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RELATIONSHIP BETWEEN RESILIENCE LEVEL AND MENTAL HEALTH IN FEMALE VICTIMS OF SEXUAL HARASSMENT

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ABSTRACT
Sexual harassment is a form of violence that has a serious impact on the mental health of victims, especially women, such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD). This study aims to determine the relationship between resilience levels and mental health in female victims of sexual harassment in DDP3A Aceh in 2025. The method used is quantitative with a cross-sectional design. The population was 70 female victims who were in the DP3A Aceh Safe House, with a total sampling technique. The DASS-21 research instrument has demonstrated satisfactory validity and reliability, with Cronbach's alpha coefficients ranging from 0.88–0.94 for the depression subscale, 0.82–0.87 for the anxiety subscale, and 0.90–0.91 for the stress subscale. The resilience scale also demonstrated acceptable reliability, with a Cronbach's alpha coefficient of 0.70. analyzed using logistic regression tests. The results of the bivariate analysis showed a significant relationship between age (p = 0.024), education (p = 0.007), residence (p = 0.001), the relationship between the victim and the perpetrator (p = 0.011), and resilience levels (p = 0.031) with the victim's mental health. However, the multivariate analysis showed no factors significantly related to depression. For the anxiety variable, living with family had a significant association (p=0.038; OR=0.19), while stress was significantly associated with the relationship between the perpetrator and victim (p=0.012; OR=0.14). It was concluded that bivariate analysis found several factors associated with mental health, but multivariate analysis found only certain factors to be significant.

Keywords: mental health; resilience level; sexual harassment; women

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INTRODUCTION

According to the National Commission on Violence Against Women, sexual harassment is a sexual act involving physical or non-physical contact targeting the victim's sexual organs or sexuality, including whistling, flirting, sexually suggestive remarks, showing pornographic material and sexual advances, poking or touching the victim's body, and sexually suggestive gestures or movements that cause discomfort, offense, and a sense of humiliation, even leading to health and safety issues (Wahyuni et al., 2021). Victims of sexual harassment typically withdraw from their social and social circles. Furthermore, they may feel confused about whether or not to share their experiences and who to tell. Sexual harassment negatively impacts victims both physically and psychologically (Lestari, 2016).

Women who are victims of sexual harassment will feel the impact, especially when interacting in social settings. They will experience long-term negative effects. Sexual harassment can threaten their identity and lead to low self-esteem (Wahyudi et al., 2023). The psychological impact on victims can lead to prolonged trauma and depression, which can then lead to unhealthy attitudes such as low self-esteem, excessive fear, and mental health problems (Murty, 2022). Individuals who

experience sexual harassment will experience stress reactions, fear, loss of self-confidence, sleep disturbances, and irritability (Prasetya, 2021).

Resilience is a crucial factor in achieving individual developmental tasks. Low resilience in individuals must be addressed seriously by various groups, as it can lead to risk. Experts view resilience as the ability to bounce back from traumatic situations or events (Adversity) (Hendriani, 2022). The quality of resilience varies from person to person, as it is largely determined by age, developmental stage, the intensity with which an individual faces unpleasant situations, and the extent of social support in fostering resilience (Izzaturrohmah & Khaerani, 2018). Sexual harassment is a serious social problem and can cause significant psychological impacts, including anxiety, depression, and post-traumatic stress disorder (PTSD). Research shows that women who experience sexual harassment often struggle to cope with the trauma, which can impact their overall quality of life. Resilience is a crucial factor in helping individuals cope and recover from traumatic experiences (Ulfaningrum et al., 2021).

The prevalence of intimate partner violence is 70 percent or higher in the Democratic Republic of the Congo and Equatorial Guinea, and approaches or exceeds 50 percent in Uganda, the United Republic of Tanzania, and Zimbabwe (UNICEF, 2014). The 2024 Ministry of Women's Empowerment and Child Protection report indicates 9,830 cases of sexual violence experienced by women, 7,4671 cases of physical violence, and 6,402 cases of psychological violence. Based on province, West Java had the highest rate of sexual violence with 2,058 cases, followed by East Java with 1,745 cases, Central Java with 1,619 cases, North Sumatra with 1,171 cases, and Aceh with 829 cases (Kemenppa, 2024). According to a 2024 report from the Aceh Province Women's and Children's Empowerment Office, there were 887 cases of sexual violence against women and children. The most common forms of sexual violence were psychological violence (331 cases), sexual harassment (65 cases), physical violence (288 cases), neglect (146 cases), exploitation (4 cases), and other cases (53 cases). North Aceh Regency had 138 cases, Banda Aceh City with 94 cases, Lhokseumawe with 62 cases, Bener Meuriah with 57 cases, and Langsa City with 52 cases (Kemenppa, 2024).

Based on initial observations conducted by researchers at the Aceh Women's Empowerment and Child Protection Agency (DP3A), it was found that 70 women aged 18 and over experienced sexual harassment. Reports of sexual harassment can be submitted directly to the DP3A office or through the provided online WhatsApp number. Interviews with officers revealed that victims of sexual harassment receive social rehabilitation for varying lengths depending on the trauma or type of harassment experienced, but some families or victims refuse to undergo rehabilitation after the sexual harassment. In terms of mental health, women with low resilience tend to have poor coping skills when dealing with stress and trauma caused by harassment. They often show a lack of confidence after experiencing difficult situations. Mental health issues such as depression or anxiety can make women more vulnerable to harassment Toxic or permissive environments that encourage aggressive behavior can increase the risk of sexual harassment, places that lack clear protective policies or unsafe environments can increase the likelihood of harassment, family education about the importance of respecting oneself and others can reduce the risk of harassment, and social media can be a powerful tool for spreading information and awareness about sexual harassment. This study aims to determine the relationship between resilience levels and mental health in female victims of sexual harassment in DDP3A Aceh in 2025.

METHOD

This study used a descriptive analytical design with a quantitative approach and a cross-sectional design. The study population was all 70 female victims of sexual harassment at the Aceh DP3A Safe House in 2025, using a total sampling technique so that the entire population was sampled. Inclusion criteria included women aged ≥18 years, having experienced sexual harassment, and

being willing to be respondents, while exclusion criteria were those with severely disturbed psychological conditions and unwillingness. The study was conducted at the Aceh DP3A with data collection using a questionnaire. The DASS-21 research instrument has demonstrated satisfactory validity and internal reliability, with Cronbach's alpha coefficients ranging from 0.88 to 0.94 for the depression subscale, 0.82 to 0.87 for the anxiety subscale, and 0.90 to 0.91 for the stress subscale. Furthermore, the resilience measurement instrument has shown acceptable reliability, with a Cronbach's alpha coefficient exceeding 0.70, indicating good internal consistency for assessing resilience levels. Data analysis was carried out univariately for data distribution, bivariate using logistic regression.

RESULT

Table 1.
Analysis Univariate

Variables	f	%
Mental Health		
Stres		
Normal	18	25.71
Light	18	25.71
Currently	34	48.57
Anxiety		
Normal	28	40.00
Light	26	37.14
Currently	16	22.86
Depression		
Normal	12	17.14
Light	44	62.86
Currently	14	20.00
Age		
Final Youth (18-25 years)	21	30.00
Early Adulthood (25-35 years)	14	20.00
Adulthood (36-45 years)	35	50.00
Education		
Primary education	13	18.57
Secondary education	35	50.00
Higher education	22	31.43
Employment		
Work	19	27.14
Not work	51	72.86
Residence		
Living with Family	50	71.43
Living Alone	20	28.57
Place Incident		
At home	26	37.14
Outside the house	44	62.86
Victim’s Relationship		
Family	14	20.00
Not Family	56	80.00
Rehabilitation Period		
New	30	42.86
Old	40	57.14
Resilience Level		
Capable	31	44.29
Unable	39	55.71

Table 1 shows that the proportion of respondents in this study were mostly in mental health who experienced moderate stress of 48.57%, mild anxiety of 40.00%, mild depression of 62.86%, late adulthood of 50.00%, respondents with secondary education (high school) of 50.00%, unemployed of 72.86%, living alone of 71.43%, the place of sexual harassment outside the home of 62.86%, the relationship between the victim and the perpetrator was not family such as classmates, boyfriends

and neighbors of 80.00%, the length of rehabilitation at DP3A Aceh > 4 weeks of 57.14% and the resilience level of the unable category of 55.71%.

Tabel 2.
Analysis Bivariate

Variable	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Age									
Final Youth	2	9.52	4	19,05	15	71.43	4,60	0.95-22.24	0.057
Early adulthood	0	0	6	42.86	8	57.14			
Adulthood	16	45.71	8	22.86	11	31.43			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Age									
Final Youth	4	19.05	12	57.14	5	23.81	4.07	1.19-13.88	0.024
Early adulthood	5	35.71	2	21.42	6	42.86			
Adulthood	19	54.29	11	31.43	5	14.29			
Variable	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Age									
Final Youth	2	9.52	17	80,95	2	9,52	2,43	0,48-12,23	0,28
Early adulthood	2	14,29	6	42,86	6	42,86			
Adulthood	8	22,86	21	60,00	6	17,14			
Variable	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Education									
Higher education	6	46.15	1	7.69	6	46.15	0.80	0.20-3.21	0.76
Secondary education	3	8.57	11	31.43	21	60.00	7.38	1.72-31.70	0.007
Primary education	9	40.91	6	27.27	7	31.82			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Education									
Higher education	9	69.23	2	15.38	2	15.38	0.37	0.08-1.57	0.17
Secondary education	9	25.71	17	48.57	9	25.71	2.40	0.77-7.45	0.12
Primary education	10	45.45	7	31.82	5	22.73			
Variables	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Education									
Higher education	4	30.77	6	46.15	3	23.08	0.5	0.10-2.47	0.39
Secondary education	4	11.43	22	62.86	9	25.71	1.72	0.38-7.73	0.47
Primary education	4	18,18	16	72,73	2	9.09			
Variable	Stress						OR	95% CI	P
	Normal		Light		Heavy				
	f	%	f	%	f	%			
Employment									
Work	2	10.53	8	42.11	9	47.37	3.88	0.80-18.8	0.092
Not work	16	31.37	10	19.61	25	49.02			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Heavy				
	f	%	f	%	f	%			
Employment									
Work	7	36.84	7	36.84	5	26.32	1.2	0.40-3.55	0.74
Not work	21	41.18	19	37.25	11	21.57			

Variables	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Employment									
Work	4	21.05	7	36.84	8	42.11	0.69	0.18-2.65	0.598
Not work	8	15.69	37	72.55	6	11.76			
Variables	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Residence									
Living together Family	7	14.00	16	32.00	27	54.00	7.50	2.28-24.6	0.001
Living Alone	11	55.00	2	10.00	7	35.00			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Residence									
Living together Family	16	32.00	23	46.00	11	22.00	3.18	1.08-9.32	0.034
Living Alone	12	60.00	3	15.00	5	25.00			
Variables	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Residence									
Living together Family	8	16.00	30	60.00	12	24.00	1.31	0.34-4.96	0.689
Living Alone	4	20.00	14	70.00	2	10.00			
Variables	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
The Victim's Relationship with perpetrator									
Family	14	25.00	14	25.00	28	50.00	1.2	0.32-4.43	0.78
No Family	4	28.57	4	28.57	6	42.86			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
The Victim's Relationship with perpetrator									
Family	18	32.14	25	44.64	13	23.21	5.27	1.45-19.1	0.011
No Family	10	71.43	1	7.14	3	21.43			
Variables	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
The Victim's Relationship with perpetrator									
Family	12	21.43	35	62.50	9	16.07	1	Omitted	
No Family	0	0	9	64.29	5	35.71			
Variables	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Place Incident									
At home	11	42.31	6	23.08	9	34.62	0.25	0.08-0.79	0.018
Outside the house	7	15.91	12	27.27	25	56.82			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Place Incident									
At home	16	61.54	8	30.77	2	7.69	0.23	0.08-0.65	0.006
Outside the house	12	27.27	18	40.91	14	31.82			

Variables	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Place Incident									
At home	7	26.92	14	53.85	5	19.23	0.34	0.09-1.24	0.10
Outside the house	5	11.36	30	68.18	9	20.45			
Variables	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Rehabilitation Period									
New	9	30,00	8	26,67	13	43,33	0,67	0,23-1,98	0,47
Old	9	22,50	10	25,00	21	52,50			
Variable	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Rehabilitation Period									
New	11	36.67	17	56.67	2	6.67	1.27	0.48-3.37	0.62
Old	17	42.50	9	22.50	14	35.00			
Variables	Depresi						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Rehabilitation Period									
New	7	23,33	19	63,33	4	13,33	0,46	1,13-1,65	0,24
Old	5	12,50	25	62,50	10	25,00			
Variables	Stress						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Resilience Level									
Capable	6	15.38	8	20.51	25	64.10	3.47	1.12-10.7	0.031
Unable	12	38.71	10	32.26	9	29.03			
Variables	Anxiety						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Resilience Level									
Capable	11	28.21	17	43.59	11	28.21	3.09	1.14-8.34	0.026
Unable	17	54.84	9	29.03	5	16.13			
Variables	Depression						OR	95% CI	P
	Normal		Light		Currently				
	f	%	f	%	f	%			
Resilience Level									
Capable	4	10.26	28	71.79	7	17.95	3.04	0.82-11.2	0.096
Unable	8	25.81	16	51,61	7	22,58			

Table 2 shows anxiety emerged as the psychological outcome most consistently associated with the examined factors. Age, residence, perpetrator–victim relationship, scene of the incident, and resilience level were significantly associated with anxiety. Stress was significantly associated with education level, residence, scene of the incident, and resilience level, whereas no significant association was observed with age, occupation, perpetrator–victim relationship, or rehabilitation duration. In contrast, depression showed no statistically significant association with any of the investigated variables. These findings suggest that demographic, environmental, and psychosocial factors, particularly residence and resilience level, play a more prominent role in influencing anxiety and stress among victims, while depression appears to be less affected by the factors examined in this study.

Table 3.
Analysis Multivariate

Mental Health			
Stress	OR	CI 95% (Lower-Upper)	P Value
Age	0.52	0.15-1.71	0.283
Education	1.11	0.48-2.58	0.797
Work	0.33	0.04-2.38	0.276
Place Incident Outside House	2.46	0.50-12.04	0.265
Living together family	0.19	0.04-2.38	0.038
Resilience No capable	0.57	0.12-2.69	0.484
Relationship With Perpetrator	0.71	0.13-3.84	0.691
Rehabilitation Period	1,57	0,37-6,67	0,535
Anxiety	OR	CI 95% (Lower-Upper)	P Value
Age	0,86	0,32-2,26	0,760
Education	1,65	0,72-3,82	0,234
Work	1,28	0,27-5,96	0,750
Place Incident Outside House	3.02	0.68-13.34	0.144
Living together family	0.29	0.06-1.30	0.109
Resilience No capable	0.46	0.12-1.82	0.274
Relationship With Perpetrator	0.14	0.03-0.65	0.012
Rehabilitation Period	1,26	0,34-4,54	0,723
Depression	OR	CI 95% (Lower-Upper)	P Value
Age	Age	0,27-2,83	0.831
Education	Education	0,48-3,58	0.595
Work	Work	0,28-9,81	0.570
Place Incident Outside House	3.75	0.65-21.57	0.138
Living together family	1.24	0.23-6.60	0.797
Resilience No capable	0.60	0.10-3.39	0.570
Relationship With Perpetrator	1	Omitted	
Rehabilitation Period	1,95	0,42-9,11	0,391

Based on the results of the multivariate analysis in Table 5.3, no factors were found to be significantly related to depression (all p-values > 0.05). For the stress variable, only living with family showed a significant relationship (p = 0.038; OR = 0.19; 95% CI: 0.04–0.91), while other factors such as age, education, occupation, location of the incident, relationship with the perpetrator, level of resilience, and length of rehabilitation were not significant. As for anxiety, the relationship between the perpetrator and the victim was a significant factor (p = 0.012; OR = 0.14; 95% CI: 0.03–0.65), while the other variables did not show a significant relationship (p-value > 0.05).

DISCUSSION

Connection Age on Mental Health (Stress, Anxiety, Depression) of Victims of Abuse Sexual

Based on results study show research results show that age teenager end own risk more tall to problem mental health, in particular anxiety. Respondents teenager end 4 times more risky experience anxiety currently with significant relationship in a way statistics (OR = 4.07; P = 0.024). For stress, teenagers the end also has 4 times greater risk tall experience stress moderate, but connection This No significant (OR = 4.60; P = 0.057). Meanwhile For depression, teenagers end 2 times more risky experience depression light, but No significant in a way statistics (OR = 2.43; P = 0.28). In overall there is indication connection between age teenager end with mental health in particular anxiety.

In line with Sari et al (2019) research shows existence connection significant between age of the victim of abuse sexual with mental health, including stress, anxiety, and depression, with p-value which is generally < 0.05, indicates meaningful relationships in a way statistics. For example, research in several journal reported a p-value of 0.000 or 0.004 which indicates that age play a role important in level mental disorders in the victim, where the victim's age young tend experience impact more psychological heavy. This is confirm importance tailored interventions with age For reduce risk disturbance mental health in victims of abuse sexual. Violence sexuality in women can own impact Serious to their mental health. This can causes psychological trauma, disorders stress post trauma, depression, anxiety, and problems behavior. Experience can also be influence development emotional and social women, and increase risk problem mental health into adulthood. Important For give support and intervention as fast as possible Possible For help recovery women who experience violence sexual (Putri & Saifuddin, 2022) .

Based on results research, then researchers have an opinion that the more young age of the victim of abuse sexual, increasingly big impact psychological problems that arise, because at a later age young, individual Not yet fully develop mechanism strong coping mechanisms. This can leading to problems better mental health serious, like disturbance stress post -traumatic stress disorder (PTSD), depression, anxiety, and other problems emotional others. Age can influence how victims cope with trauma. For example, teenagers and women tend own limited understanding about abuse sexual and more Possible experience his confusion. Researchers Possible assume that mental health of adult victims is higher old Can more easy managed compared to with more victims young Because existence level maturity more emotional Good in face incident traumatic.

The Relationship Between Education and Mental Health (Stress, Anxiety, Depression) of Victims of Abuse Sexual

Based on results study so known that respondents with education medium own risk more tall experience stress moderate, with an odds ratio (OR) of 7.38 and a significant relationship in a way statistics (P = 0.007). For anxiety, respondents education medium own double the risk tall experience anxiety moderate, but connection This No significant (OR = 2.40; P = 0.12). Meanwhile For depression, risk depression light and moderate in education medium No significant (OR = 1.72; P = 0.47). Overall there is indication connection between education medium with mental health especially stress.

Research (2022) that existence connection significant between level education with mental health of abuse victims sexual, especially related stress, anxiety, and depression, with the p-value shows significance statistics (p < 0.05). Higher education tall tend play a role as factor protective measures that help victims in manage impact psychological, whereas low education risky increase disturbance mental health. For example, research that examines the influence of coping strategies and support social on posttraumatic stress disorder (PTSD) of victims of violence sexual found a significant p-value which confirms role education in mental health of the victim.

Education about violence sexual to women are very important and necessary to prevent increasing behavior abuse or violence to women. Various effort has done, start from family until institution protection law for women. Socialization understanding about impact bad violence or abuse sexual to Woman must encouraged. One of the activities that can be done done is educate public start from village with involving administrator organization (Wulandari & Saefudin, 2024). Impact bad for Woman is women's mental health that can disturbed. They Can depression even kill self when they are very stressed, because That For prevent or reduce case violence sexual to women, parents expect can weave good communication with Woman they. Communication persuasiveness is very necessary in situation like this is so that closeness between parents and women awake and awake with good. Parents should also get education about abuse sexual that can occurs in women they (Sagala, 2024) .

Based on results study so researchers have an opinion that individual with level more education tall own more capabilities Good in manage and understand impact from abuse sexual. More education tall often related with skills solution more problems good, ability For look for support social, and more Lots source Power For access maintenance psychological. On the contrary individual with level education low more prone to to impact negative abuse sexual, such as more mental disorders heavy. This is Can caused by lack of understanding regarding trauma and mental health, limitations in access source Power psychological, or difficulty in look for support social. They may also more tend experiencing stigma and feelings more shame big, which can make things worse impact psychological.

Connection Work On Mental Health (Stress, Anxiety, Depression) of Victims Abuse Sexual

Based on results study so known that No there is connection significant between employment status with mental health, including depression, anxiety, and stress. Respondents who work own risk stress currently three times more high (OR = 3.88; P = 0.092), however No significant in a way statistics. Anxiety risk on the respondents working also not significant (OR = 1.2; P = 0.74), as was the risk depression (OR = 0.69; P = 0.598). overall No There is indication connection between work with mental health. Research by Suwijik & A'yun (2022) disclose that women who experience abuse sexual on the spot Work often experience impact negative impact on their mental health, including improvement level stress, anxiety, and depression. Research by Arfianto et al. (2020) show that support social in place Work can functioning as protector to impact negative mental health.

Violence on the spot Work can interpreted as action violence physical, psychological, or emotions that occur in the environment work. Meanwhile abuse sexual on the spot Work is inappropriate behavior desired and not proper with characteristic sexual or gender that occurs repeatedly and is demeaning dignity as well as make people feel No comfortable. Violence and harassment sexual on the spot Work refers to behavior that is not desired, not appropriate, and not ethics that occur in the environment work and relationships with sexuality someone. Violence sexual on the spot Work can covers action physique like rape, harassment physical, and attacks sexual other (Handayani, 2017)

Based on results study so researchers have an opinion that No There is connection significant between type employment and mental health of victims of harassment sexual, because factors certain things that affect better mental health dominant than context work. Experience abuse sexual often results in deep psychological trauma, which can influence individual, regardless from type the work they do live. Like victims who work in a supportive environment still experience disturbance anxiety or depression consequence experience traumatic These factors are like support social, mechanism coping and resilience individual can play a role more big in determine mental health compared with pressure or demands that come from from job. With however, although work can influence welfare in a way general, impact direct from abuse sexual to the victim's mental health seems to be more significant and not tied to a type the work they do have.

Connection Housing for Mental Health (Stress, Anxiety, Depression) of Abuse Victims Sexual

Based on results study so known that respondents who live together family own risk more tall experience stress moderate (OR = 7.50; P = 0.001) and anxiety moderate (OR = 3.18; P = 0.034), with significant relationship in a way statistics. Meanwhile For depression light, no there is connection significant between place stay with condition (OR = 1.31; P = 0.689). In general overall, there are indication connection between place stay with mental health in particular stress and anxiety. The results of research by Ramadani and Nurwati (2022) found after the victim experienced violence sexual can experience *Post Traumatic Stress Disorder* (PTSD): Its Presence and Role as well as family especially parents (not perpetrator violence) is very important in help child in the process of recovering self and adjustment post experience violence sexual, such as

support social services provided by the family can impact big on the recovery process child victims of violence sexual like support social and emotional, improving communication with children, parental involvement regarding the handling process violence sexual experiences children, and so on.

Impact term long violence sexual is very serious, with prevention, they try prevent emergence mental and emotional burden prolonged which can haunt Woman until adults. Their goal No only stop violence moment this, but also prevent it poison the future generation upcoming. Termination circle violence become clear goals, embracing draft that effort prevention is investment in quality life women. They want to creating a world where women Can grow and develop without a haunting shadow. In their journey, they realize that No only women affected impact. Prevention also prevents secondary trauma that can affecting parents, families, and communities. Support and understanding between residents become bone back in guard mental health of all involved. Not only give protection physical, but also creates a safe and supportive environment. With effort together with them ensure that every Woman can grow with health good psychosocial, building healthy relationships, and develop trust a strong self. So, in every step precautions taken, story This tell about commitment, solidarity and concern that are united For form a better environment Good for the future Woman (Aliasa, 2022) .

Based on results study so researchers have an opinion that there is connection significant between place living and mental health of victims of abuse sexual, because environment social and cultural surroundings individual can influence method they process the trauma. Victims who live in the area with view bad to abuse sexual Can experience isolation social and lack of support that can make things worse condition their mental health. In contrast, individuals who live in more open and supportive can own access more good to service mental health and groups support, which can help they in recovery. With thus, the place stay play a role important in form experiences and mental health of victims of abuse sexual.

Relationship of the Victim with Perpetrator on Mental Health (Stress, Anxiety, Depression) of Victims of Abuse Sexual

Based on results study so known that the victim's relationship with perpetrator as family No influential significant to risk stress moderate (OR = 1.2; P = 0.78). However, victims who had connection family with perpetrator own risk anxiety is five times more high (OR = 5.27; P = 0.011), with significant relationship in a way statistics. Research (2022) shows existence connection significant between perpetrators and victims of harassment sexual with mental health of victims, in particular stress, anxiety, and depression, with the p-value shows significance statistics (p 0.021 < 0.05). Relationship This indicates that interactions and dynamics between perpetrators and victims contribute to the level of mental disorders experienced by the victim, including emergence symptoms of PTSD, depression, and severe anxiety.

A person's mental health can seen from a number of characteristic features following, including is have realistic view to self yourself and the world around you which includes other people as well all something ; develop trend to direction improvement maturity, development potential, and fulfillment self a personal capable For forming and maintaining intimate interpersonal relationships ; and No too rigid For reach perfection, but make realistic goals and still within ability individual (Vitoasmara et al., 2024). Based on results study so researchers have an opinion that although No There is connection significant between perpetrator abuse sexual that is not family and mental health of the victim, the victim remains risky experience problem abnormal mental health due to experience traumatic said. This is caused by nature from the trauma caused by abuse sexual, which can trigger reaction psychological like anxiety, depression, and disorders stress post-traumatic stress disorder (PTSD), regardless from Who perpetrator said. Although perpetrator No member family, experience abuse still can destroying the sense of security and trust the victim's self, as well

as influence method they interact with other people. In addition, social stigma and lack of understanding public to abuse sexual can make things worse the victim's mental condition, making they feel isolated and not supported. With however, although connection direct between perpetrator and victim's mental health may No identified, impact psychological from abuse sexual still significant and can cause abnormal mental health in the victim.

Connection Place Incident on Mental Health (Stress, Anxiety, Depression) of Victims Abuse Sexual

Based on results study so known that place incident (inside) or outside house) no increase risk stress currently and anxiety moderate, although there is connection significant in a way statistics with stress (OR = 0.25; P = 0.018) and anxiety (OR = 0.23; P = 0.006). For depression light, no found connection significant with place incident (OR = 0.34; P = 0.10). In overall, there are indication connection between place incident with mental health, in particular anxiety. Research (2022) shows that place incident abuse sexual influential significant to mental health of victims, including stress, anxiety, and depression. Research results disclose a significant p-value, p = 0.000, which indicates connection strong between location events and levels mental disorders experienced by the victim. Place events of a nature private or near with the victim's environment tends to increase greater risk of psychological trauma heavy. The height case violence sexuality in women, especially teenagers, showing that Woman is one of the highly vulnerable groups Because existence assumption that they is weak individual, no empowered, and women own level high dependency on the adults around them. In addition, women also can do resistance and rebuttal whatever when perpetrator threaten, force, and give bribe in form whatever. That's it the cause Why Woman No empowered moment threatened For No to inform what he experienced (Abi et al., 2024).

Based on results study so researchers have an opinion that there is connection significant between place incident abuse sexual activity that occurs outside home and mental health of the victim, because environment external can influence perceptions and experiences of trauma experienced. When abuse occurs happens in space public, victims may feel threatened and not safe in the places where it should be safe, like street or transportation general, which can result in improvement anxiety and fear in doing activities everyday. In addition, victims who experience harassment outside house is also possible face difficulty in look for help, because they feel Embarrassed or Afraid will other people's assessments. With thus, experience abuse sexual outside House No only add burden psychological, but also improve risk of victim to experience problem abnormal mental health, such as disturbance anxiety, depression, and PTSD.

The Relationship of Rehabilitation Period to Mental Health (Stress, Anxiety, Depression) of Abuse Victims Sexual

Based on results study so known that the rehabilitation period is good not enough from 4 weeks and more from 4 weeks, no influential significant to risk stress moderate (OR = 0.67; P = 0.47), anxiety moderate (OR = 1.27; P = 0.62), nor depression mild (OR = 0.46; P = 0.24). In general overall, no there is indication connection between rehabilitation periods with mental health such as stress, anxiety, and depression. Study Kasenda (2021) shows that the rehabilitation period influential significant to mental health of abuse victims sexual, especially in reduce stress, anxiety, and depression. One of the studies using the Wilcoxon rank test, the p-value is 0.000, which indicates that the longer the rehabilitation period, the more getting better condition the victim's mental health. This confirm importance duration adequate rehabilitation For recovery psychological abuse victims sexual.

Victim of harassment sexual often experience disturbance mental health such as stress post - traumatic stress disorder (PTSD), anxiety, and depression consequence impact term long from experience traumatic said. Duration rehabilitation, which includes therapy psychological. Longer

rehabilitation allows victims to in a way gradually processing repressed emotions, building up regain a sense of security, and reduce intensity mental symptoms. In psychological, violence sexual can causes deep and lasting trauma long. Victims often experience various mental disorders such as anxiety, depression, and disorders stress post-traumatic (PTSD). Fear, guilt, and shame accompany it violence sexual can bother welfare emotional and mental state of the victim, reducing quality life they in a way overall (Rinaldi et al, 2024).

Based on results study so researchers have an opinion that No There is long-term rehabilitation relationship to mental health of abuse victims sexual due to There is factors that influence the healing process psychological. Although rehabilitation takes a long time can give chance for victims to get support and therapy, their mental health Possible more influenced by other variables such as quality interventions received, support social from family and friends, as well as experience deeply traumatic. In addition, every individual own mechanism different coping and levels varying resilience, which can influence How they respond rehabilitation. Therefore that, although duration rehabilitation important factors other contextual and individual Possible more determine in influence mental health of abuse victims sexual. So from That the longer the rehabilitation process or the care received by the victim, the more big possibility For reach further recovery Good in a way psychological. This is because more rehabilitation long allows the victim to more deep in overcoming trauma, developing mechanism better coping effective, and get support more psychological consistent, that's important For reduce symptom mental disorders such as PTSD, anxiety, and depression.

Resilience Level Relationship on Mental Health (Stress, Anxiety, Depression) of Victims of Abuse Sexual

Research result show that respondents with level resilience No capable own risk three times more tall experience stress moderate (OR = 3.47; P = 0.031) and anxiety moderate (OR = 3.09; P = 0.026), with significant relationship in a way statistics. For depression light, risk at the level resilience No capable of three times more high, but No significant in a way statistics (OR = 3.04; P = 0.096). In overall, there are indication connection between level resilience with mental health, in particular stress and anxiety. Research that conducted by Ningsih (2018), stated that the victims of violence sexual will experience depression, fear, experiencing dream bad, always feel suspect towards others, feeling limited in socializing with other people and the existence of possible victims will own the desire that strong For end his life as consequence from incident violence sexual experienced. Mir'atannisa, et al (2019) argue that that resilience is ability adaptation positive that can help individual in overcome hardship, loss and misery in live, so that can rise back, growing and able face problem and challenges new in life.

Various impact from abuse and violence sexual will arise from crime victims or violence sexual impact on the victim. First, the impact psychological victims of violence and harassment sexual that is experiencing trauma, the factors originate from stress that can bother function as well as development brain in the victim. Second, the impact physical injuries experienced by the victim, namely risky infected disease infectious sexual (STD). Third, the impact from social of course felt by the victim like ostracized by friends, neighbors and so on. Victims of harassment sexual naturally need encouragement, motivation as well as support For rise undergo life (resilient) (Zamroni, 2016) .

Based on results study so researchers have an opinion there is connection significant between level low resilience and mental health of victims of abuse sexual, because resilience play a role important in ability individual For overcome trauma and stress. Victims with level resilience that is not capable tend own skills poor coping effective, so that they more prone to impact psychological from experience harassment. Incapacity For overcome stress can causing the victim to feel trapped in feeling anxiety, depression, and helplessness, all of which contribute to abnormal mental health. In

addition, individuals with resilience low not enough own support adequate social, which can make things worse their mental condition after experiencing trauma. Low level resilience No only hinder the recovery process, but also increase risk of victim to experience disturbance better mental health serious, like disturbance stress post-traumatic stress disorder (PTSD) and disorders anxiety, after experience abuse sexual.

CONCLUSION

Analysis results bivariate show existence connection between age teenager end with anxiety (OR=4.07; p=0.024) as well education medium with stress (OR=7.38; p=0.007), however education No relate with anxiety and depression. Work No relate significant with mental health, although respondents who work own risk stress 3 times more high. Place stay together family relate with stress (OR=7.50; p=0.001) and anxiety (OR=3.18; p=0.034). The relationship perpetrator with the victim in contact with anxiety (OR=5.27; p=0.011), whereas place incident relate with anxiety (OR=0.25; p=0.018) and depression (OR=0.23; p=0.006). Duration of rehabilitation No significant, but duration <4 weeks own risk anxiety moderate (OR=1.27). Resilience level relate with stress (OR=3.47; p=0.031) and anxiety (OR=3.09; p=0.026). Analysis multivariate show No There is significant factors to depression. In stress, stay together family relate significant (p=0.038; OR=0.19), whereas in anxiety, the relationship perpetrator with the victim in contact significant (p=0.012; OR=0.14). Other factors did not show influence significant.

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