


Assistance and Mental Strengthening for Women and Child Victims of Sexual Violence through Picture Cards to Reduce Anxiety

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<p>Submitted: 2026-03-14</p> <p>Revised: 2026-03-29</p> <p>Published: 2026-05-16</p> <p>Keywords: Anxiety, Children, Mentoring, Picture Cards, Victims of Sexual Violence, Women</p> <p>Copyright holder: © Author/s (2026)</p> <p>This article is under:</p>  <p>How to cite: Ningrum, D. A., & Sholichah, A. S. (2026). Assistance and Mental Strengthening for Women and Child Victims of Sexual Violence through Picture Cards to Reduce Anxiety. <i>Bulletin of Counseling and Psychotherapy</i>, 8(2). https://doi.org/10.51214/002026081866000</p> <p>Published by: Kuras Institute</p> <p>E-ISSN: 2656-1050</p>	<p>ABSTRACT: This research was conducted in response to the increasing cases of violence against women and children that often create psychological impacts, especially anxiety among victims. The study aimed to determine the effectiveness of mentoring and mental health strengthening through picture cards to reduce anxiety among women and child victims of violence in South Tangerang City, Indonesia. This research applied a Participatory Action Research (PAR) approach, emphasizing collaboration between researchers, P2TP2A volunteers, and parents in identifying problems, designing interventions, implementing actions, and evaluating outcomes. Preliminary data were collected through interviews and observations involving 15 children aged 5–12 years and their parents at the Women’s Empowerment Service, Child Protection, Population Control, and Family Planning Office (DP3AP2KB) of South Tangerang City, Indonesia. The findings showed that picture cards were effective in helping children identify, express, and manage anxiety through storytelling activities. The developed media consisted of two groups of cards. The first group contained seven cards used to identify children’s anxiety, while the second group consisted of six cards containing anxiety reduction strategies. The illustrations on the cards were developed based on anxiety grids and anxiety theories. In addition, the guidebook used simple language to help parents understand anxiety and communicate coping strategies more effectively to children. The intervention also encouraged emotional openness, supportive communication, and positive parent-child interaction during the mentoring process. Overall, the use of picture cards provided children with a safer medium for emotional expression, increased confidence, reduced fear, and supported psychological recovery after violence experiences.</p>
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INTRODUCTION

Sexual violence against women and children is a serious violation of human rights that affects physical, psychological, and social well-being (Wibowo, 2020). According to data from the World Health Organization (WHO), approximately 736 million women worldwide, or nearly one in three women, have experienced physical and sexual violence by an intimate partner, non-partner sexual violence, or both at least once in their lifetime (WHO, 2021). In Indonesia, the National Commission on Violence Against Women (Komnas Perempuan) reported that sexual violence remains the most dominant form of violence in both domestic and public spheres. In 2022, there were 2,228 reported

cases, accounting for 38.21% of all violence cases against women (Komnas Perempuan, 2023). Women and children, as vulnerable groups, are frequently the primary victims of such violence.

In mid-2024, Tangerang Regency was shocked by a case of sexual violence against children in an orphanage, where approximately 40 children became victims. The abuse allegedly occurred over nearly two decades before it was finally uncovered in 2024 (CNN, 2024). This case highlights the urgency of strengthening protection and psychological assistance for victims of violence. In addition to Tangerang Regency, sexual violence cases also dominate reports in South Tangerang City. Data from the Women's Empowerment, Child Protection, Population Control, and Family Planning Office (DP3AP2KB) of South Tangerang City showed that among 177 reported violence cases in 2021, 57 cases involved sexual violence, making it the most reported category of violence (DP3AP2KB South Tangerang City, 2021).

Sexual violence against women and children has profound psychological consequences, with anxiety being one of the most common short-term and long-term impacts (Sigurdardottir & Halldorsdottir, 2021). Victims often experience fear, discomfort, depression, loss of self-confidence, helplessness, guilt, and shame, despite not being responsible for the abuse they experienced. In severe cases, victims may develop post-traumatic stress disorder (PTSD), characterized by recurring nightmares, emotional instability, and traumatic memories related to the violence (Alves et al., 2024).

Children who experience sexual violence frequently encounter difficulties in concentration and emotional regulation because traumatic experiences disrupt their emotional and cognitive development (Choi et al., 2023). Trauma may also lead to regression behaviors, such as bedwetting, withdrawal, excessive dependence on parents, and declining academic performance. Furthermore, prolonged psychological distress can increase the risk of behavioral problems and social maladjustment in later life. Therefore, providing emotional support and psychological assistance for women and child victims of sexual violence is an essential concern.

Psychological support requires appropriate approaches to encourage victims to express their feelings and experiences in a safe and supportive environment. One approach that can be used is picture cards containing specific illustrations designed for therapeutic and educational purposes. In this study, picture cards were developed as a medium to help women and child victims of violence communicate their emotional experiences more comfortably. The visual illustrations on the cards enable children to express anxiety, fear, and traumatic experiences through storytelling activities guided by facilitators or parents. In addition, the use of picture cards can help counselors and volunteers identify emotional conditions experienced by victims more effectively.

Several previous studies have examined interventions for victims of sexual violence. Rahman & Situmorang (2024) discussed the role of the Department of Women's Empowerment and Child Protection (DP2PA) in handling cases of sexual violence against women and children through medical services, counseling, rehabilitation, and legal assistance. Their findings emphasized institutional roles in case management, whereas the present study focuses specifically on reducing victims' anxiety through psychological mentoring.

Haryati et al. (2022) examined psychological approaches for addressing sexual violence against women and children, including rehabilitation, Eye Movement Desensitization and Reprocessing (EMDR), and Psychological First Aid (PFA). These approaches provide practical and humane support to reduce psychological stress, while therapy support groups encourage victims to share experiences and learn coping strategies. Another study conducted by Prameswari et al. (2022) investigated challenges in handling cases of sexual violence involving women with disabilities. Their findings revealed that cognitive limitations and family interventions often become barriers in the recovery process for victims with disabilities.

Although previous studies have explored various psychological interventions for victims of sexual violence, limited research has specifically examined the use of picture cards as a therapeutic

medium to reduce anxiety among women and child victims of violence. Therefore, this study aims to analyze the effectiveness of mentoring and mental health strengthening through picture cards in reducing anxiety among women and child victims of violence in South Tangerang City, Indonesia.

METHODS

Design

This study employed Participatory Action Research (PAR) as the primary research design. PAR is a collaborative research approach that emphasizes the active involvement of participants and stakeholders throughout the research process, including problem identification, intervention planning, action implementation, and reflection on outcomes (Baidlowi et al., 2024). The PAR approach was selected because this study focused not only on identifying psychological problems experienced by women and child victims of violence but also on empowering parents, volunteers, and the community to actively participate in reducing children's anxiety through picture card media (Kemmis et al., 2014).

The PAR process in this study consisted of several stages: problem identification, program design, program implementation, reflection and evaluation, and sustainability development. This cyclical process enabled continuous improvement of the intervention according to participants' needs and conditions in South Tangerang City (McTaggart, 1991).

Participants and Procedure

The participants in this study consisted of 15 children aged 5–12 years and their parents who received assistance services at the Women's Empowerment, Child Protection, Population Control, and Family Planning Office (DP3AP2KB) in South Tangerang City. In addition, P2TP2A volunteers and local stakeholders were involved as collaborators in implementing the intervention program. Participants were selected purposively based on their involvement in mentoring programs for victims of violence (Creswell & Creswell, 2018).

The research procedures were conducted in several stages. First, the researchers carried out a preliminary study through literature reviews, interviews, and observations to identify the psychological conditions and anxiety experienced by child victims of violence. This stage also included a needs analysis to understand the characteristics of children, the service environment, and the readiness of parents and volunteers to participate in the intervention process (Sugiyono, 2019).

Second, participatory discussions were conducted with volunteers, parents, and community representatives to formulate learning objectives and intervention strategies. The discussions focused on identifying anxiety-related behaviors among children, such as fear, withdrawal, dependence on parents, and anxiety during social interactions (Corey, 2017).

Third, the researchers developed and implemented picture card media designed to help children express emotions and reduce anxiety. Parents and volunteers received guidance and training regarding the use of the picture cards during counseling and mentoring sessions. The implementation process was carried out collaboratively with continuous assistance from researchers and volunteers (Vygotsky, 1978).

Finally, reflection and evaluation activities were conducted collectively to assess the effectiveness of the intervention and identify areas for improvement. The PAR approach also encouraged sustainability through community empowerment and additional training for parents and volunteers to continue the mentoring program independently (Reason & Bradbury, 2008).

Instruments

Data collection in this study was conducted using interviews, observations, and documentation techniques (Moleong, 2018). Interviews were carried out with parents, volunteers,

and children to obtain information regarding children's emotional conditions, anxiety experiences, and responses to the mentoring process. Observations were conducted during mentoring and counseling activities to identify behavioral changes and children's participation during the use of picture card media.

The primary intervention instrument used in this study was picture card media designed specifically to help children identify and express anxiety related to experiences of violence. The picture cards consisted of two groups. The first group contained seven cards aimed at identifying children's anxiety conditions, while the second group consisted of six cards containing anxiety reduction strategies. The illustrations on the cards were developed based on anxiety grids and anxiety theories to support emotional expression and therapeutic communication (Beck & Emery, 2005). In addition, a guidebook was developed to assist parents and volunteers in understanding anxiety symptoms and implementing anxiety reduction strategies appropriately. The guidebook used simple and child-friendly language to facilitate communication between parents and children during mentoring sessions (Santrock, 2020).

Data Analysis

The data obtained from interviews, observations, and participatory reflections were analyzed using qualitative descriptive analysis (Miles et al., 2014). Data analysis was conducted through several stages, including data reduction, data categorization, interpretation, and conclusion drawing. The researchers identified recurring themes related to children's anxiety, emotional responses, participation during mentoring sessions, and the effectiveness of picture card media in helping children express their feelings and reduce anxiety.

To ensure data validity, triangulation techniques were applied by comparing information obtained from interviews, observations, and reflections involving parents, volunteers, and researchers (Lincoln & Guba, 1985). The collaborative reflection process within the PAR approach also strengthened the credibility of the findings because all stakeholders participated in evaluating the intervention outcomes and identifying necessary improvements for future mentoring activities.

RESULTS AND DISCUSSION

Results

Concept of Sexual Violence

Sexual violence is any sexual act committed against someone without consent or through coercion, threat, and intimidation. This behavior can be physical, such as rape and sexual harassment, or non-physical, such as verbal harassment or sharing sexual materials without permission (Yuliastuty et al., 2024). Sexual violence often involves the use of force or a dominant position to control or subdue the victim physically or psychologically. It is important to understand that sexual violence does not always require physical contact, as this type of violence also includes the threat of sexual violence in various contexts, both in private environments like the family and in public places like workplaces, schools, or on social media. This violence not only involves physical coercion but also psychological manipulation or threats, where the victim cannot give consent. In general, sexual violence is a serious violation of human rights and can have long-term impacts on the mental, emotional, and social health of the victim.

Sexual violence against children and women is one of the most serious forms of human rights violations and is often hidden in society. Due to factors such as age, marital status, gender inequality, and others, children and women are the most vulnerable groups to sexual violence (Kardina & Yurisa, 2021). For children, sexual violence can occur within the family, school, or community, often perpetrated by someone they know, such as family members, neighbors, or teachers. For women, this type of violence often occurs in public spaces, such as workplace violence and domestic violence. One of the main factors contributing to the high incidence of sexual violence

against children and women is the power imbalance and patriarchy that govern many societies. These norms often place women in subordinate gender positions and provide little room for children to resist or seek protection from sexual threats. This social structure creates barriers for victims to report the violence they experience, especially due to the stigma and shame associated with it. Children who experience sexual violence often face severe psychological trauma, including depression, anxiety, and post-traumatic stress disorder (PTSD) (Dirgayunita, 2016). In the long term, this trauma can affect the mental, emotional, and social development of the child. Many victims grow up with feelings of insecurity, difficulty trusting others, and experience interpersonal issues in adulthood. Moreover, children who experience sexual violence are at a greater risk of encountering violence in the future. In addition to psychological trauma, female victims often face severe social stigma.

Society's tendency to blame the victim and undermine their dignity worsens the emotional impact felt by the victims (Adinda et al., 2024). In some cultures, female victims of sexual violence may be ostracized or even excluded by their families and communities. Sexual violence also affects women's access to education, employment, and social participation, thereby exacerbating the cycle of poverty and gender inequality. Addressing sexual violence against children and women requires a comprehensive approach, starting with raising public awareness of their rights, strengthening laws and policies to protect victims, and providing appropriate rehabilitation services (Wulandari et al., 2024). Additionally, the education system must prioritize gender-inclusive education and early prevention. Victim protection should also be strengthened through legal channels, mental health services, and social protection, so that they can recover from trauma and lead better lives.

Picture Card Concept

Picture cards are cards with specific images or illustrations used for various purposes such as play, teaching, or therapy (Amini & Suyadi, 2020). In card games, picture cards are often used as a tool to help players understand instructions or game rules in a more intuitive way. In the context of education, picture cards are used to introduce new concepts or words to children through visually appealing images, helping them understand information more easily and enjoyably. Additionally, picture cards are commonly used in psychotherapy, particularly with children (Susanti & Buton, 2024). By using these images, therapists can identify feelings, thoughts, or experiences that may be difficult for the client to express with words. Picture cards are an effective tool for establishing communication between therapists and clients, as well as for exploring psychological or emotional issues in a relaxed and non-threatening manner.

When using picture cards as a learning medium to identify and reduce anxiety, there are specific steps that must be followed. Generally, these steps can be grouped into three stages: the first step involves describing the anxiety felt by the child using seven picture cards, as shown in the following image (Desy, 2016).



Figure 1. Picture Cards for Identifying Children's Anxiety

The use of picture cards to identify and reduce anxiety consists of several stages. The first stage focuses on helping children identify and express emotions related to anxiety through seven illustrated picture cards. These cards are designed to encourage children to communicate their feelings more comfortably and interactively, as presented in Figure 1 (Ningrum, 2016).

Card Image Picture

The second step: to manage anxiety, children are taught material about anxiety, as shown in the following image:

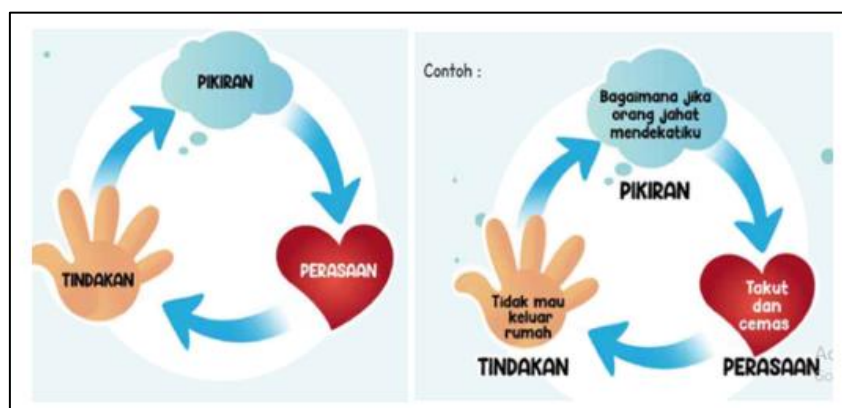


Figure 2. Anxiety Material Picture Cards

The second stage introduces children to anxiety concepts and emotional responses through visual learning materials. The illustrations help children recognize the relationship between thoughts, feelings, and behaviors associated with anxiety, as illustrated in Figure 2.

Material on Anxiety Picture

The third step: Provide strategies to reduce anxiety through enjoyable techniques, so the child feels as though they are participating in a game, as shown in the following picture.



Figure 3. Breathing Regulation Strategy Card

The third stage focuses on anxiety reduction strategies delivered through enjoyable and child-friendly activities. One strategy introduced in this study is breathing regulation exercises, which are presented visually to help children practice controlled breathing techniques, as shown in Figure 3.

Strategy Card Picture

Based on the picture above, children are taught to regulate their breathing as shown in the picture, so they can experience controlled breathing that will help them feel calmer. The next strategy is Grounding, where children are encouraged to focus on what they can feel, see, smell, touch, and hear around them. By activating our senses to the surroundings, the focus on anxiety will shift, and it is expected to help the child feel calmer, as shown in the following picture:



Figure 4. Grounding Strategy Card

Through the picture, children are encouraged to interact by mimicking what is shown in the pictures, starting from number 1 to number 5. In addition to breathing exercises, grounding techniques were introduced to help children focus on their surrounding environment using sensory awareness activities. Children are encouraged to identify objects they can see, hear, smell, or touch in sequence, as illustrated in Figure 4. This activity is expected to help children shift their attention away from anxiety and feel calmer.

Concept of Anxiety

Anxiety is a common emotional response that occurs when a person feels threatened or worried about a particular situation. It is an intense feeling of fear or worry that often arises as a response to thoughts of potential danger or uncertainty about the future (Kalifia, 2023). Anxiety can be caused by various factors such as work pressure, family problems, or traumatic events. In some cases, anxiety can be temporary, as it encourages caution and alertness. However, if anxiety becomes excessive or persists for a long time, it can interfere with daily functioning and a person's mental health. This response includes increased heart rate, rapid breathing, sweating, and excessive muscle tension. These physical responses are part of a survival mechanism controlled by the sympathetic nervous system. However, if anxiety continues without any real danger, this reaction can have negative effects on physical health, such as sleep disturbances, digestive problems, or chronic stress-related diseases like generalized anxiety disorder (GAD), panic disorder, panic attacks, and social anxiety disorder (Ardiansyah et al., 2023).

An example of generalized anxiety disorder is excessive difficulty in managing various things without a clear reason. Social anxiety disorder involves an intense fear of judgment or evaluation by others in social situations, causing individuals to avoid social interactions or events involving large groups of people. When anxiety turns into a disorder, it is important to seek professional help for proper management through therapy or medication. Managing anxiety requires a comprehensive approach, including lifestyle changes, social support, and, in some cases, medical intervention. Relaxation techniques such as meditation, deep breathing, or yoga can calm the mind and reduce physical symptoms of anxiety. Talking to trusted friends or family members can also provide

significant emotional support (Sari et al., 2023). In cases of severe anxiety, cognitive behavioral therapy (CBT) or medication from mental health professionals can help individuals identify disruptive thought patterns and develop coping strategies.

Discussion

Research and development (R&D) begins with a needs analysis that can prove, develop, discover, and expand existing products, leading to the creation of new products or knowledge, and testing their validity and effectiveness in application. The results of this research and development are educational media that can reduce anxiety in children who have experienced sexual violence using picture cards. The development of this educational media is based on the data obtained from the preliminary study phase. The research was conducted at the Women's Empowerment, Child Protection, Population Control, and Family Planning Agency (DP3AP2KB) of South Tangerang City. The respondents were children aged 5-12 years living in South Tangerang City.

The data from the preliminary study for the research and development of educational media is based on the results of a needs analysis concerning the learning process for children who have experienced sexual violence in South Tangerang City. Since research and development is based on the need for solutions or problem-solving, the aim is to produce an innovative product that can be continuously developed, effectively tested, and beneficial for the target audience. Furthermore, this research develops a product based on a series of findings from field trials. Data collection during the preliminary study phase was conducted through interviews and observations with children and parents of children aged 5-12 years, totalling 15 participants, at the DP3AP2KB South Tangerang City. The handling of cases involving violence against children and women by DP3AP2KB South Tangerang is carried out through legal assistance, counseling, protection, education, and socialization. This activity was conducted to gather information on the learning process that can help alleviate the anxiety of children who have experienced sexual violence and to determine the efforts made by parents or teachers in reducing anxiety in children. Additionally, the study identified the main issues in the field and sought solutions through the planning of media development.

Children who had experienced sexual violence were observed for a week, with parents' cooperation in monitoring their children's behavior at home. The researcher asked 14 questions about the children's condition using the Hamilton Scale with 15 parents. Based on observations, it was found that the children exhibited significant anxiety behaviors. The results from parents' observations at home showed various behaviors, the most dominant being the children not wanting to leave the house, not wanting to play, avoiding religious activities or school. They had trouble sleeping, waking up in the middle of the night crying, and were withdrawn, refusing to socialize or even meet with friends who visited their homes.

During two meetings at DP3AP2KB, the children only cried and refused to speak with the researcher. The needs analysis was also conducted through interviews with DP3AP2KB counselors. According to interviews with parents, the Head of the Women's, and Special Protection for Children's Division, and DP3AP2KB counselors, there was a need for tools to help children express their suppressed feelings, as teachers and parents often struggled when children remained silent and cried.

DP3AP2KB has a Women's and Child Protection UPTD (Unit of Technical Implementation) to assist victims of violence, providing health, legal, and social protection services. However, these services did not extend to the psychological support of sexual violence victims whose cases were legally closed. Despite the perpetrators being sentenced to prison, the trauma and anxiety continued to affect the children. Parents were unaware of how to handle children still experiencing trauma and anxiety at home. Therefore, there is a need for a guide to help parents assist children in reducing anxiety. Addressing anxiety early on helps children navigate their childhood with happiness

by overcoming the fears they experience. The anxiety children experience from sexual violence causes them to behave differently from their peers, as seen in the observations made by parents.

Physically, sexual violence victims experience decreased appetite, difficulty sleeping, headaches, discomfort in the genital area, physical injuries from rape, and a risk of contracting sexually transmitted diseases. Emotionally, children experience psychological shock in the form of depression, stress, guilt, fear of adults, nightmares, fear of things associated with the event (such as smell, place, or doctor visits), low self-esteem, psychosomatic issues, illness, and even addiction. Children who have experienced sexual violence may develop excessive fear of others, nightmares, and reduced concentration, which negatively impacts their health and, as they grow, may develop sexual relationship phobias or, in severe cases, become perpetrators of sexual violence themselves. Often, sexual violence is perpetrated by someone close to the child. Research shows that children who experience sexual violence by someone close to them suffer from more severe trauma and anxiety, losing trust and a sense of security with people they know.

One technique for reducing anxiety is using pictures. Children have different ways of expressing themselves and making meaning of the world around them, so picture media gives children the opportunity to express their thoughts and emotions to adults. Pictures help children organize their ideas, creating meaning from their experiences. Since young children have limited vocabulary, pictures serve as a useful tool to enhance their communication skills. Children often express feelings of denial, lack of attention, unfamiliarity with friends, failure, anger, or anxiety through pictures.

The common difficulty faced by families and professionals in assisting the recovery of child victims of sexual violence, compared to adult victims, is recognizing the feelings and thoughts the child experienced during the event. Children often find it difficult to verbally describe their mental processes during the traumatic event. Additionally, repeatedly discussing the event to gather complete data could further negatively affect the child, as they may mentally replay the traumatic experience. Therefore, the first step should be to create a safe and comfortable environment for the child. The researcher developed picture cards to stimulate children to tell their stories. The pictures on the cards are related to anxious behaviors, allowing children to share their feelings without pressure from the questions posed by counselors or parents. The researcher also created a guide for parents on how to use these picture cards, including materials about anxiety and strategy cards containing activities that can reduce anxiety.

The goals of the research for parents as users are: (1) to help parents understand their child's condition, (2) to increase their knowledge about anxiety, so that with the guidebook containing information about anxiety, parents can understand what their child is feeling and how to communicate to the child that anxiety is something that can be managed to prevent it from escalating, (3) to help parents reduce their child's anxiety using the picture card media, which can be used at home with flexible usage times. The goals of the research for children are: (1) to help children express their anxiety using picture cards, so that they feel they are telling their story through the pictures without feeling intimidated, (2) to increase children's knowledge about anxiety, helping them better understand their own condition, (3) to provide children with skills for activities they can do when they feel anxious.

The literature review included gathering various studies on media for children who are victims of sexual violence, the appropriate learning media, and research on reducing anxiety in children who have experienced sexual violence. The sources of books used as references in developing the educational media included criteria for learning appropriate for children's victims of sexual violence and literature on content relevant to the research. Based on the needs analysis results, it can be concluded that the current learning strategy is inadequate for children's victims of sexual violence in reducing anxiety, making the learning process ineffective. Therefore, there is a need for a suitable learning strategy to ensure that the learning process becomes appropriate and effective.

Design Results

Based on the issues identified during the needs analysis phase, the development of learning media was necessary to address these problems, aiming to improve the quality of achieving both the process and outcome goals. The result of the first draft development is a draft created from the needs analysis and literature review, which forms the foundation for the development of educational media to reduce anxiety in children who are victims of sexual violence. The learning media in this first draft were tested by experts, which then led to the creation of the second draft.

The initial draft of the learning media to reduce anxiety caused by sexual violence consists of a conceptual model design. This design was developed by reviewing the theoretical principles needed to create media for reducing anxiety due to sexual violence in children, collecting information to achieve the research objectives, and setting the target objectives. The initial draft was created before conducting the one-on-one testing with experts.

After the needs analysis results were obtained, the planning stage for developing the media in the initial draft began with the preparation of materials on reducing anxiety, sourced from various references that focused on reducing anxiety in child victims of violence. The content of the educational media was also developed based on the indicators of anxiety reduction from theoretical studies and concepts related to reducing anxiety in sexual violence victims. The physical form of the learning media is a learning module that serves as a guide for providing services at DP3AP2KB.

Learning Media Development Results

The learning media was developed through several stages as follows: 1) Creating the media script: The script was developed based on the needs identified in the field regarding the reduction of anxiety in young children who are victims of sexual violence. The initial draft script aims to help children control their thoughts and emotions to prevent them from being easily disturbed by negative situations, reduce their anxiety levels, and help them rebuild hope and self-confidence. 2) Creating picture cards: In the initial draft, picture cards were created as a model for reducing anxiety. The images designed in this draft represent anxiety-related feelings, tension, fear, sleep disturbances, sadness, somatic symptoms, and behaviors (attitudes) observed during interviews. 3) Creating the storyboard: The storyboard consists of a sequence of sketches arranged according to the script. With the storyboard, the ideas of the story can be conveyed easily. Both scripts for the initial draft included a storyboard before the animation images were created and colored. 4) Designing animations and composing content: Animated images were created to illustrate the reduction of anxiety. These images followed the sketches from the storyboard. The images were made to be as visually appealing as possible, using colors that matched the theme of the story. The results of the developed media, such as the picture cards, can be seen in Figure 1.



Figure 5. Card Media Development Results

Implementation and Evaluation

After the learning media were developed, the next step was to evaluate the developed product in order to revise the product, which is the “Cemasku” module. The stages of the evaluation include validation by expert teams in content, instructional design, and learning media. The stages of the module from draft 1 to the final product can be seen in the image below:

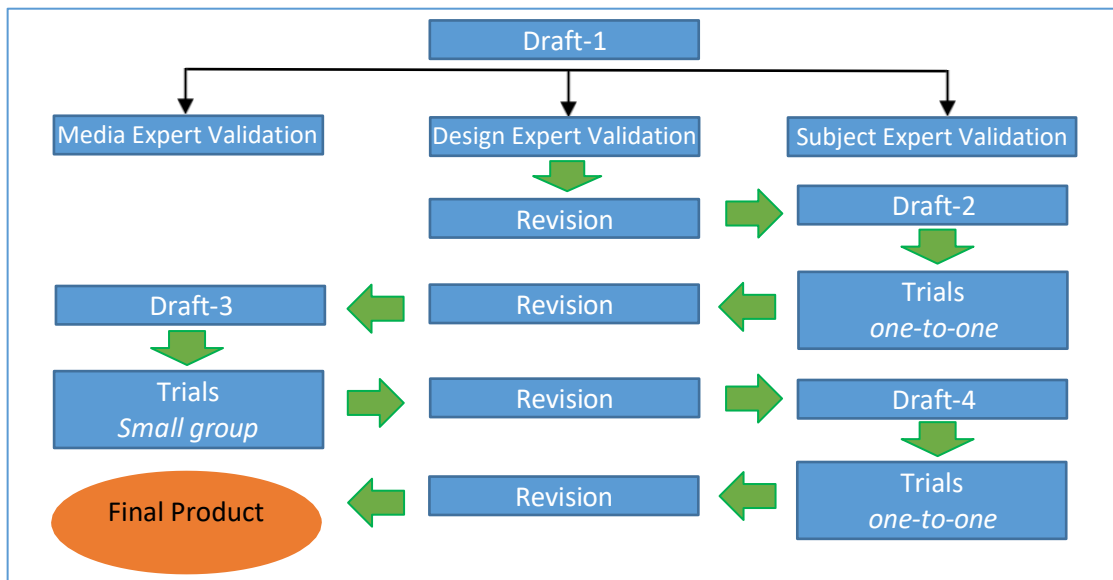


Figure 6. Final Product of Learning Media Development

The developed media consists of picture cards that help children express their anxiety through storytelling. The picture card media is divided into two groups: the first group consists of seven cards used to identify the child’s anxiety, and the second group consists of six cards containing strategies to reduce anxiety. The images on the picture cards are based on anxiety grids and anxiety theories. The anxiety material written in the guidebook also helps parents understand anxiety more deeply, with language that can be directly communicated to children, making it easier for parents to explain the material. The anxiety strategy cards are developed to teach activities that can help children reduce anxiety.



Figure 7. Story Cards

The guide and cards developed can be used by parents regardless of their education level. The key to successful intervention is parental motivation. The use of the picture cards was taught by psychologists working as lecturers in community service activities. Parents were taught how to fill

out a scale by observing their children's behavior, and if the behavior matched the statement, they could check the scale and calculate the total. Parents were also taught how to use the picture cards, which came with stories that could stimulate children to talk about their feelings. With simple guidance, parents were able to apply it to their children. The anxiety material also uses language that is easy to understand, as evidenced by feedback during trials, which focused more on technical aspects like unclear images, suggesting enlarging the pictures or making the text larger. However, there were no issues with the steps or material presented in the guide. According to parents, the guide was clear enough to be applied to their children.

These picture cards are designed for the characteristics of sexual abuse victims with educational backgrounds that may not understand anxiety and for all economic status groups. The role of parents is to accompany, not facilitate. All learning activities are conducted by counselors. In addition to the child receiving lessons, parents are also taught so they can help their children if needed, as the intervention time for the child is mostly spent with the parents. Despite having parents with lower economic and educational levels, such as domestic workers with children who are victims, the researchers found no significant difficulties, as they felt the guide was clear. This shows that the module can easily be learned by parents with better educational and economic levels to help reduce anxiety in children who are victims of violence. Based on findings in the field, sexual abuse in early childhood mostly occurs in children whose parents have low education and weak economic backgrounds.

The effectiveness of the picture card media can be seen from interviews conducted during the last session of the home visit. Parents felt supported by the guide provided to assist their children at home. Here are some excerpts from interviews with three parents:

Parent A: A's complaint about feeling chest pain, difficulty sleeping, and not wanting to play outside has been gradually addressed. I used to feel like my world was shattered when I found out my child was a victim of sexual abuse, but I had to be strong for my child. Thank God for P2TP2A, and with the help of Mrs. Desy and the team, I now know what I need to do for my child. I also understand my child's behavior when they are anxious and can help them without feeling confused because the picture cards and this guide helped me understand what anxiety looks like and what assistance I can give at home for my child.

Parent B: I see that B has started to act like their old self again, they've started accepting friends to come over to the house to play, and they've started joking around with their sibling. I see that they're starting to feel comfortable with themselves again. I'm very grateful that B has changed because the traumatic experience they went through shattered me as a parent. When they were sick, I felt even worse. However, Mrs. Desy and the team motivated us over the last two months, making us realize that we must keep moving forward for our family. Our child still has a long way to go, and we have to be stronger than B. Now, B doesn't lock themselves in the room and sleep a lot. Now, B is willing to talk to me and is starting to act like they did before. Although some behaviors remain, such as when they meet a man their age who resembles the perpetrator, B becomes very upset, especially if the guest is a stranger. They won't even shake hands. But I believe they will continue to improve in the future.

Parent C: Physical complaints like stomach pain have now healed. C is a very sensitive child. Back when they were in school, they were the one who cried the most, whether it was because of a missing pencil, being teased by friends, or anything else. They would always tell me. But when they experienced sexual abuse by our neighbor, I didn't understand why they didn't tell me maybe because they were afraid. They often said, "My stomach hurts, Mom," cried suddenly, didn't want to go to school or attend Quran classes. Their constant emotional ups and downs confused us until we were informed that our child was mistreated by the neighbor. Thankfully, their stomach pain has now healed. C always says, "I have to kick the monster out of my stomach that makes me sick." I'm happy to see C's improvement, as they no longer cry or get angry for no reason. Their emotions are

much more controlled, and I am grateful for that. Plus, the picture story cards and guide you gave me helped me handle C. My husband and I also learned from the material in the guide, and when we understood what anxiety is, we were able to stay calmer when C's heart and mind weren't in a good state.

The intervention using picture cards showed a decrease in children's anxiety levels after the mentoring process. Child A's anxiety score decreased from 27 to 17, indicating a reduction of 10 points. Child B's score decreased from 27 to 18, while Child C's anxiety score decreased from 25 to 15, also showing a reduction of 10 points. These findings indicate that the use of picture cards and anxiety reduction strategies contributed positively to reducing anxiety symptoms among children who experienced violence. In addition, emotional changes were observed during the mentoring process, including improved emotional control, reduced fear responses, and increased willingness to interact socially with parents and the surrounding environments.

With the decrease in anxiety experienced, the child's behavior will also change. The love and attention from parents while accompanying the child creates the emotional bond needed by the child, which includes: (1) The formation of a sense of safety, helping the child face their anxiety in social development. The sense of safety provided by the parents restores the child's self-confidence and trust in the environment. A child who initially did not trust anyone and was afraid to socialize, with the emotional bond formed, starts to believe that they are safe and protected by their parents. Trust in the environment becomes an important foundation for the child to develop their abilities and potential. (2) Supporting growth, a child with an emotional bond tends to grow faster and healthier when treated well by their parents. This is reflected in the absence of complaints from the child, such as stomach or chest pains, after two months of intervention by the family. (3) Becoming a good companion, a good relationship helps the child recover from the anxiety they have experienced. With reduced anxiety, the child will feel safe, happy, and healthy, which is the foundation for growing and developing optimally. This enables the goal of Early Childhood Education, which is to create healthy, intelligent, cheerful, and noble children, to be achieved in children who are victims of violence, particularly sexual abuse.

CONCLUSION

The development of image-based media to reduce anxiety in victims of sexual violence in Tangerang City showed positive results. The media helps victims express emotions and communicate their feelings more easily through simple illustrations. It also provides a safe and comfortable space that supports emotional recovery and gradually reduces anxiety. This approach is useful for victims who have difficulty expressing feelings verbally. The images help create calmness, increase self-confidence, and support the trauma healing process. The media was developed through collaboration between psychology and art education experts, making it suitable for victims from different ages and backgrounds. In addition, image-based media can help reduce social stigma because the recovery process is carried out with empathy and respect for victims' privacy. To ensure effectiveness, volunteers and counselors need proper training, and the media should be evaluated regularly to maintain its quality and relevance in supporting recovery.

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