



Perpetrators of Violence Against Elementary School-Aged Children in Families in The Koto Tengah Padang City, Indonesia

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ABSTRACT

Violence against children in the family that is perpetrated by those closest to and well-known to the child is an iceberg phenomenon. Violence experienced by children has physical and psychological impacts that will interfere with their growth and development. This study aims to find out who is the perpetrator of violence against elementary school-age children in the family. The descriptive research design was carried out in the city of Padang in October 2022 – December 2022. The research sample was 1000 elementary school-age children, taken using the simple random sampling. Using a standardized questionnaire from the Child Abuse Screening Tool Questionnaire (ICAST-C) to measure violence against children. Presentation of data using a frequency distribution. The results showed (95.10%) psychological violence, (94.60%) physical violence, (31.60%) social violence, and (22.10%) sexual violence. Most perpetrators were mothers (80%), fathers (61.3%), grandfathers (14.8%), brothers (15.4%), and uncles (13.1%). Conclusions: (95.10%) elementary school-age children have experienced violence in the family, where the perpetrators are mothers, fathers, grandfathers, brothers, and uncles. It is recommended that all prospective brides and grooms receive health education about the basic needs of child development and the role and function of the family in creating a prosperous family.

Kata kunci:

Kekerasan
Pelaku
jenis kekerasan
anak usia sekolah
keluarga

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ABSTRAK

Kekerasan terhadap anak dalam keluarga yang dilakukan oleh orang terdekat dan dikenal baik oleh anak, merupakan fenomena gunung es. Kekerasan yang dialami anak berdampak pada fisik dan psikis yang akan mengganggu pada pertumbuhan dan perkembangannya. Penelitian ini bertujuan untuk mengetahui siapakah pelaku kekerasan terhadap anak usia sekolah dasar dalam keluarga. Rancangan penelitian deskriptif dilaksanakan di Kota Padang pada bulan Oktober 2022 – Desember 2022. Sampel penelitian adalah 1000 anak usia sekolah dasar, diambil dengan menggunakan simple random sampling. Memakai kuesioner baku dari Child Abuse Screening Tool Questionnaire (ICAST-C) untuk mengukur kekerasan terhadap anak. Penyajian data menggunakan distribusi frekuensi. Hasil penelitian menunjukkan (95,10%) anak telah mendapatkan kekerasan psikis, (94,60%) kekerasan fisik, (31,60%) kekerasan sosial, dan (22,10%) kekerasan seksual. Pelaku terbanyak adalah ibu (80%), ayah (61,3%), kakek (14,8%), saudara laki-laki (15,4%), dan paman (13,1%). Kesimpulan: (95,10%) anak usia sekolah dasar pernah mengalami kekerasan dalam keluarga, dimana pelakunya adalah ibu, bapak, kakek, kakak, dan paman. Disarankan agar seluruh calon pengantin mendapatkan pendidikan kesehatan tentang kebutuhan dasar tumbuh kembang anak serta peran dan fungsi keluarga dalam mewujudkan keluarga sejahtera.

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INTRODUCTION

Violence against children has a serious and detrimental impact on children physically, emotionally and psychologically. Physical violence against children can cause serious injuries, such as cuts, bruises, broken bones, or internal injuries. This can have a negative impact on the short and long term health of the child, even threatening the child's life (Liu et al., 2021). This has an impact on growth and development in children. Interfere with the child's development. Therefore, violence against children does not only have physical and psychological impacts, but also has an impact on the financial burden on families and even the environment and the country (Van der Kolk, 2022).

Children who experience violence often show aggressive behavior, are destructive, or withdraw from social relationships. They may have difficulty establishing healthy relationships with others and have difficulty interacting socially (Bremner, 2022). Therefore, children who are victims of violence have a higher risk of becoming perpetrators of violence in the future. They may internalize violence as a way of dealing with conflict and use violence as a form of communication and problem solving. Violence against children can have long-term effects that include mental and physical health problems that continue into adulthood. Children who experience violence are also at higher risk of developing addictive disorders, risky behaviors, and complex life problems in adulthood (Devakumar et al., 2021).

The issue of violence against children in the social sphere in the context of families in Indonesia is like an iceberg phenomenon. The exact number has not been properly reported at any rate, violence is a problem in all countries around the world. Globally, it is estimated that up to 1 billion children aged 2-17 years experienced physical, sexual, and emotional violence in the past year (Ainamani et al., 2021) (Neherta & Nurdin, 2021). Most of the violence against children in the family is perpetrated by their parents (Garnefski & Diekstra, 1997). Likewise, in Indonesia, violence against children in families has continued to increase in the last three years. In 2019 there were 11,057 people; in 2020, it grew to 11,278 people; in 2021, it rose again to 12,556 people (Devakumar et al., 2021) (Corner, n.d.).

Impaired physical and mental development. Violence can hinder normal children's growth and development, including language, cognitive, motor, and social-emotional development. So that violence against children can cause prolonged psychological trauma. Children who experience violence often experience fear, anxiety, and depression. They are also at risk of developing post-traumatic stress disorder (PTSD), anxiety disorders, and mood disorders. Violence can limit children's self-esteem and make them feel worthless. Children who are often exploited, harassed, or humiliated will experience a decrease in self-confidence and have a negative view of themselves. Padang is one of the cities in Indonesia where 76% of the population is native to the Minangkabau tribe, famous for its close family kinship. Even though it looks calm and comfortable, this area also has cases of violence against children in families. According to data from one of the Community Social Institutions, cases of violence against children in Padang have increased significantly every year. In 2020, there were 94 cases of violence, of which 32 cases were victims of family violence. Then, in 2021 it increased again to 104 cases, of which 47 were family violence victims (*FAMILIES-FINAL-PDF-March-2022-1.Pdf*, n.d.). Ironically, the family that was expected to be a shelter for children has now become the main basis of threats for the children.

Given the importance of this problem, it is necessary to conduct research to find out the more representative number of victims, perpetrators, types, and forms of violence experienced by children in Padang. This research needs to be carried out in order to plan preventive actions that can be taken so that violence against children can be reduced, or eliminated. Therefore, this study aims to describe the types, forms, and perpetrators of violence against children in Padang, Indonesia.

METHODS

This research design is descriptive of a population of elementary school-age children in Padang City. The number of samples is 1000 people, taken by simple random sampling method.

Inclusion criteria:

- Ages 9-12 (grades 3,4,5,6)
- Lives in Padang City
- Able to communicate well
- Physically and mentally healthy

Exclusion criteria:

Participants were absent at the time the research was conducted.

Instrument:

The instrument in this study used 2 kinds of questionnaires.

Questionnaire 1 regarding participant demographic data, including:

- Participant data: age, gender, number of relatives, number of households
- Data of participant's parents (father and mother): Age and occupation of parents.

Questionnaire 2: contains 29 questions explaining forms of violence perpetrated by parents consisting of 10 questions for physical violence, 6 questions for psychological violence, 8 questions for sexual violence, and 5 questions for social violence. Questionnaire 2 is an extension of the Standard Questionnaire from the Child Abuse Screening Tool (ICAST-C) developed by Adam J. Zolotor et al (Zolotor et al., 2009). Assessment of the answers to the questionnaire: getting an act of violence is given a score of 1, and not committing an act of violence is given a score of 0.

Data Collection

The data taken has received permission from:

- Department of Education and Culture of Padang City, as well as the school
- Willingness of participants to provide informed consent that has been approved by their parents and teachers
- Data collection was assisted by enumerators from elementary school teachers who had previously received training from researchers.

Filling out the questionnaire was guided by the enumerator.

- Questionnaire 1 is: Respondents fill in the population data provided in the questionnaire without filling in the names of the participants. Then proceed with filling out the 2nd questionnaire
- Questionnaire 2: filled in by giving a check mark according to the experience that has been obtained by the respondent

After all the respondents filled out all the data, the questionnaires were collected, and the researchers thanked them for all the cooperation that the respondents and enumerators had given.

Health Research Ethics Clearance:

This research has passed an ethical test from the Health Research Ethics Commission with number: LB.02.02/5.7/486/2022. Data analysis; Data were analyzed with SPSS, and displayed with a frequency distribution table. Study time lasts for 4 months, from September 2022-December 2022

RESULTS AND DISCUSSION

The study was attended by 1100 participants, but after checking the completeness of the data, only those provided by 1000 participants meet the minimum information required for this study, and 200 data were discarded because they were incomplete. The characteristics of the respondents who participated in this study were: male 52.4% and female (47.6%) Minangkabau ethnicity (76%). Most of the father's education is high school (55%), as is the case with mother's

education, which is mostly high school (60%). Then, 46.1% of fathers work and 70% of mothers unemployed.

From the results of the study, it was found that 95.1% of children had experienced violence in the family, namely: physical violence by 94.60%, psychological violence by 95.10%, sexual violence by 22.10%, and social violence by 31.60%. Perpetrators of violence: mother (80%), father 61.3%, grandfather 14.8%, brother 35.4%, uncle 13.1%. The following is a detailed description of the types, perpetrators, and forms of each type of violence experienced by elementary school-age children.

Table 1 it is known that mothers are the highest perpetrators of physical violence in the family (70.2%) obtained by children aged (6-12 years) in Koto Tangah District, Padang City in 2022. Likewise with psychological violence, mothers, fathers and brothers are the highest perpetrators of psychological violence against children in the family, as shown in the following table 2.

Table 2 it is known that mothers, are the highest perpetrators of psychological violence (80%) in the family obtained by children aged (6-12 years) in Koto Tangah District, Padang City in 2022. Here are the types of sexual abuse that have been obtained by children. From table 3, it is known that fathers committed the highest number of perpetrators of sexual violence. From table 4, it turns out that mothers are the highest perpetrators of social violence.

Table 1: Frequency Distribution of Physical Violence

Physical Abuse	Perpetrators									
	Mother		Father		Grand-father		Brother		Uncle	
	f	%	f	%	f	%	f	%	f	%
Pinched	702	70,2	242	24,2	49	4,9	320	32	48	4,8
Beaten	357	35,7	259	25,9	43	4,3	204	20,4	32	3,2
Tried	326	32,6	226	22,6	16	1,6	121	12,1	23	2,3
Grabbed	93	9,3	33	3,3	18	1,8	102	10,2	9	0,9
Withdrawn	134	13,4	88	8,8	19	1,9	117	11,7	20	2
Kicked	70	7	54	5,4	15	1,5	103	10,3	14	1,4
Caged	206	20,6	98	9,8	7	0,7	54	5,4	11	1,1
Slapped	131	13,1	82	8,2	23	2,3	44	4,4	23	2,3
Stepped On	27	2,7	19	1,9	8	0,8	35	3,5	9	0,9
Burned With Cigarettes	28	2,8	36	3,6	8	0,8	14	1,4	7	0,7

Table 2: Frequency Distribution of Psychological Violence

Psychological Abuse	Perpetrators									
	Mother		Father		Grand-Father		Brother		Uncle	
	F	%	F	%	F	%	F	%	F	%
Scolded	800	80	613	61,3	148	14,8	354	35,4	131	13,1
Compared To	320	32	120	12	15	1,5	91	9,1	22	2,2
Snapped	268	26,8	186	18,6	28	2,8	116	11,6	35	3,5
Glared At	124	12,4	86	8,6	14	1,4	73	7,3	26	2,6
Humiliated	68	6,8	33	3,3	8	0,8	66	6,6	22	2,2
Threatened	128	12,8	68	6,8	5	0,5	78	7,8	24	2,4

Table 3: Frequency Distribution of Sexual Violence

Sexual Abuse	Perpetrators									
	Mother		Father		Grand-Father		Brother		Uncle	
	F	%	F	%	F	%	F	%	F	%
Touched Genitals	0	0	27	2,7	4	0,4	9	0,9	7	0,7
Told To Touch The Genitals	0	0	4	0,4	2	0,2	8	0,8	5	0,5
Touched Chest	0	0	29	2,9	10	1	15	1,5	4	0,4
Insert Something Into The Genitals	0	1	2	0,2	0	0	1	0,1	5	0,5
Ordered To Pose Porn	0	1	4	0,4	4	0,4	2	0,2	0	0
Watch Videos Of Naked People	0	0	3	0,3	1	0,1	0	0	4	0,4
Peeked/Watched While In The Bathroom	0	0	6	0,6	2	0,2	6	0,6	3	0,3
Shown Nude Videos/Photos	0	0	1	0,1	0	0	1	0,1	2	0,2

Table 4: Frequency Distribution of Social Violence

Social abuse	Perpetrators									
	Mother		Father		Grand-father		Brother		Uncle	
	f	%	f	%	f	%	f	%	f	%
eat less	26	2,6	10	1	6	0,6	11	1,1	6	0,6
dirty clothes	10	1	1	0,1	3	0,3	3	0,3	1	0,1
not given medicine when sick	25	2,5	14	1,4	4	0,4	9	0,9	10	1
often left alone	254	25,4	192	19,2	37	3,7	99	9,9	29	2,9
Less school tools	53	5,3	34	3,4	9	0,9	10	1	10	1
asked to find money	16	1,6	15	1,5	2	0,2	8	0,8	2	0,2

DISCUSSION

From the research results, it turns out that 95.1% of children have experienced violence in the family, namely: 94.60% physical violence, 95.10% psychological violence, 22.10% sexual violence, and 31.60% social violence. This situation is very concerning, especially since there are children who receive two, three, or even four types of violence from the person they are entrusted with (Herrenkohl et al., 2022). The family environment in child development is very important for shaping children's ethical, moral and ethical behavior and building children's trust in others and themselves (Neill & Read, 2022): Violence in the family will reduce the child's comfort and sense of security, which of course will interfere with the child's social, emotional and cognitive development (Nobels et al., 2021):

Impaired physical and mental development. Violence can hinder normal children's growth and development, including language, cognitive, motor, and social-emotional development. So that violence against children can cause prolonged psychological trauma (Corner, n.d.). Children who experience violence often experience fear, anxiety, and depression. They are also at risk of developing post-traumatic stress disorder (PTSD), anxiety disorders, and mood disorders. Violence can limit children's self-esteem and make them feel worthless. Children who are often exploited, harassed, or humiliated will experience a decrease in self-confidence and have a negative view of themselves (Walker-Descartes et al., 2021).

Most of the perpetrators of violence in the family are carried out by mothers who teach their children to trust and be trusted by others, and who supposed to make children confident and feel safe emotionally. The role of the mother in the family includes teaching responsibility, instilling an attitude of hard work, strengthening household harmony, and providing space for children to develop (Corner, n.d.): If the mother commits violence against the child, the impact will be very detrimental, both physically and psychologically (*Strategy for the Rights of the Child (2022-2027)-FINAL_ENG.Pdf*, n.d.). It also affects the weakening of the emotional connection between mother and child. Children who are in weak emotional bonds or feel insecure in family dynamics tend to have higher cortisol levels (Hannan et al., 2021) (Neherta et al., 2015): As a result, they are more at risk of developing degenerative diseases in adulthood (Garnefski & Diekstra, 1997).

An increase in the hormone cortisol can have several effects that can affect the health and balance of a person's body. Some of the consequences of an increase in the hormone cortisol are (Grant & Meyer, 2021). Cortisol is often referred to as the "stress hormone" because its production increases during periods of stress. Increased cortisol can trigger the body's stress response, which can lead to physical and emotional symptoms such as fatigue, muscle tension,

sleep disturbances, increased heart rate, and changes in appetite (Steiger et al., 2001) (Iob et al., 2021a).

High cortisol levels can disrupt a person's sleep patterns. Increased cortisol at night can cause difficulty sleeping, insomnia, or waking up in the middle of the night. Long-term elevated cortisol can lower the immune system, increasing the risk of infection and slowing down the healing process. Cortisol can affect mood and mental well-being. An increase in the hormone cortisol can be associated with an increase in symptoms of depression, anxiety, and feeling excessively tired (Iob et al., 2021b) (Iob et al., 2021a).

Long-term high cortisol levels can affect cognitive functions, such as attention, concentration, and memory abilities. An increase in the hormone cortisol is linked to cognitive impairments such as difficulty processing information and impaired memory. Long-term elevated cortisol can contribute to a variety of health problems, including increased blood pressure, increased risk of heart disease, metabolic disorders, weight gain, and decreased muscle mass (Steiger et al., 2001) (Grant & Meyer, 2021).

Children who are victims of violence often experience an increase in the hormone cortisol in their bodies. The hormone cortisol is the body's natural physiological response to stress and threats. In cases of violence, children experience frightening and traumatic situations, which can trigger a stress response and increase the production of the hormone cortisol (Steiger et al., 2001).

An increase in the hormone cortisol in child victims of violence can have several negative impacts, including. Psychological impact: Long-term high cortisol can affect a child's emotional well-being. Child victims of violence may experience symptoms of anxiety, depression, difficulty sleeping, eating disorders, and difficulties in social relationships. Mental health disorders An increase in the hormone cortisol in the long term can increase the risk that children will experience mental health disorders such as post-traumatic stress disorder (PTSD), anxiety disorders, and depression (Neherta & Nurdin, 2021) (Rausch et al., 2021).

High cortisol can affect the process of growth and development of children. This can affect the child's immune system, nervous system, and cognitive function. behavior: aggressive Increased cortisol can contribute to aggressive behavior and irritability in children who are victims of violence. Children may have difficulty regulating their emotions and exhibit aggressive behavior as a coping mechanism for the traumatic experiences they have experienced (Elzinga et al., 2003) (Neherta et al., 2017) (Iob et al., 2021b). Chronic stress and high cortisol levels can contribute to the development of cardiovascular disease in adulthood, including heart disease. In addition, children who experience violence often experience negative impacts on their diet and physical activity. This situation makes children develop unhealthy eating habits or problems with weight. These factors can also contribute to non-communicable

diseases such as heart disease, diabetes mellitus in adulthood (Jakubowski et al., 2021).

It is important to provide support and protection to child victims of violence. Involving mental health professionals, such as psychologists or counselors, can help children deal with the psychological impact and recover from experiences of violence. In addition, a holistic approach that includes physical, emotional, and social care is also needed to support the child's overall recovery.

LIMITATION OF THE STUDY

The limitations of this study are that the sample used is still lacking, it is suggested that in future research it is necessary to add a larger number of samples so that the results obtained are better and can be used for family violence prevention programs.

CONCLUSIONS AND SUGGESTIONS

Conclusion: 95.1% of children have experienced violence in the family, namely: physical violence 94.60%, psychological violence 95.10%, sexual violence 22.10%, and social violence 31.60%. Perpetrators of violence: mother (80%), father 61.3%, grandfather 14.8%, brother 35.4%, and uncle 13.1%. It is recommended that all prospective bride and groom receive health education about the basic needs of child growth and development as well as increasing the role and function of the family. Conflict of interest: There is no conflict of interest in this study.

ETHICAL CONSIDERATIONS

This research has passed the ethical test of health research at the Central General Hospital of Doctor M Djamil Padang with number: LB.02.02/5.7/486/2022

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Conflicts of Interest: **None.**

REFERENCES

Bremner, J. D. (2022). Traumatic stress: Effects on the brain. *Dialogues in Clinical Neuroscience*.
Corner, C. (n.d.). © UNICEF/NYHQ/UN010067/NESBITT. 10.

- Devakumar, D., Palfreyman, A., Uthayakumar-Cumarasamy, A., Ullah, N., Ranasinghe, C., Minckas, N., Nadkarni, A., Oram, S., Osrin, D., & Mannell, J. (2021). Mental health of women and children experiencing family violence in conflict settings: A mixed methods systematic review. *Conflict and Health*, 15(1), 74. <https://doi.org/10.1186/s13031-021-00410-4>
- Elzinga, B. M., Schmahl, C. G., Vermetten, E., van Dyck, R., & Bremner, J. D. (2003). Higher cortisol levels following exposure to traumatic reminders in abuse-related PTSD. *Neuropsychopharmacology*, 28(9), 1656–1665. *FAMILIES-FINAL-PDF-March-2022-1.pdf*. (n.d.).
- Garnefski, N., & Diekstra, R. F. (1997). Child sexual abuse and emotional and behavioral problems in adolescence: Gender differences. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(3), 323–329.
- Grant, B., & Meyer, D. (2021). Childhood Adversity and Hair Cortisol Concentration: A Systematic Review. *Psychoneuroendocrinology*, 131, 105536.
- Hannan, S. M., Zimmick, J., & Park, C. (2021). Consequences of sexual violence among college students: Investigating the role of PTSD symptoms, rumination, and institutional betrayal. *Journal of Aggression, Maltreatment & Trauma*, 30(5), 586–604.
- Herrenkohl, T. I., Fedina, L., Roberto, K. A., Raquet, K. L., Hu, R. X., Rousson, A. N., & Mason, W. A. (2022). Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course. *Trauma, Violence, & Abuse*, 23(1), 314–328.
- Iob, E., Baldwin, J. R., Plomin, R., & Steptoe, A. (2021a). Adverse childhood experiences, daytime salivary cortisol, and depressive symptoms in early adulthood: A longitudinal genetically informed twin study. *Translational Psychiatry*, 11(1), 420.
- Iob, E., Baldwin, J. R., Plomin, R., & Steptoe, A. (2021b). Adverse childhood experiences, daytime salivary cortisol, and depressive symptoms in early adulthood: A longitudinal genetically informed twin study. *Translational Psychiatry*, 11(1), 420.
- Jakubowski, K. P., Murray, V., Stokes, N., & Thurston, R. C. (2021). Sexual violence and cardiovascular disease risk: A systematic review and meta-analysis. *Maturitas*, 153, 48–60.
- Liu, K., Yang, X., & Xin, M. (2021). Impact of violent experiences and social support on R-NSSI behavior among middle school students in China. *International Journal of Environmental Research and Public Health*, 18(7), 3347.
- Neherta, M., Machmud, R., & Damayanti, R. (2015). Development and Testing of intervention model for child sexual abuse prevention on primary school children in Padang City, 2014. *Indian Journal of Community Health*, 27(4), 472–477.
- Neherta, M., Machmud, R., & Damayanti, R. (2017). The difference in intervention of sexual abuse prevention by two variance professions on primary school children in Padang. *Indian Journal of Community Health*, 29(1), 118–122.
- Neherta, M., & Nurdin, Y. (2021). Primary Prevention of Neglect in Children through Health Education for Adolescent Girls in West Sumatra, Indonesia. *Open Access Macedonian Journal of Medical Sciences*, 9(T4), 359–363.
- Neill, C., & Read, J. (2022). Adequacy of inquiry about, documentation of, and treatment of trauma and adversities: A study of mental health professionals in England. *Community Mental Health Journal*, 58(6), 1076–1087.

- Nobels, A., Cismaru-Inescu, A., Nisen, L., Hahaut, B., Beaulieu, M., Lemmens, G., Adam, S., Schapansky, E., Vandeviver, C., & Keygnaert, I. (2021). Sexual violence in older adults: A Belgian prevalence study. *BMC Geriatrics*, *21*, 1–10.
- Rausch, J., Flach, E., Panizza, A., Brunner, R., Herpertz, S. C., Kaess, M., & Bertsch, K. (2021). Associations between age and cortisol awakening response in patients with borderline personality disorder. *Journal of Neural Transmission*, *128*(9), 1425–1432.
- Steiger, H., Gauvin, L., Israël, M., Koerner, N., Kin, N. N. Y., Paris, J., & Young, S. N. (2001). Association of serotonin and cortisol indices with childhood abuse in bulimia nervosa. *Archives of General Psychiatry*, *58*(9), 837–843.
- Strategy for the Rights of the Child (2022-2027)-FINAL_ENG.pdf* (n.d.).
- Van der Kolk, B. (2022). Posttraumatic stress disorder and the nature of trauma. *Dialogues in Clinical Neuroscience*.
- Walker-Descartes, I., Hopgood, G., Condado, L. V., & Legano, L. (2021). Sexual violence against children. *Pediatric Clinics*, *68*(2), 427–436.
- Zolotor, A. J., Runyan, D. K., Dunne, M. P., Jain, D., Péturs, H. R., Ramirez, C., Volkova, E., Deb, S., Lidchi, V., & Muhammad, T. (2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multinational pilot testing. *Child Abuse & Neglect*, *33*(11), 833–841.