), it was too deep so I went to the doctor to get stitched, I diverted it to sports like badminton and table tennis..." (R3)*

*"I started to dare to open up and tell my mother as a counselor." (R4)*

*"I also told the counselor ma'am." (R5)*

Self-care for NSSI perpetrators who are victims of sexual violence in terms of psychology includes several efforts, including first visiting a psychologist and counselor. This effort was carried out by R2, R3, R4, and R5, while R1 looked for his best friend. R2 even went to a psychologist earlier than other informants, but as explained previously, social support from parents for informant R2 was inadequate, so R2 decided not to continue counseling during high school. Then R2 looked for a counselor again when he was in college because the depression he was experiencing was getting worse, and when R2 was still under the supervision of a counselor.

Several other efforts made by informants to care for their psychology are rebuilding social relationships with friends or family, as done by R5, choosing a location far from the perpetrators of violence, as done by R2 and R4, developing self-potential or venting emotions in more constructive activities such as sports, joining organizations, as done by R2 and R5, and developing romantic relationships with other men, as done by R1. Because the two are related, namely, sexual violence is related to poor psychosocial health, so rebuilding social relationships can help informants to recover (Hedén et al., 2023). Social support and self-concept developed during adolescence can reduce self-injury behavior (Yu, Mu, & Li, 2023). Although they are not fully healed and the informants are still self-injuring, the desire to recover psychologically is already apparent and is being carried out seriously. Although they are still hurting themselves and feeling quite pressured, they still see counselors according to their counseling appointments. This shows that NSSI perpetrators who are victims of sexual violence want to recover psychologically.

### **Spiritual**

The next self-care behavior subtheme is the ability to believe in and obey an almighty power commonly called God, who controls the universe and human destiny. This involves the ways in which people fulfill what they have as their life purpose, the search for the meaning of life, and a sense of connectedness to the universe (Wattis, 2017). In this study, victims of violence who experienced NSSI remained connected to God and tried to stay connected, accept fate, live life, and adjust to the trauma conditions experienced. Some expressions that show the informant's efforts to connect with God are as follows:

*"...I always pray that I can get away from him, I don't love him anymore.: (R1)*

*"Yes, over time I started to be able to live my life, but it wasn't easy, ma'am, for a long time I felt disgusted with myself, I started to change especially after breaking up with him, ma'am." (R1)*

*"...This is also what God has destined for me." (R3)*

*"Yes, I pray as usual, because I go to a religious school." (R2)*

*"I pray, ma'am..."* (R4)

*"I pray and pray, ma'am"* (R5)

*"I sometimes think a lot about what is happening in my life, ma'am, and try to understand God's will"* (R3)

The informant's efforts to internalize and stay connected with God are predominantly done through prayer and supplication. In addition, research informants such as R3 and R1 who, although still committing NSSI, are aware of the existence of destiny for humans, try not to blame themselves, and begin to be able to live their lives. Continuing to perform prayers and praying for strength to get out of problems is the informant's awareness of the existence of power above human strength. This effort certainly produces psychological strength for NSSI perpetrators who are victims of sexual violence to be able to continue their lives.

Spiritual strength is a basic thing that humans need to survive. Belief in a greater power will help in difficult situations to keep humans optimistic. Spirituality is recognized globally as a power that can control the universe and humans (Wattis, 2017), spiritual well-being is defined as stability in life, proportion and harmony, and a sense of closeness to God, society, the environment and oneself (Praveeniah, Zainudin, & Yusop, 2021). The informants still try to connect with God in their stressful, anxious, and depressed state. Such as the symptoms that the research informants continue to pray, pray, reflect on life (meditation), try to accept their destiny, understand themselves and try to accept the problems they experience, try to live and continue life, and adjust to what has happened.

Belief in God affects human mental health (Wattis, 2017). Religious beliefs are also important, directly and indirectly, in the etiology, diagnosis, symptoms, treatment, and prognosis of mental disorders (Wattis, 2017). A person with all sincerity accepts responsibility for his actions, wants to contribute to society, and does good things because he believes that God will repay with the same goodness, and evil deeds will be repaid with evil as well. Research has suggested spiritual beliefs and practices can make a person psychologically and physically healthy, bring stability to life and improving a person's quality of life (Kumari, 2024).

Awareness of God's presence helps humans accept the bitter things in their lives (Wattis, 2017). The spiritual values that a person believes in play an important role in individual development. They set values and life goals based on these spiritual values (Praveeniah et al., 2021). Therefore, the perception they build about anything will come from these spiritual values. In counseling relationships, it is not uncommon for counselors of the same religion to use techniques with a spiritual approach to strengthen the client's mentality to face problems as God's destiny. After going through various stressful situations, someone who has faith in God will feel increasingly positive spiritual strength (Manurung & Ningsih, 2023). Therefore, spiritual strength is very necessary in building a healthy psychology.

### **Professional**

The last subtheme is professional, which is the individual's awareness to continue to carry out a profession, job, or education in his life. In this study, the five informants of the *Mental Illness dan Self Care Behavior... 237-258 (Decen Berlian Purnama, et. all)*

NSSI perpetrators who were victims of sexual violence continued to carry out their professions, jobs, and education. Here are some statements that describe the professional lives of the research informants:

*"... I got up and after I finished graduating from one of the state health colleges majoring in nursing." (R1)*

*"Now I have been accepted to work at the hospital that I aspire to." (R1)*

*"I am still in college until now ma'am and I still have the desire to succeed." (R2)*

*"... and I started working part-time" (R3)*

*"... I want to go to college, want to work and want to send him to school ma'am." (R4)*

*"until now I am still in college ma'am, I will get up by completing my studies ma'am." (R5)*

Based on the above statement, the five perpetrators of NSSI victims of sexual violence continue to live their professional lives. The running of their professional lives shows that they have a strong motive to continue living; this, of course, is also a psychological strength that must continue to be maintained and developed. Based on the interview results, the research informants' working and educational lives continued. R1 finally worked in a hospital; R2 studied at a college, the same as R4 and R5, while R3 worked at a college. When viewed, they still live their lives like other humans. In the interview, it was revealed that the motives of the research informants were to maintain their lives in the professional field, such as work and education.

These motives are what make the informants still survive with their lives in conditions of anxiety disorders, post-traumatic stress, depression, NSSI, and quite severe sleep disorders. Most of the motives are built out of the desire to make loved ones happy, such as children, mothers, and those closest to them, as well as spiritual motives toward God. Motives are the power that moves humans to do something and cannot be separated (Syahputra & Ismail, 2021). If motive is the power that moves humans, then motivation is the human passion for carrying out the action. The elements contained in the motive are providing continuous encouragement, selecting behavior that will not support the achievement of goals, and regulating behavior towards the goals (Fadhilah, N. 2022; Syahputra & Ismail, 2021; Taufikin, I. A. I. N., Zamroni, S., & Muthohar, A. 2021).

Seen from the way the informants of this study survived with severe psychological disorders, it illustrates that social support, life motives such as love for family, spiritual power, and psychological assistance from experts such as psychologists and counselors are very important (Florindo Salvador et al., 2023). So that in the future, the results of this study will be a picture for social workers such as psychologists and counselors to plan appropriate psychological assistance for victims of sexual violence, which is increasing day by day. A psychologist and counselor need to study each complaint as a symptom to avoid compassion fatigue in helping clients one of which is improving self-regulation and emotions (Azam, Rehman, & Rehman, 2023). Compassion fatigue namely the feeling of tiredness in providing affection due to the social worker's lack of understanding of the client's suffering (Ahmad et al., 2024; Cartagena, 2022; Jalan, 2023; Lourenção et al., 2023; Stanley & Sebastine, 2024).

This is caused by the occurrence of repeated complaints from clients who are stressed or depressed (Ahmad et al., 2024; Theses et al., 2021).

## **CONCLUSION**

Based on the results of the qualitative analysis, the results of this study can be concluded as follows: The types of mental illness experienced by NSSI perpetrators of sexual violence victims are: 1) anxiety disorders experienced in the form of avoidance behavior patterns and attachment or dependent behavior patterns. The type of anxiety disorder experienced by all informants is social anxiety disorder in the form of events that cause sadness in the environment, namely those closest to them. 2) Post-traumatic stress experienced by informants is complex, chronic, and comorbid PTSD, reinforced by factors: carried out by someone close; the type of violence experienced is rape; the method of violence is accompanied by physical torture; the victim hides the fact of the violence experienced; and a lack of family social support. Self-care behavior of NSSI perpetrators of sexual violence victims, namely: 1) self-physical care (physical). NSSI perpetrators of sexual violence victims are reluctant to take care of themselves physically and tend to let the pain they cause subside by itself. 2) The psychological care of NSSI perpetrators of sexual violence victims is serious about recovering psychologically. 3) Spiritually, research informants try to stay connected with God through prayer, contemplation of life (meditation), trying to accept their destiny, understanding themselves and trying to accept the problems they experience, trying to live and continue life, and adjusting to what has happened. 4) the informant's professional life continues with various motives namely social support, love for family, spiritual power, and psychological assistance.

Based on the results of this research, it can be recommended that counselors and psychologists pay more attention to the psychology of victims of sexual violence in detail and better observe the behavior that occurs after the violence occurs. It is recommended that readers really pay attention to the condition of women around them who have become victims of sexual violence so that they continue to be given social support and care more about their mental health by providing an environment that does not blame them and providing the necessary psychological assistance. The weakness of this research is that it has not studied with certainty the methods of counselors and psychology in helping NSSI perpetrators recover. So that researchers can further research methods for healing NSSI sufferers, women who are victims of sexual violence, so that they can contribute to mental health more operationally.

## **REFERENCE**

- Ahmad, R. R. M. R., Diniaty, A., Hasmigianti, Suhertina, Riswani, Habibah, S., ... Efendi, Y. (2024). Overview of Guidance and Counseling Teachers' Compassion Fatigue and it's Correlation with Empathy in Individual Counseling Service. *BICC Proceeding*, 1–23.
- Annisa, D. F. (2016). Konsep Kecemasan ( *Anxiety* ) pada Lanjut Usia ( Lansia ), *Konselor, Mental Illness dan Self Care Behavior... 237-258 (Decen Berlian Purnama, et. all)*

5(2) 94-99. <https://doi.org/10.24036/02016526480-0-00>

- Anshori, I. (2018). Melacak State of the Art Fenomenologi dalam Kajian Ilmu-Ilmu Sosial. *Halaqa: Islamic Education Journal*, 2(2), 165–181. <https://doi.org/10.21070/halaqa>.
- Anugerah, M. F., Karima, K., Puspita, N. M. S. P., Amir, N. A. B., & Mahardika, A. (2023). Self Harm and Suicide in Adolescents. *Jurnal Biologi Tropis*, 23(1), 200–207. <https://doi.org/10.29303/jbt.v23i1.5902>
- Azam, H., Rehman, M., & Rehman, M. (2023). Burnout, Compassion Fatigue and Vicarious Traumatic Experiences Among Social Workers: Emotional Regulation as a Protective Factor. *Pakistan Journal of Humanities and Social Sciences*, 11(4), 4694–4710. <https://doi.org/10.52131/pjhss.2023.v11i4.1772>
- Bentivegna, F., & Patalay, P. (2022). The Impact of Sexual Violence in Mid-Adolescence on Mental Health: a UK Population-Based Longitudinal Study. *The Lancet Psychiatry*, 9(11), 874–883. [https://doi.org/10.1016/S2215-0366\(22\)00271-1](https://doi.org/10.1016/S2215-0366(22)00271-1)
- Berutu, R., & Mutiawati, M. (2023). Understanding Learning Anxiety and Mental Health of Final Year Students: A Qualitative Study. *ProGCouns: Journal of Professionals in Guidance and Counseling*, 4(1), 42–51. <https://doi.org/10.21831/progcouns.v4i1.60000>
- Briere, J., & Gil, E. (1998). Self-Mutilation in Clinical and General Population Samples: Prevalence, Correlates, and Functions. *American Journal of Orthopsychiatry*, 68(4), 609–620. <https://doi.org/10.1037/h0080369>
- Brown, R. C., & Plener, P. L. (2017). Non-suicidal Self-Injury in Adolescence. *Current Psychiatry Reports*, 19(3), 1–9. <https://doi.org/10.1007/s11920-017-0767-9>
- Cartagena, G. I. C. (2022). *School Social Workers ' Perceptions of Compassion Fatigue Walden University*. Puerto Rico.
- Chen, X. (2023). The Causes and Effects of Post-Traumatic Stress Disorder. *SHS Web of Conferences*, 157, 04029. <https://doi.org/10.1051/shsconf/202315704029>
- Cresswell. (2015). *Riset Pendidikan*. Yogyakarta: Pustaka Pelajar.
- Darmayasa, I. M., & Natanael, R. J. M. (2023). Gangguan Stres Pasca Trauma pada Kasus Pelecehan Seksual: Case Report. *Jurnal Kesehatan Reproduksi*, 10(2). <https://doi.org/10.22146/jkr.78372>
- Demartoto, A., Bhisma Murti, & Sri Hilmi Pujihartati. (2023). Access, Participation, Control, and Advantage of Digital-Based Healthcare Service for Women Living with HIV/AIDS. *Muwazah*, 15(2), 19–36. <https://doi.org/10.28918/muwazah.v15i2.2208>
- Dhewy, A. (2024). Ayah di Aceh Perkosa Anaknya Hingga Melahirkan, Korban Kesana Kemari Cari Keadilan. Retrieved from <https://www.konde.co/2024/01/ayah-di->

aceh-perkosa-anaknya-hingga-melahirkan-korban-sulit-cari-keadilan/

- Dirgayunita, A. (2016). Gangguan Stres Pasca Trauma pada Korban Pelecehan Seksual dan Pemerkosaan. *Journal An-Nafs: Kajian Penelitian Psikologi*, 1(2), 185–201. <https://doi.org/10.33367/psi.v1i2.286>
- Duminitrescu, N., Eva, L., Turliuc, S., & Iliescu, D. (2019). Risk factors for the development of schizophrenia. *Fortschritte Der Neurologie Psychiatrie*, 87(2), 133–146. <https://doi.org/10.1055/a-0836-7839>
- Fadhilah, N. (2020). Kecenderungan perilaku seksual beresiko dikalangan mahasiswa: Kajian atas sexual attitude dan gender attitude. *Marwah: Jurnal Perempuan, Agama Dan Jender*, 19(2), 171-189.
- Fadhilah, N. (2022). Children’s boarding school in indonesia: examining psychological and social dynamics in the perspective of gender-friendly islamic boarding schools. *Muwazah: jurnal kajian gender*, 117-138.
- Fadhilah, N., & Rohmaniyah, A. (2023). Problematic preventive efforts of sexual harassment through Islamic gender justice values-based education. *Gender equality: international journal of child and gender studies*, 9(2), 220-234.
- Fayasari, A., & Lestari, P. W. (2022). Stres dan depresi berkaitan dengan emotional eating dan mindful eating pada mahasiswa saat pandemi Covid-19. *Action: Aceh Nutrition Journal*, 7(2), 127. <https://doi.org/10.30867/action.v7i2.622>
- Florindo Salvador, V., Gouveia-Pereira, M., Simões, B., & Duarte, E. (2023). Young Adults Who Self-Harm: Barriers to and Facilitators of Seeking Help. *Psychiatry Research*, 327(December 2022). <https://doi.org/10.1016/j.psychres.2023.115390>
- Grant, D. M., & White, E. J. (2016). Influence of Anxiety on Cognitive Control Processes. *Oxford Research Encyclopedia of Psychology*, (December 2016). <https://doi.org/10.1093/acrefore/9780190236557.013.74>
- Gyawali, K., & Maharjan, R. K. (2022). Effects of sexual harassment on learning experience among teenager girl students at Lalitpur District. *Interdisciplinary Research in Education*, 7(1), 85–94. <https://doi.org/10.3126/ire.v7i1.47500>
- H, B. R. (2024). Seorang Ayah Perkosa Anak Kandung di Kotim. Retrieved from <https://www.borneonews.co.id/berita/337179-seorang-ayah-perkosa-anak-kandung-di-kotim>
- Hadi, A., Asrori, & Rusman. (2021). *Penelitian Kualitatif Studi Fenomenologi, Case Study, Grounded Theory, Etnografi, Biografi*. Purwokerto Seatan: CV. Pena Persada.
- Hasanudin, U. (2024). Ayah Perkosa Anak Kandung di Serang, Kementerian PPPA Turun Tangan. Retrieved from *Mental Illness dan Self Care Behavior... 237-258 (Decen Berlian Purnama, et. all)*

<https://news.harianjogja.com/read/2024/05/09/500/1173890/ayah-perkosa-anak-kandung-di-serang-kementerian-pppa-turun-tangan>

Health, N. I. of M. (2023). Mental Illness. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness>

Hedén, L., Jonsson, L. S., & Fredlund, C. (2023). The Connection Between Sex as Self-Injury and Sexual Violence. *Archives of Sexual Behavior*, 52(8), 3531–3540. <https://doi.org/10.1007/s10508-023-02669-5>

Institutes of Health, N. (2020). *Post-Traumatic Stress Disorder*. United State of Amerika.

Jalan, K. (2023). Current Issues of Compassion Fatigue in Counsellor Supervision. *Article in The International Journal of Indian Psychology*, 11(1). <https://doi.org/10.25215/1101.072>

K.R., P., & S., S. (2021). Application of Colaizzi's Method of Data Analysis in Phenomenological Research. *Medico Legal Update*, 21(2). <https://doi.org/10.37506/mlu.v21i2.2800>

Kerig, P. K. (2017). Self Destructive Behavior. *The Encyclopedia of Juvenile Delinquency and Justice*, (November), 1–5. <https://doi.org/10.1002/9781118524275.ejdj0137>

Khairani, F., Ramadhan, A., Kusmawati, A., Khotimah, I. H., & Fakhira Khansa, N. (2024). Konseling sebagai Metode Pemulihan PTSD pada Anak Korban Pelecehan Seksual. *Jurnal Nakula : Pusat Ilmu Pendidikan, Bahasa Dan Ilmu Sosial*, 2(2), 265–273. Retrieved from <https://doi.org/10.61132/nakula.v2i2.610>

Kim, D. J. (2016). Correlation between Physical Function, Cognitive Function, and Health-Related Quality of Life in Elderly Persons. *Journal of Physical Therapy Science*, 28(6), 1844–1848. <https://doi.org/10.1589/jpts.28.1844>

Kleszczewska-albińska, A. (2022). Self Destructive Behaviors, Self Esteem, Anxiety, and Social Desirability in People with Personality and Mood Disorders. *Psychological Applications and Trends*, (1), 52–56. <https://doi.org/10.36315/2022impact011>

KUHP, P. D. (2013). *Lex Crimen Vol. II/No. 2/Apr-Jun/2013, II(2)*.

Kumar, V. M. (2023). Sleep and Sleep Disorders. *Medical Nursing*, (July), 45–48. <https://doi.org/10.4135/9781452232607.n28>

Kumari, A. (2024). Impact of Spiritual Intelligence on Resilience among Employed Women. *The International Journal of Indian Psychology*, 12(3), 1399–1407. <https://doi.org/10.25215/1203.137>

Laldinpuii, B., Rupjyoti, B., & Ankita, D. (2023). (PDF) Introduction to Different Types of Anxiety Disorders, (November). Retrieved from [https://www.researchgate.net/publication/375487173\\_Introduction\\_to\\_different\\_ty](https://www.researchgate.net/publication/375487173_Introduction_to_different_ty)

pes\_of\_anxiety\_disorders

- Lourenção, L. G., Penha, J. G. M., Ximenes Neto, F. R. G., Dos Santos, B. M. P., Pantoja, V. J. da C., Ribeiro, J. N., ... Do Nascimento, V. F. (2023). Analysis of the association between levels of compassion fatigue and work engagement with COVID-19 in nursing professionals. *Ciencia e Saude Coletiva*, 28(10), 2867–2877. <https://doi.org/10.1590/1413-812320232810.09972023EN>
- 253
- Lucock, M., Gillard, S., Adams, K., Simons, L., White, R., & Edwards, C. (2011). Self-care in Mental Health Services: A Narrative Review. *Health and Social Care in the Community*, 19(6), 602–616. <https://doi.org/10.1111/j.1365-2524.2011.01014.x>
- Mahmudah, U., & Fatimah, S. (2022). Sexual Harassment In Education Institutions: College Students' Sexually Abused Experience and Its Impact On Their Lives. *Musāwa Jurnal Studi Gender Dan Islam*, 20(1), 97–107. <https://doi.org/10.14421/musawa.2021.201.97-107>
- Mallista, K., Soetikno, N., & Risnawaty, W. (2020). Sexual Harassment in Adolescent, 478(Ticash), 549–552. <https://doi.org/10.2991/assehr.k.201209.084>
- Manurung, D. L. B., & Ningsih, Y. T. (2023). Post-Traumatic Growth pada Korban Kekerasan Seksual. *Edu Sociata (Jurnal Pendidikan Sosiologi)*, 6(2), 1091–1098. <https://doi.org/10.33627/es.v6i2.1571>
- Media, T. (2023). Studi: 36,9 Persen Orang Indonesia Pernah Sengaja Melukai Diri Sendiri, Ini Alasannya! Retrieved from <https://intodaymedia.com/2023/09/15/lifestyle/in-12801/studi-369-persen-orang-indonesia-pernah-sengaja-melukai-diri-sendiri-ini-alasannya>
- Mendoza, L. S. M., Trujillo-Güiza, M., Forero, D. A., & Baez, S. (2024). Health, Psychosocial and Cognitive Factors Associated with Anxiety Symptoms. *Current Psychology*. <https://doi.org/10.1007/s12144-024-05998-3>
- Milanrianto, B. A., Permana, D., & Ariani, S. (2023). Cognitive and Social Strategies to Deal With Anxiety in Speaking: Typical Strategies and Application. *Journal of Languages and Language Teaching*, 11(3), 502. <https://doi.org/10.33394/jollt.v11i3.8441>
- Mutho'am, & Heriyanto. (2023). Women's Leadership in the Indonesian Context: Form Interpretative Discourse to Contemporary Fiqh Siyasah. *Muwazah Jurnal Kajian Gender*, 15(1), 130–154. <https://doi.org/10.28918/muwazah.v15i1.8938>
- Mu, T. Y., Xu, R. X., Xu, J. Y., Dong, D., Zhou, Z. N., Dai, J. N., & Shen, C. Z. (2022). Association between Self-Care Disability and Depressive Symptoms among Middle-Aged and Elderly Chinese People. *PLoS ONE*, 17(4 April), 1–13. <https://doi.org/10.1371/journal.pone.0266950>
- Nicoară, N. D., Marian, P., Petriș, A. O., Delcea, C., & Manole, F. (2023). A Review of the *Mental Illness dan Self Care Behavior... 237-258 (Decen Berlian Purnama, et. all)*

- Role of Cognitive-Behavioral Therapy on Anxiety Disorders of Children and Adolescents. *Pharmacophore*, 14(4), 28–32. <https://doi.org/10.51847/lkulo5pb1t>
- Nock, M. K., Joiner, T. E., Gordon, K. H., Lloyd-Richardson, E., & Prinstein, M. J. (2006). Non-suicidal self-injury among adolescents: Diagnostic correlates and relation to suicide attempts. *Psychiatry Research*, 144(1), 65–72. <https://doi.org/10.1016/j.psychres.2006.05.010>
- Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003). Revictimization and Self-Harm in Females Who Experienced Childhood Sexual Abuse: Results from a Prospective Study. *Journal of Interpersonal Violence*, 18(12), 1452–1471. <https://doi.org/10.1177/0886260503258035>
- Pangesti, N. A., & Saputri, D. A. N. (2023). Pengalaman Traumatik Anak dan Remaja Korban Kekerasan Seksual: Studi Fenomenologi. *Jurnal Keperawatan Jiwa*, 11(4), 889–896. <https://doi.org/10.26714/jkj.11.4.2023.889-898>
- Perempuan, K. (2023). *Lembar Fakta Catatan Tahunan Komnas Perempuan Tahun 2023 Kekerasan terhadap Perempuan di Ranah Publik dan Negara: Minimnya Pelindungan dan Pemulihan. Komnas Perempuan*. Jakarta
- PPA, S. (2024). Peta Sebaran Jumlah Kasus Kekerasan Menurut Provinsi, Tahun 2024. Retrieved from <https://kekerasan.kemenpppa.go.id/ringkasan>
- Praveeniah, M., Zainudin, Z. N., & Yusop, Y. M. (2021). Relationship Between Spirituality, Religiosity and Counseling Self- Efficacy among Secondary School Counselors. *International Journal of Academic Research in Progressive Education and Development*, 10(3). <https://doi.org/10.6007/ijarped/v10-i3/10619>
- Rachmawati, F., & Assifa, F. (2024). Ayah Perkosa Anak karena Istri Jadi TKW Kembali Terjadi di Mataram NTB. Retrieved from <https://regional.kompas.com/read/2024/05/22/121148778/ayah-perkosa-anak-karena-istri-jadi-tkw-kembali-terjadi-di-mataram-ntb>
- Rahmatulloh, Z., Haq, H., Efendi, A. K., Islam, U., Maulana, N., & Ibrahim, M. (2023). The Role of Women in Livelihood Perspective of Contemporary Mufassirs. *Muwazah Jurnal Kajian Gender*, 15(1), 59–74. <https://doi.org/10.28918/muwazah.v15i1.1507>
- Ramadhani, S. R., & Nurwati, R. N. (2023). Dampak Traumatis Remaja Korban Tindakan Kekerasan Seksual Serta Peran Dukungan Sosial Keluarga. *Share : Social Work Journal*, 12(2), 131. <https://doi.org/10.24198/share.v12i2.39462>
- Rini. (2020). Dampak Psikologis Jangka Panjang Kekerasan Seksual Anak (Komparasi Faktor: Pelaku, Tipe, Cara, Keterbukaan dan Dukungan Sosial). *IKRA-ITTH Humaniora*, 4(3), 157–167.
- Rodrigues, T., & Shigaeff, N. (2022). Sleep Disorders and Attention: a Systematic Review.

- Arquivos de Neuro-Psiquiatria*, 80(5), 530–538. <https://doi.org/10.1590/0004-282X-ANP-2021-0182>
- Rukman, R., Huriani, Y., & Shamsu, L. S. binti H. (2023). Stigma terhadap Perempuan Korban Kekerasan Seksual. *Jurnal Iman Dan Spiritualitas*, 3(3), 447–454. <https://doi.org/10.15575/jis.v3i3.29853>
- Siti Fahimah, & M Mukhibat. (2023). Gender And Social Resilient: The Role of Women In The Public Ma'na Cum Maghza Approach. *Muwazah*, 129, 115–129. <https://doi.org/10.28918/muwazah.v15i1.7256>
- Stanley, S., & Sebastine, A. J. (2024). Predictors of Compassion Fatigue and Compassion Satisfaction in Social Workers (A Quantitative Study from India). *Human Service Organizations Management, Leadership and Governance*, 00(00), 1–15. <https://doi.org/10.1080/23303131.2024.2319210>
- Sugandi, E., Dewi, D. R. L., & Wilson, W. (2022). Hubungan antara Depresi, Cemas, dan Stres terhadap Frekuensi Bangkitan Kejang pada Pasien Epilepsi. *Jurnal Kedokteran Dan Kesehatan*, 18(2), 220–228.
- Syahputra, A. E. A., & Ismail, Y. Z. (2021). Motif-motif Perilaku Manusia dalam Perspektif Al-Qur'an (Kajian atas Kasus Fisiologis dan Spiritual). *Al-Dhikra: Jurnal Studi Quran Dan Hadis*, 3(1), 85–100.
- Tabroni, I., Hardianty, D., & Sari, R. P. (2022). The Importance of Early Childhood Education in Building Social and Emotional Intelligence in Children. *Jurnal Multidisiplin Madani*, 2(3), 1219–1226. <https://doi.org/10.54259/mudima.v2i3.508>
- Taufikin, I. A. I. N., Zamroni, S., & Muthohar, A. (2021). Readiness to change during the covid-19 pandemic: Study of self-efficacy and perceived organizational support on lectures performance. *Academy of Strategic Management Journal*, 20(45), 1-10.
- Theresia, G. N., & Wijaya, V. R. M. (2020). Hubungan Kekerasan Seksual pada Anak dengan Post Traumatic Stress Disorder (PTSD). *Jurnal Hukum Pidana Dan Pembangunan Hukum*, 3(1). <https://doi.org/10.25105/hpph.v3i1.10341>
- Theses, E., Dawson, N. E., Jacobo, J. R., & Dawson, N. (2021). *How Does Compassion Fatigue Affect Geriatric Social Workers in their Personal and Professional Live?* California.
- Vázquez López, P., Armero Pedreira, P., Martínez-Sánchez, L., García Cruz, J. M., Bonetde Luna, C., Notario Herrero, F., ... Díez Suárez, A. (2023). Self-injury and suicidal behavior in children and youth population: Learning from the pandemic. *Anales de Pediatría (English Edition)*, 98(3), 204–212. <https://doi.org/10.1016/j.anpede.2022.11.005>
- Wattis, J. (2017). Spirituality and Mental Health. *Spiritually Competent Practice in Health Care*, 50(4), 115–128. <https://doi.org/10.1201/9781315188638-8>
- Mental Illness dan Self Care Behavior... 237-258 (Decen Berlian Purnama, et. all)*

- Wedya, E. N. (2024). Bejat! Ayah Tega Perkosa Anak Kandung Selama 6 Tahun. Retrieved from <https://news.okezone.com/read/2024/04/21/610/2998759/bejat-ayah-tega-perkosa-anak-kandung-selama-6-tahun>
- Weir, K. (2022). Continuing Education Diagnosing and Treating Sleep Disorders, *American Psychological Association*, 53(5) 42-45. <https://www.apa.org/monitor/2022/07/ce-sleep-disorders>.
- Windarwati, H. D., Megananda, N. K., Nova, R., Kusumawati, M. W., & Ati, N. A. L. (2023). Stress, Anxiety, and Depression with Potential Adolescent Drug Abuse: A Cross-Sectional Study. *Jurnal Keperawatan*, 16(1), 383–396. <https://doi.org/10.32583/keperawatan.v13i1.1184>
- Wirihana, L., Welch, A., Williamson, M., Christensen, M., Bakon, S., & Craft, J. (2018). Using Colaizzi's Method of Data Analysis to Explore the Experiences of Nurse Academics Teaching on Satellite Campuses. *Nurse Researcher*, 25(4), 30–34. <https://doi.org/10.7748/nr.2018.e1516>
- Xiao, H., Shen, Y., Zhang, W., & Lin, R. (2023). Applicability of the cognitive model of generalized anxiety disorder to adolescents' sleep quality: A cross-sectional and longitudinal analysis. *International Journal of Clinical and Health Psychology*, 23(4). <https://doi.org/10.1016/j.ijchp.2023.100406>
- Yu, H., Mu, Q., & Li, K. (2023). Effects of Physical Exercise on Non-Suicidal Self-Injury in Adolescents: the Chain Mediating Role of Perceived Social Support and Self-concept. *Frontiers in Psychiatry*, 14(October), 1–9. <https://doi.org/10.3389/fpsy.2023.1201863>
- Zahirah, U., Nurwati, N., & Krisnani, H. (2019). Dampak dan Penanganan Kekerasan Seksual Anak di Keluarga. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 6(1), 10. <https://doi.org/10.24198/jppm.v6i1.21793>
- Zurawek, D., & Turecki, G. (2021). The Mirnome of Depression. *International Journal of Molecular Sciences*, 22(21), 1–28. <https://doi.org/10.3390/ijms222111312>

