

## Community-Based Digital Support for Adolescent Violence Prevention and Emotional Well-Being

### ABSTRACT

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Adolescent violence and emotional problems remain significant public health concerns, while available support services are often limited, fragmented, and insufficiently responsive to adolescents' needs. This study aimed to evaluate the effectiveness of community-based digital support through the SPEAKUP! platform in improving violence prevention awareness and emotional well-being among adolescents. A randomized controlled trial was conducted among 416 adolescents from senior high schools and vocational schools in Pare District, Kediri Regency, Indonesia. Participants were randomly assigned to intervention (n = 208) and control (n = 208) groups. The intervention group received access to the SPEAKUP! platform for four weeks, which included educational videos, self-screening, discussion forums, emotion journaling, and relaxation guidance, while the control group received conventional health education. Violence prevention knowledge, attitudes, and emotional well-being were assessed before and after the intervention. The intervention group demonstrated significantly greater improvements in violence prevention knowledge ( $\Delta = +13.8$  vs.  $+2.4$ ,  $p < 0.001$ ) and attitudes ( $\Delta = +8.3$  vs.  $+1.6$ ,  $p < 0.001$ ) compared with the control group. Emotional well-being also improved significantly, as indicated by a greater reduction in emotional and behavioral difficulties ( $\Delta = -6.8$  vs.  $-1.2$ ,  $p < 0.001$ ). These findings suggest that community-based digital support provides an effective and accessible approach to strengthening violence prevention awareness and promoting emotional well-being among adolescents. Integrating digital support platforms into school and community health programs may enhance adolescent health promotion and psychosocial support services.

**Keywords:** *Adolescents, Community-based intervention, Digital support, Emotional well-being, Violence prevention*

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### INTRODUCTION

Low Birth Weight (LBW) is a baby born with a weight of less than 2500 grams, regardless of Adolescence is a period marked by rapid emotional and social development, making young people particularly sensitive to experiences that affect their psychological well-being and social relationships (Sawyer et al., 2018; Sawyer & Azzopardi, 2018). In recent years, violence among adolescents has become increasingly visible not only in schools and communities, but also in digital environments where bullying, harassment, and social exclusion can occur continuously and anonymously (Dewi & Valentina, 2020; Fadilah et al., 2023). Many adolescents experience verbal intimidation, emotional

abuse, cyberbullying, or peer pressure without recognizing these experiences as harmful forms of violence (Ozada Nazim & Duyan, 2021; Permata & Nasution, 2022). At the same time, emotional distress among adolescents has increased, reflected in feelings of anxiety, stress, social withdrawal, and difficulties managing emotions. These problems often coexist and influence one another, creating long-term consequences for adolescent well-being, academic functioning, and social development (Ma et al., 2023; Organization, 2025).

Despite growing concern regarding adolescent violence and mental health, support systems available for young people remain limited (Richter et al., 2022; Warren et al., 2024). School health education programs are commonly delivered through lectures, posters, or printed materials that focus primarily on knowledge transfer. Although these approaches may increase awareness, they rarely provide opportunities for adolescents to discuss personal experiences, develop coping skills, or access confidential psychosocial support (Dodd, 2022; Wardani et al., 2023). Many adolescents are also reluctant to seek help directly from teachers, counselors, or health workers because of concerns about stigma, embarrassment, or negative judgment. Consequently, emotional and psychosocial problems often remain unrecognized until they become more severe (Aguirre Velasco et al., 2025; Zinzow et al., 2022).

At the same time, adolescents are highly connected to digital technology in their daily lives. Smartphones and online communication platforms have become important spaces for interaction, emotional expression, and information seeking. This situation presents both challenges and opportunities (Eisenstadt et al., 2021; Smith et al., 2023). While digital environments may expose adolescents to cyberbullying and unhealthy social interactions, they also provide potential channels for delivering accessible and youth-friendly health support. Previous studies have shown that digital health interventions can improve mental health literacy, emotional regulation, and health-related behaviors among adolescents (Milne-Ives et al., 2020; Zhou & Cheng, 2022). However, most interventions address violence prevention and mental health separately and often focus primarily on information delivery. Few programs integrate educational, emotional, and social support components within a single community-based digital platform specifically designed for adolescents (Ma et al., 2023; Nurhidayah, 2024; Nurhidayah, Sari, Kusumawati, et al., 2025).

The development of community-based digital support for adolescents can be understood through several complementary theoretical perspectives. Social Cognitive Theory proposes that behavior is influenced by the interaction between personal factors, environmental conditions, and observational learning. Therefore, providing adolescents with opportunities to observe positive behaviors, receive support, and practice coping strategies may strengthen their ability to prevent violence and manage emotional challenges (Saripah et al., 2024; Valkenburg et al., 2022). The Health Promotion Model further emphasizes that individuals are more likely to adopt healthy behaviors when they perceive benefits, develop self-awareness, and actively engage in health-promoting actions. In digital environments, these processes can be facilitated through self-assessment, reflection, and personalized learning experiences (Kickbusch, 2021; Laverack, 2021b). Digital Health Engagement Theory also suggests that digital interventions are more effective when they are interactive, accessible, relevant, and responsive to users' needs (UNESCO, 2021; Xiao et al., 2023). Furthermore, Community Empowerment Theory highlights the importance of enabling adolescents to participate actively in identifying problems, sharing experiences, and supporting one another rather than functioning solely as recipients of health information (Laverack, 2021a; Zimmerman, 2018). Together, these perspectives support the development of integrated digital interventions that combine education, emotional support, self-reflection, and peer engagement.

To address these unmet needs, the SPEAKUP! platform was developed as a community-based digital support system for adolescent violence prevention and emotional well-being. Rather than functioning solely as an educational application, SPEAKUP! provides a supportive digital environment where adolescents can access violence prevention information, conduct self-screening, express emotions, learn coping strategies, and communicate safely through discussion and consultation features. The platform integrates educational videos, emotion journaling, self-care guidance, interactive discussions, and psychosocial support tools in a format that prioritizes privacy, accessibility, and adolescent engagement. This approach reflects the need for more responsive and comprehensive

community-based interventions that recognize adolescents as active participants in their own health and well-being.

This study aimed to evaluate the effectiveness of community-based digital support through the SPEAKUP! platform in improving violence prevention awareness and emotional well-being among adolescents. The findings are expected to contribute to the development of accessible, youth-centered health promotion strategies and strengthen the role of digital community-based approaches in supporting adolescent psychosocial health.

## METHODS

This study employed a two-arm parallel randomized controlled trial (RCT) with pre-test and post-test assessments to evaluate the effectiveness of community-based digital support through the SPEAKUP! platform in improving adolescent violence prevention awareness and emotional well-being. The study was conducted from January to October 2025 in senior high schools and vocational schools located in Pare District, Kediri Regency, East Java, Indonesia.

The study population consisted of 6,503 adolescents enrolled in public and private senior high schools and vocational schools in Pare District. The required sample size was calculated using G\*Power version 3.1 for two independent groups, assuming a medium effect size (Cohen's  $d = 0.50$ ), a significance level of 0.05, and a statistical power of 80%. The analysis indicated a minimum sample size of 352 participants (176 participants per group). To account for an anticipated attrition rate of approximately 15%, the target sample size was increased to 416 participants. Consequently, a total of 416 adolescents were recruited and equally allocated to the intervention group ( $n = 208$ ) and control group ( $n = 208$ ).

Participants were selected using simple random sampling after screening according to the eligibility criteria. Inclusion criteria were adolescents aged 13–18 years, ownership of a smartphone with internet access, ability to use digital applications independently, and willingness to participate in the study. Adolescents diagnosed with severe psychiatric disorders, currently receiving intensive psychological treatment, or unable to complete the intervention procedures were excluded.

Randomization was performed after completion of baseline assessments using a computer-generated allocation sequence created by an independent researcher who was not involved in participant recruitment, intervention delivery, outcome assessment, or statistical analysis. Block randomization with a fixed block size of four was employed to ensure balanced allocation between the intervention and control groups throughout the enrollment process. Allocation concealment was maintained using sequentially numbered, opaque, sealed envelopes prepared by the independent researcher. Following participant enrollment and baseline assessment, the envelopes were opened sequentially to determine group assignment. Due to the nature of the intervention, participants and intervention facilitators could not be blinded. However, data entry personnel and statistical analysts remained blinded to group allocation until completion of the analysis.

The intervention group received access to the SPEAKUP! platform for four weeks. SPEAKUP! is a community-based digital support platform designed to promote violence prevention and emotional well-being among adolescents. The intervention was developed based on Social Cognitive Theory, Health Promotion Model, Digital Health Engagement Theory, and Community Empowerment Theory. The platform integrated several features, including psychosocial self-screening, educational videos on violence prevention and emotional regulation, positive discussion forums, emotion journaling, self-care guidance, and guided relaxation exercises. Participants were encouraged to access and engage with all platform features regularly throughout the intervention period.

The control group received standard school-based health education consisting of educational leaflets, posters, and classroom counseling sessions delivered by school health educators during the same four-week period. Participants in the control group did not receive access to the SPEAKUP! platform until completion of the study.

Data were collected at baseline (pre-test) and immediately after the four-week intervention period (post-test). Violence prevention awareness and attitudes were assessed using the Peer Violence Awareness Questionnaire (PVAQ), while emotional well-being was measured using the Strengths and

Difficulties Questionnaire (SDQ). Both instruments have demonstrated satisfactory psychometric properties among adolescent populations, with Cronbach's alpha coefficients exceeding 0.70.

Data were analyzed using SPSS version 26. Descriptive statistics were used to summarize participant characteristics and study variables and were presented as frequencies, percentages, means, and standard deviations. Paired t-tests were performed to assess within-group differences between pre-test and post-test scores, while independent t-tests were used to compare mean changes between intervention and control groups. Effect sizes were calculated using Cohen's d to determine the magnitude of intervention effects. Statistical significance was established at  $p < 0.05$ .

Ethical approval was obtained from the Health Research Ethics Committee of Universitas STRADA Indonesia. Written informed consent was obtained from all participants and their parents or legal guardians before enrollment. Participant confidentiality, anonymity, and the right to withdraw from the study at any time without consequences were ensured throughout the research process.

## RESULTS

A total of 416 adolescents participated in this study and were equally assigned to intervention ( $n = 208$ ) and control ( $n = 208$ ) groups. Most participants were aged 16–17 years (50.2%), followed by 14–15 years (32.0%) and 18–19 years (17.8%). Gender distribution was relatively balanced, with 51.2% male and 48.8% female participants. Grade distribution was also comparable between groups, indicating similar baseline characteristics prior to intervention.

Table 1. Demographic Characteristics of Participants in the Intervention and Control Groups

Variable	Intervention (n=208)	Control (n=208)	Total (n=416)
<b>Age</b>			
14–15 years	68 (32.7%)	65 (31.3%)	133 (32.0%)
16–17 years	102 (49.0%)	107 (51.4%)	209 (50.2%)
18–19 years	38 (18.3%)	36 (17.3%)	74 (17.8%)
<b>Gender</b>			
Male	109 (52.4%)	104 (50.0%)	213 (51.2%)
Female	99 (47.6%)	104 (50.0%)	203 (48.8%)
<b>Grade</b>			
10th grade	69 (33.2%)	66 (31.7%)	135 (32.5%)
11th grade	75 (36.1%)	79 (38.0%)	154 (37.0%)
12th grade	64 (30.7%)	63 (30.3%)	127 (30.5%)

The demographic characteristics showed that both groups were relatively homogeneous before the intervention. Adolescents in the intervention group demonstrated significant improvements in violence prevention knowledge and attitudes after using the SPEAKUP! platform for four weeks.

Table 2. Changes in Violence Prevention Knowledge and Attitudes Among Adolescents Before and After the Intervention

Dimension	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Mean Difference	p-value
<b>Knowledge</b>	Control	62.1 (8.3)	64.5 (8.1)	+2.4	0.078
	Intervention	61.8 (8.6)	75.6 (7.9)	+13.8	<0.001
<b>Attitude</b>	Control	65.2 (7.6)	66.8 (7.4)	+1.6	0.092
	Intervention	64.9 (7.8)	73.2 (7.1)	+8.3	<0.001

Participants in the intervention group showed substantially greater improvements in both knowledge and attitudes related to violence prevention compared with the control group. Significant improvement in emotional well-being was observed among adolescents who used the SPEAKUP! platform.

Table 3. Changes in Emotional Well-Being Scores Among Adolescents Before and After the Intervention

Group	Pre-test Mean (SD)	Post-test Mean (SD)	Mean Difference	p-value
Control	71.4 (9.1)	70.2 (8.8)	-1.2	0.210
Intervention	70.9 (8.7)	64.1 (7.9)	-6.8	<0.001

The intervention group experienced a significant reduction in SDQ scores, indicating fewer emotional and behavioral difficulties after the intervention. Independent t-test analysis demonstrated significantly greater improvements in the intervention group compared with the control group across all primary outcomes.

Table 4. Comparative Effects of Community-Based Digital Support Between Intervention and Control Groups

Domain	$\Delta$ Control Mean $\pm$ SD	$\Delta$ Intervention Mean $\pm$ SD	t	df	p
Violence Prevention Knowledge	+2.4 $\pm$ 5.6	+13.8 $\pm$ 6.2	18.3	414	<0.001
Violence Prevention Attitude	+1.6 $\pm$ 4.9	+8.3 $\pm$ 5.1	14.9	414	<0.001
Emotional Well-Being	-1.2 $\pm$ 4.7	-6.8 $\pm$ 5.0	-13.6	414	<0.001

These findings indicate that community-based digital support through the SPEAKUP! platform was more effective than conventional health promotion in improving adolescent violence prevention awareness and emotional well-being.

## DISCUSSION

The findings of this study indicate that the SPEAKUP! platform produced significant short-term improvements in violence prevention awareness and emotional well-being among adolescents. These effects may be explained by the integration of educational, behavioral, emotional, and social support components within a single community-based digital platform, enabling adolescents to engage with health information, self-reflection, and peer support in a confidential and accessible environment. Adolescents who used the platform demonstrated higher improvements in knowledge and attitudes toward violence prevention compared with those who received conventional health education. Emotional well-being also improved after the intervention, reflected by lower emotional and behavioral difficulty scores. These findings suggest that community-based digital support can become an alternative approach for adolescent health promotion, particularly in addressing sensitive psychosocial issues that are often difficult to discuss openly in schools or families (CDC, 2022; Christens, 2019; Laverack, 2021b).

The increase in violence prevention knowledge and attitudes may be related to the way information was delivered through the platform. Adolescents tend to respond more positively to learning methods that are interactive, flexible, and visually engaging. Educational videos and digital discussions allowed participants to understand situations related to bullying, peer violence, and emotional abuse more easily than through conventional lecture-based education (Huang, 2022; Piolanti & Foran, 2022). Adolescents were also able to access the material repeatedly according to their own pace, which may have strengthened understanding and retention of information. Previous studies have reported similar findings, showing that digital learning media improve adolescent participation and increase awareness of risky behaviors because the approach feels more relevant to their daily experiences (Mancone, 2024; Odgers & Jensen, 2020; Rideout, 2021; UNESCO, 2021).

Another important finding is the improvement in emotional well-being among adolescents in the intervention group. Adolescence is often accompanied by emotional instability, academic pressure, peer conflict, and difficulties expressing emotions. In this study, features such as emotion journaling, self-screening, and relaxation guidance appeared to help adolescents become more aware of their emotional

conditions and coping responses. Some adolescents may feel uncomfortable discussing emotional problems directly with adults or counselors. Therefore, the availability of a private digital space may encourage more honest self-expression and emotional reflection (Azis et al., 2017; Mancone et al., 2024; Nurhidayah, Sari, & Wardani, 2025). Earlier studies also found that digital psychosocial support can reduce stress and improve emotional regulation when adolescents are provided with safe and accessible platforms (Nurhidayah, 2024; Nurhidayah, Sari, Kusumawati, et al., 2025).

The discussion forum within the platform may also contribute to positive outcomes. Adolescents often rely on peer interaction when dealing with personal problems. Through positive online discussions, participants had opportunities to share experiences, receive support, and feel less isolated. This is important because feelings of loneliness and fear of judgment often prevent adolescents from seeking help. Community-based digital support therefore functions not only as a source of information but also as a social support environment that encourages connectedness and emotional safety (Hong et al., 2025; Nobre, 2021; Singh, 2025).

Compared with many previous interventions that focus only on mental health education or violence prevention separately, SPEAKUP! combines both aspects within one platform. This integrated approach may explain why improvements were observed in both violence prevention awareness and emotional well-being simultaneously. Adolescents not only received educational content but were also supported through self-reflection and emotional coping features. This combination reflects the reality that violence experiences and emotional problems among adolescents are closely interconnected and should not be addressed separately (Bosch & al., 2024; Čuš et al., 2021; Fernandez-Batanero, 2025). From the perspective of community nursing, the findings show that digital support platforms can strengthen preventive and promotive services for adolescents. Community nurses often face limitations in time, workforce, and access when providing psychosocial support in schools or communities. Digital platforms may help extend education, screening, and emotional support beyond face-to-face interactions. In addition, adolescents may be more willing to engage with digital services because they provide privacy and flexibility. Integrating digital support into community health programs could therefore increase the reach of adolescent mental health and violence prevention services (CDC, 2022; Fernandez-Batanero, 2025; Marcu et al., 2022).

Several limitations and potential sources of bias should be considered when interpreting the findings. First, the study was conducted in a single district, which may limit the generalizability of the results to adolescents from different cultural or geographical settings. Second, the intervention was implemented for only four weeks; therefore, the findings primarily reflect short-term effects and cannot determine whether the observed improvements are sustained over time. Third, outcome measures relied on self-reported questionnaires, creating the possibility of social desirability bias, recall bias, and response bias. Participants in the intervention group may also have been more motivated to provide favorable responses because they were aware of receiving the digital intervention. Furthermore, blinding of participants was not feasible due to the nature of the intervention, which may have introduced performance bias. Although allocation concealment and blinded data analysis were implemented to minimize bias, future studies should consider longer follow-up periods, broader sampling frameworks, and more advanced analytical approaches to strengthen causal inference and external validity.

## CONCLUSION

This study demonstrates that community-based digital support through the SPEAKUP! platform effectively improves adolescents' violence prevention awareness and emotional well-being. Adolescents who received the intervention showed better knowledge and attitudes toward violence prevention, as well as reduced emotional and behavioral difficulties compared with those receiving conventional health education. The findings indicate that digital platforms can provide not only educational benefits but also emotional and social support that are accessible, private, and more acceptable for adolescents.

The integration of educational videos, discussion forums, self-screening, emotion journaling, and relaxation guidance appears to support adolescents in understanding violence-related issues while also helping them manage emotional challenges. These findings strengthen current evidence that

adolescent health promotion programs are more effective when educational and psychosocial support components are combined within youth-friendly digital environments.

From a community nursing perspective, the SPEAKUP! platform offers a practical approach for extending violence prevention and emotional support services in schools and community settings. Digital community support may help nurses and health workers reach adolescents more effectively, particularly those who are reluctant to seek face-to-face support because of stigma or privacy concerns.

Future studies are recommended to evaluate the long-term impact of digital community support interventions, involve wider populations, and examine the influence of family, school, and peer involvement in sustaining positive adolescent behavioral and emotional outcomes.

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