

THE RELATIONSHIP BETWEEN SEXUAL VIOLENCE AND MENTAL HEALTH AMONG ADOLESCENT FEMALES IN AN INDONESIAN ISLAMIC SCHOOL: A CROSS-SECTIONAL STUDY

Hubungan Kekerasan Seksual dengan Kesehatan Mental Remaja Perempuan di Sekolah Islam Indonesia: Studi Cross-Sectional

Selvia Ratih Pramusti*¹, Endang Susilowati², Kartika Adyani²

¹ Bachelor of Midwifery Study Program and Midwife Professional Education Program, Faculty of Pharmacy, Sultan Agung Islamic University, Semarang, Indonesia

² Faculty of Pharmacy, Sultan Agung Islamic University, Semarang, Indonesia

Corresponding Author: selviapramusti@gmail.com

ARTICLE INFO

Article History:

Received: August 06th, 2026

Review:

From August 13th, 2026

Accepted: September 30th, 2026

This work is licensed under a Creative Commons Attribution 4.0 International License

ABSTRACT

Background: Sexual violence against adolescent females is a public health problem affecting well-being and psychosocial development. Evidence of mental health consequences is needed, particularly in faith-based schools. **Purpose:** Analyze relationship between sexual violence and mental health among adolescent females at State Islamic Senior High School 2 Semarang. **Methods:** An analytic correlational cross-sectional study of 225 tenth-grade female students used total sampling. Sexual violence was measured with a 33-item instrument based on Ministerial Regulation No. 30 of 2021; mental health was screened with the Self-Reporting Questionnaire-20 (SRQ-20). An SRQ-20 score of ≥ 6 indicates a positive result, suggesting symptoms of a possible mental health issue; but cannot establish a clinical diagnosis. Data was analyzed using descriptive statistics and Chi-square testing. **Results:** 89.8% of respondents reported one or more types of sexual violence, and 47.1% had a positive mental health screening. The association was not statistically significant ($p = 0.091$). The association was not significant ($p = 0.091$). However, those experiencing sexual violence had higher odds of positive screening ($OR = 2.20$; 95% CI: 0.87–5.57). **Conclusion:** No significant relationship was found between sexual violence and mental health outcomes. Nevertheless, both remain issues requiring attention.

Keywords: adolescent females, mental health, schools, sexual violence, students

ABSTRAK

Latar Belakang: Kekerasan seksual remaja putri merupakan masalah kesehatan masyarakat, memengaruhi kesejahteraan mental dan perkembangan psikososial. Bukti dampaknya diperlukan, khususnya di sekolah berbasis agama. **Tujuan:** Menganalisis hubungan kekerasan seksual dan kesehatan mental remaja perempuan di MAN 2 Kota Semarang. **Metode:** Studi analitik korelasional berdesain cross-sectional pada 225 siswi kelas X menggunakan total sampling. Kekerasan seksual diukur dengan instrumen 33 butir berdasarkan Peraturan Menteri No. 30 Tahun 2021, sedangkan kesehatan mental diskriminasi menggunakan Self-Reporting Questionnaire-20 (SRQ-20). Skor SRQ-20 ≥ 6 dikategorikan positif, menunjukkan gejala kemungkinan masalah kesehatan mental, namun tidak untuk menegaskan diagnosis klinis. Data dianalisis dengan statistik deskriptif dan uji Chi-square. **Hasil:** 89,8% responden melaporkan satu atau lebih bentuk kekerasan seksual, dan 47,1% memperoleh skrining kesehatan mental positif. Hubungan tidak bermakna secara statistik ($p = 0,091$). Namun, responden dengan kekerasan seksual memiliki odds lebih tinggi memperoleh skrining positif ($OR = 2,20$; IK95%: 0,87–5,57). **Kesimpulan:** Tidak ditemukan korelasi bermakna antara kekerasan seksual dan kesehatan mental. Meski demikian, keduanya tetap isu penting yang memerlukan perhatian lanjut.

Kata Kunci: remaja perempuan, kesehatan mental, sekolah, kekerasan seksual, siswa

INTRODUCTION

Adolescent sex violence is a major public health problem, given that its effects are seen in physical, psychological and social functioning. Adolescent's significant biological, emotional and social changes could lead to susceptibility to various types of violence, such as sexual violence. Gender inequities, socially constructed stereotypical views and unequal power dynamics in interpersonal relationships are the main driver of greater risk among female adolescents, as shown in previous evidence (Salamor & Salamor, 2022; WHO, 2025). Sexual violence refers to any sexual act that is perpetrated against a person without their consent and through coercion, threats, psychological pressure, or manipulation, and can range from sexual harassment, attempted rape, to rape and sexual exploitation (Kase *et al.*, 2023).

The consequences of sexual violence are far-reaching, including severe mental health issues such as depression, anxiety, psychological trauma, post-traumatic stress disorder (PTSD), self-esteem, social functioning, and an increased risk of suicidal behavior (Ali, 2024; Bentivegna & Patalay, 2022). Hence, the prevalence of victimization in adolescent females is a public health problem that may have long-term consequences on their health and well-being.

Sexual violence against adolescent females and males is a global concern. According to WHO (2025), almost one-third of women worldwide have been subjected to sexual violence at some point in their lives. Sexual violence was the most frequently reported type of violence against women in Indonesia, totaling 2,228 cases or 38.21% of cases reported, with the most frequent perpetrators being adolescents aged 13-17 years (KemenPPPA, 2025; Komnas Perempuan, 2023). In Central Java, reported child sexual violence cases increased from 700 in 2019 to

789 in 2020, declined to 607 in 2021, and rose again to 748 in 2022 and 755 in 2023 (PPID Dinas Perempuan dan Anak Provinsi Jawa Tengah, 2024). Semarang city had 155 cases of violence against children in 2024, which according to (Dinas Perempuan dan Anak Provinsi Jawa Tengah, 2024) made it one of the regions with the most reported cases of violence against children. All of these data underscore the ongoing importance of sexual violence as a public health and social issue for adolescent females. These data highlighted that violence affecting children and adolescents continues to be an important issue at both national and local levels. Since experiences of sexual violence can have psychological implications, exploring their association with mental health is important, particularly among adolescent females in educational settings.

The increasing incidence of sexual violence is associated with multiple interconnected factors. Educational institutions, which should provide a safe environment for adolescents, are not immune to the risk of sexual violence. Reported violence in Indonesian educational settings rose substantially from 91 cases in 2020 to 142 in 2021, 194 in 2022, 285 in 2023, and 573 in 2024, based on JPPI records. Victimization disproportionately affected females, while perpetrators included teachers, institutional authority figures, and peers (Kompas.id, 2024). These incidents are influenced by inadequate understanding of sexual boundaries and consent, unequal power relations, social norms that normalize gender-based violence, and insufficient prevention, reporting, and response mechanisms within educational settings (UNESCO & UN Women, 2016; WHO, 2025). A preliminary study conducted at the same faith-based school in Semarang as the present study identified some reported experiences of physical and non-physical sexual violence involving peers and other

individuals within the school environment. These findings highlighted the importance of continuing to strengthen student protection, prevention, and support mechanisms within the school context.

A number of strategies has been undertaken to decrease the prevalence of sexual violence, such as strengthening child protection policies, reproductive health education, school-based task force for violence prevention and responses, extension of counselling services, and gender equality and informed consent education (Permendikbudristek, 2023; UNESCO, 2018). The impact of these interventions will depend on strong evidence that illuminates sexual violence and mental health in adolescence to shape the development and design of effective prevention and intervention programs. While many studies have been conducted on sexual violence and mental health issues in adolescent students, the majority of the studies in Indonesia have been conducted to adolescents who are students in public schools instead of private schools, university students, or general adolescents (Arisanti *et al.*, 2024; Khaliza *et al.*, 2021).

Current empirical research on sexual violence and mental health in adolescent female students in faith-based schools is limited. These institutionalized moral and religious norms in these contexts can create unique social contexts that impact exposure to, disclosure of, and psychological reactions to sexual violence. Likewise, findings obtained from the public-school context may not hold true for the faith-based education context (Mahbubi *et al.*, 2025; UNESCO, 2018; WHO, 2019). Empirical research on female adolescents attending faith-based educational programs is limited and more research is needed to understand the connection between exposure to sexual violence and psychological well-being.

Previous studies have reported that sexual violence may be associated with adverse psychological outcomes among adolescents. Nevertheless, research specifically exploring the relationship between sexual violence and mental health among female students in faith-based secondary schools is still limited. This lack of evidence is relevant because religious values and institutional characteristics may shape how students experience violence, respond to it, and disclose sensitive incidents. As an Islamic-based educational institution, State Islamic Senior High School 2 Semarang City, thus offers an important setting for investigating the relationship between sexual violence and mental health among adolescent females. By focusing on female students in an Islamic-based school in Semarang City, this study provides context specific evidence and addresses an area that has received relatively limited attention in previous research.

Hence, these variables were evaluated among adolescents at State Islamic Senior High School 2 Semarang City, located in Semarang City, Indonesia. The aim of this study is to analyze the relationship between sexual violence and mental health among adolescent females at State Islamic Senior High School 2 Semarang City. The results contribute to the current evidence base on these two factors in a faith-based school context and could serve as a foundation for developing mental health services in schools, early detection programs, and prevention strategies for adolescents in school settings.

METHOD

Study Design

This study used a quantitative analytic correlational design with a cross-sectional approach. Sexual violence was defined as respondents' experiences of various forms of sexual violence, including verbal, non-physical, physical, and technology-facilitated sexual violence.

Mental health was defined as the respondents' psychological condition measured using the Self Reporting Questionnaire (SRQ-20). The study was conducted at State Islamic Senior High School 2 Semarang City, Indonesia, from February 5 to 12, 2026.

Population and Sample

The target population consisted of 744 female students enrolled at State Islamic Senior High School 2 Semarang City, while the accessible population included 261 tenth-grade female students. A non-probability sampling technique with a total sampling approach was employed, whereby all tenth-grade female students were invited to participate in the study.

Eligibility was restricted to tenth-grade female students who voluntarily participated and documented consent electronically. The exclusion criteria included students who were absent during data collection, did not live with both parents, used psychoactive substances or medications affecting the nervous system, had received psychiatric or psychological treatment accompanied by prescribed medication within the previous month, or had a biological family member with a history of mental disorders. These criteria were established to minimize potential confounding factors that could influence the respondents' mental health.

A total of 261 tenth-grade female students completed the questionnaire. After screening based on the exclusion criteria, 36 respondents were excluded from the analysis, including those who were absent during data collection ($n = 6$), did not live with both parents ($n = 10$), used psychoactive substances or medications affecting the nervous system ($n = 8$), had a history of psychiatric or psychological treatment accompanied by prescribed medication ($n = 3$), and had a biological family member with

a history of mental disorders ($n = 9$). Consequently, 225 respondents met the study eligibility criteria and were included in the final analysis. Thus, the total sampling approach was applied to the accessible population of 261 tenth-grade female students, all of whom were invited and completed the questionnaire. The final analytical sample of 225 respondents was obtained after the exclusion criteria were applied and therefore should not be interpreted as the total population initially selected through sampling.

Data Collection and Analysis

Data collection was conducted electronically through a Google Form questionnaire comprising two distinct instruments. Sexual violence exposure was operationalized using a validated 33-item measure developed with reference to Indonesian Ministerial Regulation Number 30 of 2021. The measure assessed verbal, non-physical, physical, and technology-enabled sexual violence and had previously demonstrated satisfactory validity and reliability. Each indicator was scored on a five-category Likert frequency scale from never to always. For the primary analysis, respondents who selected "never" for all 33 questionnaire items were categorized as having "never experienced sexual violence," whereas those who selected "rarely," "sometimes," "frequently," or "always" for at least one item were categorized as having "experienced sexual violence." Thus, respondents were classified as having experienced sexual violence if they reported at least one occurrence, regardless of its type or frequency. The questionnaire did not define a specific time period for these experiences, such as lifetime experience or a certain period before data collection. Therefore, the classification was based solely on the experiences reported by the respondents through the questionnaire,

without assuming a specific recall period. As Mantiri *et al.* (2025) did not establish a threshold for this classification, the categorization was operationally defined based on the response options in the questionnaire used.

In the original study by Mantiri *et al.* (2025), the questionnaire was applied to university students in North Sulawesi. The reported validity analysis showed that all 33 items had Pearson correlation significance values below 0.05. In addition, the reliability analysis produced a Cronbach's alpha value greater than 0.60, indicating that the instrument satisfied the validity and reliability criteria used in the original study.

As the instrument had previously been validated among university students rather than female secondary school students, it was applied in the present study as an adapted questionnaire for adolescent females in a school setting. The researchers in the present study neither developed the instrument nor performed its original validation. Furthermore, because the source study did not specifically report content validity or construct validity, these aspects were not claimed in the present study (Mantiri *et al.*, 2025).

Mental health outcomes were assessed using the Self-Reporting Questionnaire-20 (SRQ-20), a screening instrument developed by the World Health Organization (WHO) and adapted for use in Indonesia within the Riskesdas framework. The instrument consisted of 20 items with a dichotomous scoring system designed to detect psychological distress. Each affirmative response was assigned a score of 1, while each negative response was assigned a score of 0, resulting in a total score ranging from 0 to 20.

Previous validation studies have shown item-total correlation coefficients

ranging from 0.708 to 0.941, and the instrument demonstrated excellent internal consistency, with a Cronbach's alpha of 0.981. These psychometric results should be distinguished from the screening cut-off point used to classify respondents (Safitri & Widodo, 2024).

In this study, SRQ-20 scores were categorized using a cut-off point of ≥ 6 , consistent with its use in Indonesia's national health survey framework. Respondents who answered "yes" to six or more items were classified as having a positive screening result for potential mental health issues, whereas those providing fewer than six affirmative answers were classified as having a negative screening result, indicating symptoms below the screening threshold. The SRQ-20 was used solely as a screening instrument and was not intended to establish a clinical diagnosis (Badan Kebijakan Pembangunan Kesehatan, 2023).

An electronic survey link was distributed to all eligible 10th-grade female students during the research period. Comprehensive information regarding the study's purpose, methodology, benefits, potential risks, confidentiality measures, and participant rights was provided to all potential participants prior to enrollment. Digital informed consent was required for survey access. Eligibility screening was conducted on completed responses before inclusion in the statistical data set.

Data was analyzed using IBM SPSS Statistics 26. The distributions of the variables of mental health and sexual violence were described by univariate analysis and the association between the variables was evaluated using Chi-Square analysis. Prior to conducting the Chi-Square analysis, expected cell frequencies were examined to assess whether the test's assumptions were met. All cells satisfied the Chi-Square assumptions; no cell had an

expected value of less than five, with a minimum expected value of 10.84. Therefore, the Pearson Chi-Square test was deemed appropriate for examining the relationship between the two variables. A p value of < 0.05 was considered to be statistically significant.

Ethical Clearance

Ethical authorization was obtained from the Bioethics Committee of the Faculty of Medicine, Universitas Islam Sultan Agung (Approval No. 666/XII/2025/Komisi Bioetik). Institutional access was subsequently approved by the principal of State Islamic Senior High School 2 Semarang City before participant recruitment and data collection.

Ethical principles were applied throughout the study. Participation was entirely voluntary, and respondents were permitted to withdraw at any stage without

experiencing negative consequences. Personally identifiable information was not collected, thereby preserving participant anonymity and data confidentiality. The data were used exclusively for research purposes.

Prior to participation, students received clear information regarding the study objectives, procedures, potential risks, confidentiality, and their rights, and digital consent was obtained before they accessed the questionnaire. Participants were encouraged to respond honestly and were assured that there were no right or wrong answers. Confidentiality of responses was emphasized. Due to the inclusion of sensitive questions that might cause emotional discomfort, participants were informed that they could discontinue the questionnaire at any time without penalty or negative consequences.

RESULT

Table 1. Distribution of Reported Sexual Violence Experiences Based on Questionnaire Responses Among Adolescent Females

Sexual Violence Experience	Frequency (n)	Percentage (%)
Experienced sexual violence	202	89.8
Never experienced sexual violence	23	10.2
Total	225	100

Note: Sexual violence experience was classified as “experienced” when respondents reported at least one non- “never” response to any of the 33 questionnaire items. The questionnaire did not specify a particular recall period or collect information regarding the timing or location of the reported experiences.

Table 1 showed that the majority of respondents had experienced sexual violence, with 202 respondents (89.8%), while 23

respondents (10.2%) had never experienced sexual violence out of a total of 225 respondents.

Table 2. Distribution of Mental Health Screening Result Among Adolescent Females

Mental Health Screening Result	Frequency (n)	Percentage (%)
Positive screening result (SRQ-20 ≥ 6)	106	47.1
Negative screening result (SRQ-20 < 6)	119	52.9
Total	225	100

Based on Table 2, the SRQ-20 screening results indicated that 106 respondents (47.1%) screened positive for

potential mental health issues, while 119 respondents (52.9%) screened negative, out of a total of 225 respondents.

Table 3. Relationship Between Sexual Violence and Mental Health Among Adolescent Females

Variable	Mental Health		Total	OR (95% CI)	P-Value
	Positive Screening Results for Possible Mental Health Problems	Negative Screening Result			
Sexual Violence					
Experienced	99 (49,0%)	103 (51,0%)	202 (100%)	2,20 (0,87–5,57)	0,091
Never Experienced	7 (30,4%)	16 (69,6%)	23 (100%)	1 (Ref)	
Total	106 (47,1%)	119 (52,9%)	225 (100%)		

The relationship between sexual violence and mental health among adolescent females was presented in Table 3. Among participants who reported experiencing sexual violence, 49.0% had a positive screening result for possible mental health problems, whereas 51.0% had a negative screening result. Although the association did not reach statistical significance in the Chi-square analysis ($p = 0.091$), participants who reported experiencing sexual violence had higher odds of a positive mental health screening result than those who never reported experiencing sexual violence (OR = 2.20; 95% CI: 0.87–5.57).

DISCUSSION

This study examined the relationship between sexual violence and mental health screening results among female adolescent students participating in the study at State Islamic Senior High School 2 Semarang City. These findings should be interpreted as applicable only to the study participants and should not be used to characterize or evaluate the institution as a whole. Based on the Chi-Square test result ($p = 0.091$), no statistically significant relationship between sexual violence and mental health was identified. Although exposure to sexual violence was associated with an estimated 2.20-fold increase in the odds of mental health problems (OR = 2.20; 95% CI: 0.87–5.57), the estimate was imprecise. As the confidence interval included 1.0, the association did not reach statistical

significance and should be interpreted with caution.

The results of the univariate analyses revealed that 89.8% of the respondents experienced at least one incident of sexual violence and 47.1% experienced mental health issues on the SRQ-20. These ratios illustrate the issue of sexual violence and mental health issues as ongoing concerns of adolescent females. At the national level, evidence shows that adolescents are a vulnerable population and sexual violence is the type of violence that is most often reported among women in Indonesia (Komnas Perempuan, 2021).

This relatively high prevalence estimate could be a reflection of the operational definition of sexual violence in this instrument which includes more than just coerced intercourse and sexual contact, but also non-contact forms of sexual violence such as sexualized comment, catcalls, intrusive visual attention, inappropriate humour, and other verbal or gestural acts that compromise personal safety. This is in line with Ministerial Regulation Number 46 of 2023 which officially classifies these acts as sexual violence in educational institutions (Permendikbudristek, 2023). Thus, the high prevalence reported in this study is not just due to physical sexual violence but also to high prevalence of non-physical sexual harassment among adolescents.

Compared to global estimates indicating that nearly one in three women

experience physical or sexual violence during their lifetime, the proportion identified in this study is substantially higher. This discrepancy should be interpreted with caution because the study utilized a broader operational definition of sexual violence. Respondents were classified as having experienced sexual violence if they provided any response other than "never" to at least one of the 33 questionnaire items. Furthermore, the questionnaire did not specify a recall period, nor did it collect information regarding the timing or location of the reported incidents. Consequently, the 89.8% figure found in this study should not be directly interpreted as a lifetime prevalence estimate or compared directly with global estimates (World Health Organization, 2024). Moreover, UNESCO (2018) similarly characterizes gender-based violence in educational settings as a pervasive international concern with implications for adolescent females' health, psychological well-being, personal security, and sustained access to education. Although the prevalence in this study was higher than the WHO report, this difference may be explained by variations in operational definitions, respondent characteristics, and measurement instruments, as this study categorized various forms of non-physical sexual violence as part of sexual violence experiences.

On the other hand, nearly half of the respondents (47.1%) were indicated to have mental health problems based on the SRQ-20. This finding demonstrates that adolescent mental health remains a challenge requiring attention. The WHO estimates that approximately one in seven adolescents worldwide experiences mental health disorders, with depression, anxiety, and behavioral disorders being major contributors to the disease burden among adolescents (Osborn *et al.*, 2022). Trauma resulting from sexual violence can impair emotional

regulation and increase vulnerability to symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) (SAMHSA, 2026).

Compared to findings from other school settings in Indonesia, the proportions of sexual violence experiences and potential mental health issues observed in this study were higher. For instance, Khaliza *et al.* (2021) reported that 3.1% of junior and senior high school students in Indonesia had experienced sexual violence, while 20.7% exhibited symptoms of depression. In contrast, 89.8% of female students in this study reported at least one experience of sexual violence, and 47.1% were identified as having potential mental health issues (Khaliza *et al.*, 2021). These discrepancies may be attributable to variations in study populations, measurement instruments, and operational definitions. Specifically, this study categorized students as having experienced sexual violence if they provided any response other than "never" to any questionnaire item; this approach may have contributed to the higher proportions observed compared with studies employing different definitions or assessment periods.

Unlike several previous studies involving adolescents in educational or community settings that reported an association between sexual violence and adverse mental health outcomes, this study did not find a statistically significant association between experiences of sexual violence and potential mental health issues. These divergent findings may reflect variations in study characteristics, measurement approaches, sample composition, and other factors not examined in this study.

For instance, Hashim *et al.* (2025), in a meta-analysis of 78 studies involving 189,393 adolescents, reported a link between childhood sexual violence and symptoms of

depression and anxiety, PTSD, suicidal ideation, self-harm, and other adverse effects (Hashim *et al.*, 2025). While these findings provide broader evidence regarding the potential impact of sexual violence on mental health, they do not confirm a statistically significant association within the context of the Islamic-based school State setting examined in this study. Direct comparisons are also limited by differences in populations, educational environments, operational definitions, measurement instruments, and recall periods.

In the national context, similar findings were reported by Rai & Rai (2020), who found that survivors of sexual violence had higher risks of depression, anxiety, and suicidal ideation compared with individuals without experiences of sexual violence (Rai & Rai, 2020). Similarly, the World Health Organization (2024) stated that experiences of violence, whether perpetrated by intimate partners or others, can increase the risk of depression, anxiety disorders, and PTSD (World Health Organization, 2024).

Other factors that were not measured (such as family support, peer support, or socioeconomic factors) may have affected the absence of a statistically significant relationship in this study. Parents' behavior and the family environment, as well as the effective communication and support that adolescents receive from their families, can be protective factors in helping them adjust to traumatic events; on the other hand, dysfunctional family environments can contribute to psychological problems (Anjugu *et al.*, 2025). Another important factor is peers; positive peer support can help enhance mental health while negative peer support, bullying, and unhealthy peer relationships can lead to stress, anxiety, and depression (Taukeni, 2020). Socio-economic factors also play a role, such as a lack of financial resources can add to stress and limit

access to mental health services and can contribute to the risk of adolescent exposure to sexual violence (Karim *et al.*, 2020). All these can be protective or risk factors affecting the mental health of adolescents.

This study has several strengths and limitations. A key strength is the use of total sampling among adolescent females who met the inclusion criteria, which reduces selection bias in the study population. Structured instruments allowed for systematic assessment of sexual violence and mental health. However, the cross-sectional design limits the ability to determine temporal sequence or establish causality between sexual violence and mental health. Therefore, the study's findings should be interpreted as indicating an association between variables at the time of data collection, rather than as evidence of a causal relationship. The sexual violence instrument was originally validated on a university student population, and the dichotomous classification used did not capture the type, frequency, or severity of the violence. In addition, the questionnaire did not specify a particular recall period or collect detailed information regarding when or where the reported experiences occurred. Consequently, the study cannot distinguish between experiences that took place during childhood and those occurring later, nor between events that happened at home, at school, or in other settings.

Potential factors such as family support, peer support, and socioeconomic status were not measured in this study. In addition, since the questionnaire did not specify when the reported experiences of sexual violence occurred, it is possible that some of these experiences took place long before the assessment was conducted. During the interval between the reported events and the assessment, the respondents' socio-emotional state may have been influenced by various factors, including coping

mechanisms or post-event adaptation, recent stressful life events, and academic burdens or curricular demands. Consequently, the mental health screening results may reflect more recent psychosocial factors or other influences, rather than being solely attributable to the reported experiences of sexual violence.

The results of this investigation provided contextual evidence of sexual violence and mental health problems for adolescent females in State Islamic Senior High School 2 Semarang City. However, these findings did not indicate that the issue differs from that in other types of schools or stems specifically from the Islamic school environment. Instead, they highlighted the importance of strengthening prevention, protection, and mental health support efforts within Islamic schools. In this context, any initiatives undertaken by Islamic schools must take into account their distinctive educational governance structures. Unlike public schools, which generally fall under the ministry responsible for primary and secondary education, Islamic schools operate under the authority of the Ministry of Religious Affairs. Consequently, efforts to strengthen prevention and intervention in Islamic schools require coordinated action among school administrators, teachers, counselors, healthcare providers, and relevant authorities within the Ministry of Religious Affairs. Stakeholders at the school level require support to build their capacity to identify, prevent, and respond to sexual violence and potential mental health issues, while ministry authorities can facilitate policy implementation, reporting and protection mechanisms, counseling services and referral pathways, and capacity-building programs. These stakeholders must also foster an awareness that sexual violence is preventable and that the concept of consent must be understood and respected. This approach acknowledges the specific

governance context of Islamic schools without implying that the prevalence or risk of sexual violence in these schools differs from that in other types of schools

Further research with longitudinal designs could be conducted to establish the temporal nature of the relationship between exposure to sexual violence and the onset of mental health issues among adolescents. The findings could benefit causal interpretations and lend a deeper understanding of the association between sexual violence and mental health if adjusted for relevant confounding factors.

CONCLUSION AND SUGGESTION

The relationship between sexual violence and mental health among adolescent females was not statistically significant. Nevertheless, the findings indicate that sexual violence and positive mental health assessment results remain significant issues for the study participants and warrant further attention. Future studies should consider additional factors related to adolescent mental health and employ more comprehensive study designs to better understand these associations.

ACKNOWLEDGMENT

The authors would like to thank Universitas Islam Sultan Agung Semarang and State Islamic Senior High School 2 Semarang City for the arrangement of the study, giving assistance in the operation of the study, and providing facilities in doing research. The authors would also like to thank all the respondent, lecturer of Midwifery Study Program, teacher of State Islamic Senior High School 2 Semarang City, who participated and helped in data collection process so that this research could be carried out successfully.

FUNDING SOURCE

This study was self-funded. The researcher fully covered all the expenses incurred in it carrying out.

AUTHOR CONTRIBUTION

Selvia Ratih Pramusti participated in the conceptualization, data collecting, data analysis, interpretation, and preparation of the manuscript. Kartika Adyani has contributed by giving methodological guidance, supervision of research, research evaluation and input and revision of the manuscript. Endang Susilowati made a contribution by evaluating, feeding back and improving research.

CONFLICT OF INTEREST

The authors declare they have no conflict of interest to disclose concerning this study or the manuscript.

DECLARATION OF ARTIFICIAL INTELLIGENCE (AI)

The authors acknowledge the use of ChatGPT during manuscript preparation for language checking and grammatical refinement. All AI-generated content was rigorously reviewed, edited, and validated to ensure accuracy and originality. The authors take full responsibility for the content, writing, data analysis, interpretation of results and overall integrity of the manuscript.

REFERENCES

- Ali, S., Pasha, S. A., Cox, A., & Youssef, E. (2024). Examining the short and long-term impacts of child sexual abuse : a review study. *SN Social Science*, 4, 56. <https://doi.org/10.1007/s43545-024-00852-6>
- Anjugu, John, E., Tafida, D. A. M., & Akawu, D. (2025). Relevance of Bio-Psychosocial and Psycho-Diagnostic Models on the Evaluation of Individual's Mental Health. *International Journal of Anthropology and Ethnology Research & Development*, 7(6), 37–54. <https://doi.org/10.70382/hijaerd.v06i6.020>
- Arisanti, N., Id, Swediana, A, Karubaba, D., Noviandhari, A., Sunjaya, D. K., & Dhamayanti, M. (2024). Relationship between maltreatment and mental health in adolescents : A school-based study in Indonesia. *PLoS ONE*, 19(11), e0310533. <https://doi.org/10.1371/journal.pone.0310533>
- Badan Kebijakan Pembangunan Kesehatan. (2023). *Survei Kesehatan Indonesia (SKI) 2023 dalam angka*. <https://www.badankebijakan.kemkes.go.id/ski-2023-dalam-angka/>
- 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)
- Dinas Perempuan dan Anak Provinsi Jawa Tengah. (2024). *Data kekerasan terhadap perempuan dan anak di Provinsi Jawa Tengah*. Dinas Pemberdayaan Perempuan, Perlindungan Anak, Pengendalian Penduduk, dan Keluarga Berencana Provinsi Jawa Tengah. [https://ppid.dp3akb.jatengprov.go.id/uploads/media/Media20240506139DATA%20KEKERASAN%20PEREMPUAN%20&%20ANAK%20PROVINSI%20JAWA%20TENGAH%20TAHUN%202020-2024%20\(Januari\).pdf](https://ppid.dp3akb.jatengprov.go.id/uploads/media/Media20240506139DATA%20KEKERASAN%20PEREMPUAN%20&%20ANAK%20PROVINSI%20JAWA%20TENGAH%20TAHUN%202020-2024%20(Januari).pdf)

- Hashim, M., Iqbal, N., Halligan, S., Alimoradi, Z., Pfaltz, M., Farooqi, S. R., Khan, I., Galan, C. A., & Vostanis, P. (2025). Association of Childhood Sexual Abuse with Adolescent's Psychopathology: A Systematic Review and Meta-Analysis. *Trauma, Violence, & Abuse*, 26(3), 483–496. <https://doi.org/10.1177/15248380241281365>
- Karim, F., Oyewande, A., Abdalla, L. F., & Ehsanullah, R. C. (2020). Social Media Use and Its Connection to Mental Health : A Systematic Review. *Cureus*, 12(6), e8627. <https://doi.org/10.7759/cureus.8627>
- Kase, A. D., Sukiatni, D. S., & Kusumandari, R. (2023). Resiliensi remaja korban kekerasan seksual di Kabupaten Timor Tengah Selatan: Analisis Model Miles dan Huberman. *INNER: Journal of Psychological Research*, 3(2), 301–311. <https://aksiologi.org/index.php/inner/article/view/1261>
- KemenPPPA. (2025). *Peta Sebaran Jumlah Kasus Kekerasan Menurut Provinsi*. <https://kekerasan.kemenpppa.go.id/ringkasan>
- Khaliza, C. N., Besral, B., Ariawan, I., & El-maturity, H. J. (2021). Efek Bullying , Kekerasan Fisik , dan Kekerasan Seksual terhadap Gejala Depresi pada Pelajar SMP dan SMA di Indonesia : Analisis Data Global School-Based Student Health Survey Indonesia 2015. *Jurnal Penelitian Dan Pengembangan Kesehatan Masyarakat Indonesia*, 2(2), 98–106. <https://doi.org/10.15294/jppkmi.v2i2.53149>
- Komnas Perempuan. (2021). *Perempuan dalam Himpitan Pandemi: Lonjakan Kekerasan Seksual, Kekerasan Siber, Perkawinan Anak, dan Keterbatasan Penanganan di Tengah Covid-19*. 5–9. <https://komnasperempuan.go.id/catatan-tahunan-detail/catahu-2021-perempuan-dalam-himpitan-pandemi-lonjakan-kekerasan-seksual-kekerasan-siber-perkawinan-anak-dan-keterbatasan-penanganan-di-tengah-covid-19>
- Komnas Perempuan. (2023). *Kekerasan terhadap Perempuan di Ranah Publik dan Negara: Minimnya Perlindungan dan Pemulihan. Catatan Tahunan Komnas Perempuan Tahun 2022*. <https://komnasperempuan.go.id/catatan-tahunan-detail/catahu-2022-kekerasan-terhadap-perempuan-di-ranah-publik-dan-negara-minimnya-perlindungan-dan-pemulihan>
- Kompas.id. (2024). *Kasus Kekerasan di Sekolah Meningkat 100 Persen, Pelaku Terbanyak Guru*. https://www.kompas.id/artikel/kasus-kekerasan-di-sekolah-meningkat-100-persen-pelaku-terbanyak-guru?status=sukses_login&utm_source=kompasid&utm_medium=login_paywall&utm_campaign=login&utm_content=https://www.kompas.id/artikel/kasus-kekerasan-di-sekolah-meningkat-100-persen-pelaku-terbanyak-guru&loc=header
- Mahbubi, M., Huda, A. A. S., & Bilqis, A. (2025). Sexual Violence Prevention Strategies in Faith-Based Educational Institutions: A Case Study in Grobogan. *Indev: Literasi Media Dakwah Dan Pengembangan Masyarakat*, 4(1). <https://ejournal.uinmybatusangkar.ac.id/ojs/index.php/indev/en/article/view/14850>
- Mantiri, C. A., David, L. E. V., & Pali, C. (2025). Gambaran Kekerasan Seksual

- di Perguruan Tinggi di Sulawesi Utara. *Jurnal Psikologi*, 2(2), 14. <https://doi.org/10.47134/pjp.v2i2.3605>
- Osborn, T., Wasanga, C. M., & Ndeti, D. M. (2022). Transforming mental health for all. *BMJ*, 377, o1593. <https://doi.org/10.1136/bmj.o1593>
- Permendikbudristek. (2023). *Peraturan Menteri Pendidikan, Kebudayaan, Riset, dan Teknologi Republik Indonesia Nomor 46 Tahun 2023 tentang Pencegahan dan Penanganan Kekerasan di Lingkungan Satuan Pendidikan*. 1–36. <https://peraturan.bpk.go.id/Details/285721/permendikbudristek-no-46-tahun-2023>
- PPID Dinas Perempuan dan Anak Provinsi Jawa Tengah. (2024). *Data Kekerasan Perempuan Dan Anak Provinsi Jawa Tengah Tahun 2019–2023*. <https://ppid.dp3akb.jatengprov.go.id/read/data-statistik>
- Rai, R., & Rai, A. K. (2020). Sexual violence and poor mental health of women: An exploratory study of Uttar Pradesh, India. *Clinical Epidemiology and Global Health*, 8(1), 194–198. <https://doi.org/10.1016/j.cegh.2019.06.013>
- Safitri, D. D., & Widodo, A. (2024). Analisis Validitas Self Reporting Questionnaire (SRQ) Terhadap Kesehatan Mental Pada Remaja. *Jurnal Kesehatan Tambusai*, 5(1), 754–760. <https://journal.universitaspahlawan.ac.id/index.php/jkt/article/view/24841>
- Salamor, Y. B., & Salamor, A. M. (2022). Kekerasan Seksual Terhadap Perempuan (Kajian Perbandingan Indonesia-India). *Balobe Law Journal*, 2(1), 7. <https://doi.org/10.47268/balobe.v2i1.791>
- SAMHSA. (2026). *Trauma and Violence: What Is Trauma and Its Effects?* <https://www.samhsa.gov/mental-health/trauma-violence?>
- Taukeni, S. G. (2020). Biopsychosocial Model of Health. *ResearchGate*. https://www.researchgate.net/publication/344844447_Biopsychosocial_Model_of_Health
- UNESCO, & UN Women. (2016). *Global Guidance School-related gender-based Violence*. <https://doi.org/10.54675/VFOP6248>
- UNESCO. (2018). *International technical guidance on sexuality education: : An evidence-informed approach (Revised edition)*. <https://unesdoc.unesco.org/ark:/48223/pf0000260770>
- WHO. (2019). *School-based violence prevention: a practical handbook*. <https://www.who.int/publications/i/item/school-based-violence-prevention-a-practical-handbook>
- WHO. (2025). *Violence against women*. https://www-who-int.translate.goog/news-room/fact-sheets/detail/violence-against-women?_x_tr_sl=en&_x_tr_tl=id&_x_tr_hl=id&_x_tr_pto=sc
- World Health Organization. (2024). *1 in 3 women worldwide has experienced physical and/or sexual violence*. <https://www.who.int/multi-media/details/1-in-3-women-worldwide-has-experienced-physical-and-or-sexual-violence>