

## Psychoeducation of Healthy Dating to Reduce the Risk of Sexual Violence in Female Street Children

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### Abstract

This study was conducted to determine whether psychoeducation of healthy dating can reduce the risk of sexual violence in female adolescents of street children community. Subjects in this study were 8 adolescents of street children community of City North Square of Yogyakarta. The study used *one group pretest-posttest design* and *follow up*. The results of Wilcoxon test showed that there is no significant difference between the scores of sexual violence before psychoeducational healthy dating (*pretest*) and after (*post-test*) with the Z number of -1.420 and p value of 0.156 ( $p > 0.05$ ), and the decrease of the mean score was 4.44. Likewise, there was no difference between the scores of sexual assault after courting healthy psychoeducation (*posttest*) and during *follow-up* with the Z number of -1.612 and  $p = 0.107$  ( $p > 0.05$ ) and the decrease of the mean score was 4. However, there were significant differences between the scores of sexual violence before (*pretest*) and *follow-up* with  $z = -2.103$  and  $p = 0.035$  ( $p < 0.05$ ), and the decrease of the mean score was 8.44 which indicated that the application of a psychoeducational healthy dating could reduce the risk of sexual violence of girls in street children community, but it needed 1 month to be applied in the form of healthy dating behavior.

**Keywords:** *psychoeducation of healthy dating, sexual violence, street children.*

### INTRODUCTION

An individual cannot be separated from interaction with other people, because humans are essentially social beings. Harmonious society or community becomes an expectation of each individual. Desires of harmony, togetherness, closeness and warm relationship are shared by adolescents who begin to feel an interest with boys or girls of opposite sex. The need to affiliate with their opposite sex increases which is later known as 'dating'.

The adolescents coming from street children community usually grow up surrounded by fluctuation and conflict. According to Santrock (2007), adolescence refers to the transitional period between the development of childhood to adulthood which involves changes in biological, cognitive, and socio-emotional. The period of transition from childhood into adulthood is an

essential point of personal life which could not be passed easily by all adolescents.

In street children free relationship, female is susceptible to sexual violence, not only sexual abuse committed by a stranger, but also the one committed by the boyfriend, which is often called "dating violence". Female street children are vulnerable to violence and discrimination wherever they are, both in domestic and public area (Sitorus, 2007).

Sexual violence happened to street children belongs to coercive sexual desire for the sake of sexual impingement. In addition, rape, another form of violence, is also included as the behavior of damaging female reproductive organs and harassment (groping breast, rubbing genitals) and commercial sexual exploitation as well (Triono, 2007). The high levels of sexual violence, especially sexual abuses, were found among street

adolescents who run away from homes (Rew et al., 2006).

Today, the number of the adolescents in Indonesia is over 44 millions. Unfortunately, these adolescents do not have enough knowledge about reproductive health. Here are the facts and data of adolescents' reproductive health knowledge gathered from various sources.

**Table 1**  
**Facts and Data of Adolescent Reproduction Health**

Case	Data	Sources
Indonesian adolescents who have knowledge about adolescent reproductive health.	46.1% male and 43.1% female	PKBI of 2002-2003
Indonesian adolescents who have sex before marriage	15% of teens	PKBI Center of 2002-2003
Abortion cases of Indonesian adolescents.	700,000 or 30% of abortions per year	Health Department of the Republic Indonesian of 2008
Adolescents giving birth in Indonesia.	10% of teens	SKRRI of 2002-2003
Adolescents infected by HIV/AIDS in the world	every 14 minutes there is one infected adolescent	UNFPA 2008

The documentation results of National Commission for Women since 1998 to 2010 showed that nearly one third of violence cases against women was the case of sexual violence, or

there were 91,311 cases of sexual assault of total 295,836 violence against women cases (*Komnas Perempuan*, 2010). Dating violence cases are increasing every year and have a negative impact and could have long consequences on adolescents' life.

According to National Commission for Women (2010), sexual violence against women is defined as: a human right violation that is caused by gender-based discrimination; sexual acts, or attempts to obtain sexual act, sexual or targeting speech, or actions for trade or actions that target personal sexuality conducted by coercion, intimidation, threats, detention, psychological pressure or abuse of power, or by taking advantage of environmental coercive, or upon a personal incapability of giving true consent; act of a sexual nature that is not limited to physical attacks on personal body and may include the acts which do not involve penetration or physical contact.

The impacts of sexual violence on children are stress, PTSD (*post-traumatic stress disorder*), aggressive, becoming perpetrators of violence, not confident, fearful, and unusual sexual behavior of their age. Sexual violence can bring both short-term and long-term impact for the victim. In children, there is a possibility of having disorder which is not visibly observed until there are triggers to display their emotions, such as when they become adolescence and begin to get closed with the opposite sex, or when they will get married. In addition, children that become the victim of sexual violence could be actually perpetrators of sexual violence against other children (Jongsma, 1996).

Efforts to prevent sexual violence among adolescents can be performed by giving the Adolescent Reproductive Health Education (PKRR: *Pendidikan Kesehatan Reproduksi Remaja*) which aims to fulfill the reproductive rights for adolescents in terms of promotion, prevention, and treatment of sexual and reproductive health. (PPKUI, 2009). There are many factors causing violence in dating, one of them is the existence of gender inequalities. Due to that reason, the understanding of gender equality needs to be well understood by teenagers. One of

the obstacles to handle violence cases is because of the minimum disclosure of sexual violence where women are victims. This is in line with a research conducted by Suryani (2010) which stated that gender has roles in the disclosure of children sexual abuse. Besides, there is a difference between male and female in relation to the disclosure of children sexual abuse. This statement says that females may give less support than males towards the disclosure of children sexual abuse.

Assertive behavior can equip teenagers to establish a positive dating relationship, so that violence can be avoided (Rosipia and Carla, 2009). Assertive can be defined as the ability to express themselves with a sincere, honest, clear, firm, open, polite, and spontaneous way about something, and right of desires, thoughts, feelings and emotions experienced, whether it is considered unpleasant or disturbing without harming, injuring, offending, or threatening the rights, comfort, and feelings of others (Sunardi, 2010).

Assertiveness becomes essential in the context of domestic violence. Several studies of O'Leary, Curley, Rosenbaum, and Clarke (in Duckworth and Victoria, 2010) showed that women had potential to be the victims of the risk of violence because of assertive behavior especially in the context of ongoing domestic violence. On the other hand, according to Duckworth and Victoria (2010) assertive training is effective to influence the process of decision making done by women in order to leave a violent relationships and appeared later to better empower women and reduce the vulnerability of women to sexual violence risks.

In terms of efforts to prevent sexual violence and to get adolescents to be able to leave the risk of dating relationship, there is one way worth trial i.e. healthy dating. Healthy dating can be described as during performing a dating relationship, teens have to avoid physical, psychological, and sexual violence. This study

applies a form of psychoeducational intervention. According to Supratiknya (2011), psychoeducation can be defined as the efforts to provide assistance to groups of clients in order to master a variety of life skills through a variety of structured programs that are conducted based on groups.

To prevent sexual violence, it could be performed through psychoeducation which combines several components of cognitive and affective skills including education of reproductive health for adolescent. Meanwhile, the understanding of gender equality is meant to avoid inaccuracies in dating relationships, so that one of the injured parties could apply assertive skills. This study combined training on assertiveness, reproductive health education, expressing emotion skill, and knowledge of gender equality. These all were packed in psychoeducation on healthy dating to reduce the risk of sexual violence among females of street children community.

The proposed hypothesis of this study was the existence of psychoeducation in healthy dating to reduce the risk of sexual violence towards female adolescent of street children community.

## METHOD

This study used an *action research* approach, a method jointly developed between researchers and decision-makers especially of the variables that could be manipulated and be used immediately to make policy and development. The researchers and decision makers defined the problem together, made a design and implemented the programs (Nazir in Kushartati, 2004).

Subjects of the study were street children in street children community in Yogyakarta City North Square. Criteria for the subjects were adolescents of 13-17 years old, female, street

children, and being in the process of dating relationship.

The treatment was psychoeducation of healthy dating. The treatment referred to the principle of prevention and promotion based on Dalton's (2000) which was widely used in the discipline of *public health* in the psychology of community. The psychoeducation of healthy dating as a secondary prevention conducted towards females in street children community acted as an early help when the early symptoms of violence in dating emerged.

The experimental design was pre-experimental design (one-group pretest-posttest) with one month follow-up (Cook and Campbell in Fraser et al., 2000). The pretest was conducted prior to the given treatment, and the posttest was performed a week after conducting the last meeting of treatment. In addition, it was also conducted a *follow-up* one which was done 3 weeks after the post test.

O1 X O2 .... Ofu
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Note:

- O1 : measurement before treatment (*pretest*)
- O2 : measurement after treatment (*posttest*)
- Ofu : advanced measurement (*follow-up*)
- X : treatment/intervention

## IMPLEMENTATION

### 1. Scale Arrangement

The research measurement used was the scale of sexual violence in dating. The scale was based on the operational definition of sexual assault by National Commission for Women (2010), adapted to the conditions of courting relationships including: rape, sexual harassment that referred to the actions of sexual motives through physical and

non-physical contact on the body of personal sex or sexuality, sexual exploitation, intimidation/assault of sexual motives, and sexual control.

The scale used four alternative options of response: *Never, Rarely, Sometimes, Often*. The validity of the measurement tool used was content validity indicating that the test items have covered all content areas of the object that would be measured. Tests on the contents were done by professional judgment where the assessment was conducted by competent experts in their fields.

The reliability of scale was tested by validity using SPSS 16.0 for Windows. The technic of correlation coefficient used was *Alpha Cronbach* coefficient. The test was conducted in four rounds of all valid items, so that it could be obtained that the coefficient of reliability scale is 0.931 with the lowest Rit of 0.520 at numeric item of 12, and the highest Rit of 0.907 in numeric item number 9.

### 2. Arranging Psychoeducation Module of Healthy Dating

Creating or compiling psychoeducation module of healthy dating based on preliminary studies had been conducted based on the purpose of the research. The module made by the researchers was then applied by professional judgment.

### 3. Selection of Facilitator and Co-facilitator

Selecting facilitator and co-facilitator in the psychoeducation of healthy dating was done by the researchers. The facilitator and co-facilitator had to meet the minimal qualification of scholar degree (S1) majoring in social sciences, have had the experience of being facilitator and or co-facilitator of training, understood the characteristics of street children, and were close to street children. The selected co-facilitator was one of the staffs of YLPS Humana recommended by the Director.

#### **4. Coordination and Simulation Modules**

Coordination and simulation modules were conducted by the facilitator, co-facilitators, observer, and technical personnel based on psychoeducation module of healthy dating that has been prepared prior to the application of the program. In the simulation module, there were some entries adjusted by the researchers such as language replacement which was considered difficult to understand by children and the replacement of the film footage of the material which expressed some emotions in order that the affective components could be easily perceived by the participants.

#### **5. Proposing Letter of Permission for the Research**

Letter of Permission for the research had to be given to the Director of YLPS Humana. The agreement between two parties had to be conducted by considering the time needed by the researchers for treatment preparation.

#### **6. Materials or Tools Preparation**

The used tools or materials were: informed consent, guideline of observations and interviews, module of training of assertiveness in dating, room or place for training, audio-visual equipment, stationery, and meeting worksheets such as evaluation sheets, observation sheets, and worksheets of participation of the meeting.

#### **7. Researchers conducting the selection of participants**

The researchers did the research subject selection to meet to the criteria. Then, they were asked to learn the intervention procedures, to give consent form in participating in 'Psychoeducation of Healthy Dating'.

#### **8. Measurement**

The researchers did the measurement using the scale of sexual violence three times: before the treatment (*pretest*), after the treatment (*posttest*) exactly one week after, and advance measurement (*follow-up*) after 3 weeks of the treatment. The measurement was also completed by short interview and observation to support the data.

#### **9. Barriers Anticipation**

The researchers tried to minimize some barriers such as avoiding subject mortality, and the conducting the psychoeducation of healthy dating in two days. The psychoeducation of healthy dating was done in a villa located in Kaliurang which was quite far from the city. This is done because it was expected that the participants could focus more on subject and had no time to do their usual work as street singer (*pengamen*). The psychoeducation training used some large rooms in order that the participants could move more freely and get different atmosphere during the training sessions.

The participants, mostly had no formal education, were hard to pursue the lecture of the psychoeducation training continuously. Therefore, the implementation of psychoeducation was designed using games, pictures, video clips, feature films, and *role-play* in order that the participants did not get bored while listening to the given material.

#### **10. Action Implementation**

The research was conducted under the license of YLPS Humana Yogyakarta. From the preparation until the end of study, the researchers had coordinated with the *Outreach Team* appointed by Director of YLPS Humana to help during the research process.

After the licensing process was complete, the researchers immediately did *home visit* and *street visit* to invite the participants. As the result, it was gotten 8 of 11 planned participants who had willingness to pursue psychoeducation of healthy dating. The eight participants and their parents, then, filled out the consent form and scale of sexual violence as *pretest*.

The treatment of psychoeducation of healthy dating intervention was conducted in two days, seven sessions with the following details:

1. Session 1 : Introduction to Healthy Dating
2. Session 2 : Reproductive Health
3. Session 3 : Gender and Violence in Dating
4. Session 4 : Expressing Emotions
5. Session 5 : Know Personal and Other People Rights
6. Session 6 : Differences of Being Passive, Assertive, and Aggressive
7. Session 7 : Developing Assertiveness

## RESULTS

The description of the research subjects was presented in the following table:

Table 2  
Description of Research Subjects

Subjects	Age (years old)	Dating Length (months)	Age of First Dating (years old)	Frequency of Dating
Alv	16	9	12	15
D	16	14	14	3
Ik	14	3	12	10
Rns	17	9	14	19
Els	16	3	14	3
Kiki	15	7	14	10
Rtn	13	1	12	5
N	17	2	14	7

The description of the data of sexual violence variables of *pretest*, *posttest*, and *follow-up* was as follows:

Table 3  
Score of Violence Scale

Subject	Pretest	Posttest	Follow-up
1	21	20	22
2	19	18	15
3	37	33	33
4	49	51	44
5	26	24	19
6	31	30	25
7	29	30	31
8	49	35	34

By looking at the presented data, it can be seen that from eight subjects, not all of them showed a decrease in sexual violence viewed from the scores of *pretest*, *posttest*, and *follow-up*. Subjects who consistently decreased from *pretest*, *posttest*, and *follow-up* were subject 2, subject 3, subject 5, subject 6, and subject 8. Meanwhile subject 1, subject 4, and subject 7 were not consistent yet because they had slight increasing score and even tended to have the same category of score. The discussion of each subject would be explained in the section of qualitative analysis in this study.

Here is the description of the data shown seen from both hypothetic and empirical data.

Table 4  
Description of Sexual Violence Variable

Hypothetic Data				Empiric Data			
M	Max	Min	SD	M	Max	Min	SD
37.5	60	15	7.5	33	49	19	12

Based on the above description, it could be obtained the mean of empirical score of sexual

violence which was smaller than the average of hypothetical score (32.62 <37.5), meaning that the average of study subjects had experienced sexual violence in low category. It will be explained later at the table of categorization to identify the condition of sexual violence experienced by subject of research before pursuing the psychoeducation of healthy dating.

Anwar (2003) suggested that in order to know the score of research on the subject, whether it's considered high or low score, it could be performed by setting the criteria of categorization. This scale was categorized to determine the high and low scores obtained by the subject. Score scale can be categorized into three categories: high, medium, and low. Category and the distribution of scores could be seen in the following table:

Table 5  
Categorization Score Sexual Violence

Category	Frequency		
	Pre	Post	Follow-up
Low	4	3	4
Moderate	2	4	4
High	2	1	0

And here is the exposure of score average of sexual violence based on the *pretest*, *posttest*, and *follow-up*.

Table 6  
Average Score Sexual Violence

Measurement	Average Value
Pretest	32.62
Postest	30.13
Follow up	27.88

Based on the table, it could be seen the difference in the average score of sexual violence of the participants. In general, the scores of sexual violence showed a decrease in mean value, which

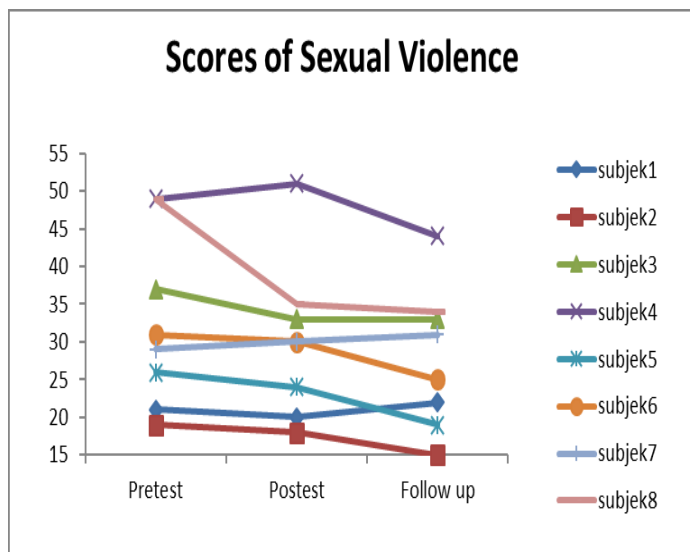
meant that there was decrease in sexual violence experienced by subjects viewed from the *pretest*, *posttest*, and *follow-up*. Furthermore, the result was strengthened by *Wilcoxon* test to determine the significance of differences between each measurement. The result can be seen in the following table:

Table 7  
Summary of Wilcoxon Results

Source	Score Different	Z	P
Pretest-Posttest	4.44	-1.420	0.156
Posttest- Follow up	4	-1.612	0.107
Pretest- Follow up	8.44	-2.103	0.035

Based on the above table, it can be seen that there was no significant difference between the scores of sexual violence before psychoeducation of healthy dating (*pretest*) and after (*post-test*) with  $Z = -1.420$  and  $p = 0.156$  ( $p > 0.05$ ), and the mean decrease in score was 4.44. Likewise, there was no difference between the scores of sexual assault after psychoeducation of healthy dating (*posttest*) and during *follow-up* with  $z = -1.612$  and  $p = 0.107$  ( $p > 0.05$ ), the mean decline in score was 4. However, there were significant differences between scores of sexual violence before (*pretest*) and *follow-up* with  $z = -2.103$  and  $p = 0.035$  ( $p < 0.05$ ), and the mean decrease in score was 8.44. This showed that time factor is important in the the application of psychoeducation of healthy dating. The time needed was approximately about one month in order to apply the form of behavior to reduce the risk of sexual violence in dating.

Here is a graph score of sexual violence for each subject:



Graphic 1. Scores of sexual violence at each subject.

Based on the chart, it can be seen that not all subjects of research showed a decrease in scores of sexual violence. Viewed more closely, the chart would show a very small change, which meant that the changes experienced by the subject of sexual violence were relatively small. It could be caused by several things such as: the ability to catch the point of different materials from each subject, the low score of sexual violence experienced by subject so that the score was not decreasing significantly, changes in behavior which required considerable time to be applied in daily life, et cetera.

## DISCUSSION

The obtained results in this study indicated that the psychoeducation of healthy dating could reduce the risk of sexual violence in dating among girls of street children community. The risk of sexual violence decreased after the treatment. However, to achieve the behavioral change it's needed about one month for its application. The mean score of the pretest of sexual violence was 32.62. Meanwhile, the mean score of the posttest

decreased which was 30.13. Then, it decreased again in the follow-up became 27.88. This showed that there was a decrease in the average score of sexual assault after getting treatment of healthy dating psychoeducation.

According to the results of Wilcoxon test of sexual violence scores before psychoeducation of healthy dating (*pretest*) and after (*post-test*) with  $Z = -1.420$  and  $p = 0.156$  ( $p > 0.05$ ), the decrease of the mean score was 4.44. It means that there was decreasing score of sexual violence between pretest and posttest of psychoeducation of healthy dating, but the decrease was not significant. The score would be possibly better if the application of healthy dating psychoeducation is conducted in a longer duration. The distance between psychoeducation and posttest which was only one week long was considered not enough to bring a change in the research subjects. Although some subjects admitted that they had already got sufficient knowledge and skills to establish healthy dating relationship, still they needed time to perform. Most subjects said that they were still waiting for the time to improve dating relationship.

Wilcoxon test results after psychoeducation of healthy dating (*posttest*) and during the *follow-up* showed that the mean score decreased to 4;  $z = -1.612$  and  $p = 0.107$  ( $p > 0.05$ ), which means that there was a decrease in violence between *posttest* score and the follow-up score, but the difference was not significant. It is suggested that the mean score of sexual violence gradually decreased after getting healthy dating psychoeducation.

The next Wilcoxon test showed there was no significant difference between the score of sexual violence in *pretest* and *follow-up* with  $z = -2.103$  and  $p = 0.035$  ( $p < 0.05$ ). The decrease of the mean score was 8.44, which meant that there was a significant difference between *pretest* and *follow-up* of sexual violence after getting the psychoeducation of healthy dating. It showed that



the application of healthy dating psychoeducation for female adolescents of street children community needed at least one month to be applied in behavioral form.

In this case, psychoeducation of healthy dating as a form of treatment in preparing the module is tried to be adjusted with the condition of the subjects who is street children community. Psychoeducation of healthy dating is capable of providing cognitive and affective understanding, and skills to equip teens in avoiding sexual violence risks. An understanding of the meaning of dating relationship would be understood fundamentally including its relation to gender roles that can lead to violence in dating if the relation is not equal. The life of street children which is vulnerable to free sex behavior because of the lack of the environmental control also triggers the risk of dating like IMS and unwanted pregnancy in adolescent girls. Finally, the psychoeducation of healthy dating would emphasize the importance of having assertive behavior that could be realized by understanding their rights as human, as child, and as a woman because self-esteem could affect the assertive behavior.

Some given educations are able to change the view of the subjects. Because of that, education could be such a prevention of sexual violence. This is in line with the research conducted by Swastinasari (2011). The research stated that there was a significant relationship between gender roles and self-esteem of the wife who has assertive behavior and who has been victims of domestic violence. Feminine gender roles are related negatively to assertive behavior; masculine gender roles associated positively with assertive behavior; androgynous gender role associated positively with assertive behavior; and *self-esteem* associated positively with assertive behavior as well.

Skills of assertive behavior which is then developed by cognitive understanding of situation

could function to provide honest and appropriate emotional responses, the use of verbal language to respect the rights of self and others, and the ability to communicate with non-verbal language that could make effective message delivery. Through these skills, the female adolescents are able to prevent or reduce the risk of violence in dating. This is similar to the research conducted by Meyers-Abell & Jansen (in Duckworth & Victoria, 2010). It stated that assertive training was able to contribute in women's decision making to leave violent relationship. Still another study mentioned the same thing i.e. that assertive training could function to empower women and reduce the vulnerability of women to the sexual violence risks (Mac Greene & Navarro in Duckworth & Victoria, 2010).

This study was an effort to reduce violence in dating as asserted by Venny (2003) which revealed that the violence in dating was a form of violence which occurred when women were in dating relationship; where men could commit violence and women could become the victims.

The decreasing score of sexual violence after psychoeducation of healthy dating towards the adolescent of street children community in this study was influenced by several factors: psychoeducation module, trainers, and the subject (Grieshaber in Karjuniwati, 2010). Healthy dating psychoeducation module consists of seven sessions. Prior to the preparation, it's done need analysis on the subject of the research. The result of the need analysis shows that children prefer living on the streets because of various things such as domestic violence, economic pressure, broken home family, and crowded neighborhoods. On the road, a child deals with personal conflict such as cognitively immature adolescent, labile emotion, dependent on community and unassertive behavior that would make children vulnerable to sexual violence. Moreover, the environmental influence

of the promiscuity, alcohol, and drugs would make children difficult to have strong self-control.

The great enthusiasm from the participants was one of the supporting factors to successfully implement healthy dating psychoeducation. The enthusiasm emerged because of some factors like some participants have joint the previous same training though they've not completed it; the atmosphere was conducive enough since there was no influence distracting the participants so that the participants had interest towards the presented materials. It's a fact that there were some participants who had been too exhausted to focus on the training, but it could be solved quickly by doing games that made the participants feel re-energized. The psychoeducation of healthy dating could be performed effectively in 13 to 17 years old adolescents and in the same community because of the closeness between the participants would affect the effectiveness of the discussion.

Some research subjects recognized that there were positive changes. One research subject **Rtn** said that she had understood the relation of dating because she only satisfied the desire of her boyfriend for she wanted to be accepted by the community. This made the subject **Rtn** being trapped in an unhealthy dating relationship because there was only one necessity coming from one party and another party would certainly feel aggrieved.

The dating relationship of this kind was not due to a desire to love each other so that the subject did not really love her boyfriend. Conversely, such relationship resulted in frequent quarrels. The subject found it easier to honestly say his feelings to his girlfriend after getting psychoeducation of healthy dating.

Dating relationships for teens is something considered fun. Aronson, Wilson and Akert (2005) said that people make dating to have fun so

that they would do their best. Mutual assessment was often unrealistic at the beginning of the relationship, because all individuals want to believe that they have found the perfect partner and wanted the positive feedback from the partner.

Knowledge of appropriate reproductive health must be given to adolescents in order to give them the ability to manage sexual desires that would emerge during puberty. The understanding of the risks of the spread of sexual diseases and unwanted pregnancies is also necessary as a part of healthy dating socialization among adolescents.

There are various risks that could arise from dating relationship. Due to that reason, religion regulates the relationship between humans. Kaheel (2012) tried to look at dating relationship problem through Islamic approach - embodied in some hadiths that clearly prohibit making dating relationship:

*"Remember, do not let the man alone with a woman (not the mahram) but the third is the devil."*  
(Sunan Tirmidhi)

*"Do not ever a man with a woman alone, unless with the mahram"* (Bukhari)

Unfortunately, in real life, especially among street children who have less normative super-ego it's difficult to avoid such children from the risk of dating relationship. Therefore, the psychoeducation of healthy dating was conducted as an effort to prevent the risk of dating relationship. It's in line with the instruction of Minister of Health of the Republic of Indonesia (in Michael, 2012) which is concerned with the importance of debriefing information to the youth about healthy dating. The minister also reveals that dating is a period to introduce someone before entering the level of marriage. Dating is okay if it doesn't break the norms and doesn't commit any sexual deviation.

The researchers assumed that the psychoeducation of healthy dating that was conducted for female adolescent of street children community is an early stage of forming awareness of the risks around them. The psychoeducation of healthy dating becomes the stimulants for adolescents to get used in discussion and being open to the new insight and skills in daily bases behavior in order to avoid the risk of dating.

The research has also some weaknesses such as lack of material about the dangers of alcohol and drugs which directly have a big impact on sexual violence. In healthy dating psychoeducation, it has been mentioned that the risk of sexual violence could occur when a person was unconscious or intoxicated, but the participants were not specifically encouraged to learn and understand the dangers of alcohol and drugs which they consumed, so that not all of the participants were able to apply them in real behavior. Krahe et al (2007) stated that consuming alcohol and drugs in sexual interaction was a factor causing sexual violence to the victim. Drug abuse prevented women to recognize the warning signs of sexual assault and weaken their ability to have effective resistance.

The next weakness is about media. To prevent sexual abuse towards children, it's been used various media, one of them is booklet. A booklet had been given to the participants, but the booklet was less interesting because it contains more writing than interesting pictures. Though some pictures and designs were presented, it's considered that if, instead of booklets, comics are used as media it would yield better result, as Paramastri et al did (2010 ) in his research which

indicated that the students prefer comics as media that can help them understand the concept of early prevention .

Another weakness of this study is that in terms of the implementation of the treatment, it has not been combined the research with morality and religious approach especially during the process of healthy dating psychoeducation. Although the participants had different religions, it's apparent that the approach of healthy dating would be better if the discussion was also about the dating concept of some religions and then it was well related to morality in social life.

## CONCLUSIONS

Based on the conducted research, it could be concluded that there was influence of healthy dating psychoeducation to reduce the risk of sexual violence in female adolescent of street children community. After having psychoeducation of healthy dating, the female adolescents were able to prevent sexual violence from the boyfriends so that it could minimize the risk of becoming victims of sexual violence.

As the suggestions for the companions of street children, it is hoped that they could monitor the ability of the children to develop more largely in children life. In addition, it is important to make children aware about the dangers of alcohol and drugs as part of education. Religious approaches also need to be considered for discussion and to be related to the values of morality in everyday life.

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