

# Passive Acceptance of Sexual Abuse: A Case Report Based on Reality Counseling Approach with Choice Theory

Huynh Cong Du<sup>1\*</sup>, Truong Thi Xuan Huong<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Labour and Social Affairs, Branch 2 in Ho Chi Minh City (ULSA2)

<sup>2</sup> Faculty of Political Theory, Trade Union University, Vietnam

\*Corresponding Author: [duhc@ldxh.edu.vn](mailto:duhc@ldxh.edu.vn)

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**Abstract:** *Research has shown that victims of sexual abuse have experienced a range of psychological consequences, including anxiety, sadness, PTSD, insomnia, physical problems, suicidal thoughts and actions, and panic disorder. In this research, we include the case of a 45-year-old married woman whose father has been abusing her sexually since she was 15 years old. She chose to keep the abuse quiet in order to safeguard her family as a whole. As a result, she has been experiencing complaints, melancholy, and gastrointestinal distress. The reality therapy technique with choice theory is used to assist the client. The goal of the six sessions in the therapy program was to make the client aware of her apathy toward the issue that is negatively impacting her life and help her make the shift from living a passive to an active life. After six weeks, the therapy program's outcomes revealed that the client was content to tell her husband about her secret story, to take action rather than wait for her father to change, and to take ownership of her decision rather than whine about it.*

**Keywords:** Choice Theory, Reality Counseling Approach, Sexual Abuse, Passive Acceptance

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## 1. Introduction

Sexual abuse is defined by the World Health Organization (WHO) as any sexual act, attempt to obtain a sexual act, unwanted sexual remarks or advances, or acts, regardless of relationship to the victim, to traffic in or otherwise directed against a person's sexuality using coercion, by any person in any setting, including but not limited to home and work. Blackmail, psychological intimidation, various degrees of force, and threats of bodily injury or failing to get a job, grade, or other opportunity are examples of coercion. Additionally, when a person is unable of giving consent—such as when under the influence of drugs or alcohol, unconscious, or mentally incapacitated—sexual assault may also occur. (WHO, 2012).

According to Contreras J et al. (2010), there are a number of reasonable explanations for why women may not disclose sexual violence, such as: shame, insufficient support networks, fear of reprisals, fear of being blamed, fear of not being believed, fear of mistreatment and/or social exclusion. According to a 2019 study conducted in Vietnam, up to 63 percent of Vietnamese women experience physical, sexual, emotional, economic, or behavioral abuse. The reason this problem persists may be due to social and cultural stigma and silence, which prevent victims from speaking up and seeking assistance (Nguyen Thi Ha, cited in Minh Nga, 2020).

The psychological impacts on women who have experienced sexual abuse can vary. For instance, a recent study by Saunders et al. (1999) discovered that women who were raped as children had a lifetime risk of PTSD diagnoses that was more than three times higher than that of nonvictimized women. Additionally, survivors are more prone to experience mental health issues like despair and suicidal thoughts. In a similar vein, Coid et al. (2003) discovered that women who disclosed having been sexually abused as children had a five-fold higher likelihood of receiving a PTSD diagnosis than nonvictims. According to a WHO (2012) review of relevant evidence, depression, anxiety, and post-traumatic stress disorder (PTSD) are three distinct psychological effects of sexual violence and coercion on women. panic disorder, somatic problems, insomnia, and suicidal thoughts and actions.

As can be seen from the foregoing perspective, it is crucial and meaningful to figure out how to assist the victim of sexual assault. In keeping with this philosophy, this study made every effort to give a case as a conclusion based on reality therapy.

## **2. Related Literature Review**

### **Choice theory and Reality Counseling Approach**

William Glasser advocated reality therapy (RT), contending that there are five basic requirements that all people have from birth: demands for food and shelter, as well as psychological requirements including a sense of security and safety; Love and belonging: the necessity of having positive relationships with all people, including family, friends, and coworkers; Power: a desire to make a difference that will enable them to leave a lasting legacy; Freedom: the yearning to experience a sense of independence in their day-to-day activities and artistic endeavors; additionally Fun: People must be able to enjoy themselves, laugh, unwind, and learn things they find fascinating and fulfilling.

Human difficulties, according to RT, stem from the unfulfilled needs of those people, particularly the incapacity to connect, the inability to form meaningful relationships with others, or the existence of a poor or unpleasant relationship with at least one important person in one's life. According to Glasser (2004), our suffering is always connected to our interpersonal interactions (Czarny, 2018). Choice theory (Holland & Walker, 2018) states that we experience pain in relationships that do not fulfill us. The deeper the pain and the more inventive we are in our attempts to ease it, the more significant the bond. Glasser was convinced that rather than whining, customers must choose how to behave and take responsibility for their decision in order to satisfy our basic wants. As a result, Glasser proposed a strategy named WDEP system (Wants, Doing Evaluation, Planning) which is known as the heart of RT.

### **The Wants**

Interpreted as a task to investigate the counselee's needs, wants, and perceptions (Corey, 2009). Christensen and Gray (2002) interpreted as exercises meant to assist clients in identifying their preferences. Wubbolding (2002) stated that in order to support the counselee and initiate the process of change, it is imperative to establish a precise understanding and characterization of the counselee's desires. Therefore, the counselor should ask questions to elicit as much information as possible in order to examine the counselee's perspective in this section. According to Holland & Walker (2018), we must phrase the inquiry in this instance so that the counselee is motivated to answer candidly and from their own experience, free from dissent.

### **Doing (Direction and Action)**

This approach involves two critical components that need to be taken into account: an examination of the general behavior's direction and the actions or decisions made regarding specific behaviors (Wubbolding, 2002). While the past is only considered to have an impact on the conduct or difficulties that the counselee is experiencing in the present, reality counseling places an emphasis on behavior and problems that arise in the present (Corey, 2009; Christensen and Gray, 2002). There are decisions to be made in the present, not in the past (Patkar, 2018). Although we are powerless to alter the past, we do have the ability to alter how we react to the past. Regarding the queries that reality therapists pose these days: "What are you doing (now)?" Despite the fact that the client's issues may

### **Evaluation**

Asking the client to complete a self-evaluation is the fundamental component of reality therapy. Determine if their present actions encourage more of the same or different behavior (Christensen and Gray, 2002). In the meantime, Wubbolding (2002) asserts that this element is necessary in order to modify human behavior. It should be made clear that the process described here is not a "clinical diagnosis" or evaluation in the context of therapy. Instead, it is a collection of the counselee's value assessments, introspection, choices, and shifts in perspective. Through restructuring cognition, the client concludes that their current course in life is not what they wish to take and that their current conduct is neither beneficial nor helpful in reaching their goals (Wubbolding 2002).

In this section, the counselor's job is to remind clients of their desires, assess if they truly want them, and make sure that desires can support their needs (Patkar, 2018). Furthermore, the counselor's role is to assist the client in making wise decisions and to force the client to assess the caliber of their activities (Corey, 2009). It is said in reality counseling that the client won't change unless she determines that the change (in her/himself) will benefit her/him more. It appears hard for the counselee to change in the absence of an honest self-evaluation. In order to overcome the present situation, the process of analyzing behavior takes into account not just the client's behaviors but also their ideas, feelings, and physiology.

### **Planning (Planning and Action)**

If evaluation is the key to the procedure, planning is the goal (Wubbolding, 2002). This action plan is very important to change. According to Corey, 2009, most of the main work of the counseling process includes helping counsees identify specific / specific ways to fulfill their wants and needs. If counsees can determine what they want to change, they are generally ready to explore other possible behaviors and formulate a plan of action to be taken. The process of creating and implementing these plans will allow the counselee to gain effective control over their lives. If the plan does not go as expected, for whatever reason, the counselor and counselee will work together to make a different plan. Though it can be adjusted as necessary, planning serves as the counselee's beginning point and foundation for life. Corey (2009) suggests using the SAMIC acronym when creating plans to ensure that they are simple, attainable, measurable, immediate, and applicable. They should also be involved and allow the counselee to participate directly. Finally, the planner should oversee, control, and ensure that the counselee is highly committed to the plan and that it can be implemented continuously. It is imperative to educate the counselee during the planning process about the resolution and planning involved, unless they express a commitment to seeing those plans through to completion. Everyone is dependent on the counselee to decide how planning is carried out outside of therapy, that is, in the counselee's everyday life. Though it can be adjusted as necessary, planning serves as the counselee's beginning point and foundation for life. Corey

(2009) suggests using the SAMIC acronym when creating plans to ensure that they are simple, attainable, measurable, immediate, and applicable. They should also be involved and allow the counselee to participate directly. Finally, the planner should oversee, control, and ensure that the counselee is highly committed to the plan and that it can be implemented continuously. It is imperative to educate the counselee during the planning process about the resolution and planning involved, unless they express a commitment to seeing those plans through to completion. Everyone is dependent on the counselee to decide how planning is carried out outside of therapy, that is, in the counselee's everyday life. Good treatment has the power to set someone on the path to living a more responsible life. By asking the client to do self-evaluation, identify his goals, and adhere to the action plan, the therapist is also assisting the client in gauging how hard the client is willing to work in order to make the necessary changes. Even if the counselee is not always successful in carrying out their objectives, they are supported by a therapist who never gives up and has faith in their ability to make better decisions.

### **3. Result**

The study's findings will be given as a counseling case report, as suggested:

#### **3.1 The case's history and assessment**

The 45-year-old Ms. Mai's tale is told in this case study. Because she was sexually harassed by her father when she was 15 years old, Mai has symptoms of insomnia, physical complaints, and suicidal thoughts and actions. With the thought that she would be free from her father once she got married, she quietly kept this news to herself. When the time came, she married at the age of 19, moved away from her large family, and started a little one. A few years after her marriage, her father paid her a visit and continued to engage in sexual harassment when Mai was around. This time, however, she could take it no more and told her husband about the situation. The husband told Mai's mother about his shock and ensuing rage at his father-in-law in the hopes that she would put an end to his actions. Actually, his mother-in-law took steps to stop this unhealthy tendency, and they were successful up until a few years before she passed away. A few years after Mai's mother passed away, her father paid her a visit and made repeated attempts to molest her sexually. Mai made an unsuccessful attempt to persuade her father to halt his behavior. Once more, she kept the story to herself and planned to die with it because she believed that if she told her husband, he might act irrationally and her father would suffer the worst fate. She also believed that by silently accepting this, she would prevent her father from going to prison and avoid becoming an ungrateful daughter who takes care of her father in her mother's name. She has been experiencing depression, complaints, and signs of gastrointestinal distress, including stomachaches. Although her daughter did not know what had occurred to her mother, she noticed that she was crying and complaining, so she sought out a counselor for support.

#### **3.2 Counseling procedure and sessions**

Even though Mai's daughter recommended her to the counselor, Mai actively participated in the counseling process. There were six sessions in the program, lasting in six weeks. First, a counseling relationship will be established with Mai. Next, a discussion of the case evaluation and analysis based steps of the WDEP method in choice theory will take place. The remaining sessions will center on the action plan and follow-up.

**Table 1: Counseling Procedure and Sessions**

Sessions	Behavior objectives
1 Establishment of an emotional connection and initial interview	To form a trust relationship with Ms. Mai based on which to know the background of the case
1 The Want	To help the client know her needs and her perception about her quality world. - What do you want in your life -What do you think is stopping you from making the changes you want?
The Doing	Examining client's actions regarding the problem -"What are you doing now to get want you want?" - "What will you do tomorrow?"
2 The Evaluation of implemented actions regarding the problem	To evaluate the implemented actions in what direction the behavior will be: - What you are doing now helpful to you or hurt you? - Is there a positive congruence between what you are doing now and what you believe? - Are you doing now morally and socially acceptable? - Is what you want / your desire realistic or achievable? - Is it useful for yourself to view your behavior / thoughts in such a way? - How committed are you to the therapeutic process and to your desire to change your life?
3 The Planning and Action	To help client formulate a plan of action to be taken. The process of creating and implementing these plans will allow the counselee to gain effective control over their lives. Planning to behave responsibly by emphasizing internal control, regaining control over your life, recognizing the needs for survival, feeling of belonging, power, value, freedom, and recreation, and the need to satisfy them effectively
5 Checking alternatives	Examine possible effective alternatives to fill what members want to get out of their lives, meet basic needs based on realistic images, and increase the sense of responsibility for real-life choices
4 Design a program to help solve the problem	Assisting in developing realistic programs and encouraging them to try alternatives, starting simple commitments and using them as a basis in the next steps, drawing up a plan to implement the demands, and emphasizing useful, sensible, and practical plans. Using such techniques as role-playing, rational discussions, and confrontation, changing negative thoughts into positive ones, verbal shock, meditation, and questioning
5 Clients' commitment to advance and pursue the program	Discussing the fact that every action and decision in this world has its own consequences, the logical and inevitable consequences of behaviors, the commitment to implement realistic programs, and how to act differently in order to achieve what they want. Members value the importance of their relationship and their involvement with others
6 Establishing a plan to evaluate the implementation of the program	Not accepting excuses, re-evaluating values for projects that clients have not acted on, refusing to be punished (for damaging good relationships and creating a failed identity), encouraging evaluation, re-planning, and commitment, reviewing the previously failed programs

### Session 1: Identification of the Want and Emotion Establishment

The client's observations from their conversation with her were included in this session. Since she has never attended therapy, Mai will learn how to communicate verbally, be honest, and discuss her personal history of sexual harassment issues. During the conversation, Mai expressed her desire to be free from her father's sexual assault while still being able to care for her father.

### Session 2: Case evaluation and analysis

The primary issue for Mai is her passive acceptance of demands for affection or belonging. Because her mother passed away and left her father alone, she made the decision to keep her father's recurrent sexual harassment of her private and to refrain from reporting it to the authorities in hopes of upholding her own tiny family and showing her father filial devotion.

In actuality, she grew more emotionally tortured the more she loved them by keeping the narrative a secret. DSM-5 (2023) states that certain emotional pains might create physical symptoms that don't have a clear physical cause. A somatic symptom disorder may be diagnosed when a person's thoughts, feelings, or behaviors related to somatic symptoms cause them great distress or interfere with their ability to function. This diagnosis could clarify that Mai's reported symptoms of sadness, stomachache, and complaints in the case history were related to her emotional pains as a result of her hidden story. Ahmad AH and Zakaria (2015) also discovered in their study that physical pain, such as a stomachache or gastrointestinal disturbance, may be linked to mental anguish. The fact that Mai has passively accepted about her being sexually abused by her father does deeply satisfy her needs of belongs, which was manifested by her expressed symptoms. After a close examination by the counsellor, it was of a benefit that the Reality Counseling with choice theory can help the Mai make an productive choice because this approach aims to counsel clients through their decision-making processes with the intention of empowering the client to make better behavioral decisions that will move her towards whatever goals she strives. Mai's stated symptoms, which indicated that she was being sexually assaulted by her father, are a direct result of her quiet acceptance of this truth. Following a thorough analysis by the counselor, it became clear that Mai could benefit from using choice theory in conjunction with reality counseling. This approach is designed to support clients in making better behavioral decisions that will help them achieve their desired outcomes by guiding them through the decision-making process.

### **Session 3: The Doing and the Evaluation**

Various approaches can be employed to assist Mai in improving her behavior and preventing relapses following the session. The workshop primarily approaches helping the Mai from the perspective of an action-oriented approach. The client is able to see that she is the only one over whom she has control—no one else will be able to decide what to do for her. In order to help the client prevent harassment in the future, the counselor will also offer guidance on how to make better judgments. The client is thus able to determine how to safeguard oneself and what to do for such a purpose through various planning techniques. This session included the interview with Mai, to assess her actions in relation to the issue.

Counselor: "What are you doing now to stop your father's sexual harassment behavior?"

Client: I felt that by requesting my father to stop without informing anybody else about this story, I would not be harming my father's reputation.

Counselor: I believe you see that it wasn't a wise choice, and the idea was only a cover tale.

Client: Well, I've learnt my lesson and think that keeping this story to myself wasn't the greatest course of action. I didn't anticipate that my father would continue this behavior with me; I only imagined that preserving this story would give him an opportunity to reflect morally. In fact, the more I made a silent effort to persuade him to quit, the more he exploited my silence to harass me more frequently.

Counselor: Based on your quiet and acquiescent acceptance of your father's repeated actions, I think you've learned your lesson.

Client: I have indeed learned my lesson the hard way and suffered the consequences of making unwise choices.

Counselor: It appears that you are aware of the issues with your inefficient conduct and that you are prepared to make changes.

Client: Certainly!

### Session 4: The Planning

Counselor: Advisor: I've already seen a few of the issues you might be dealing with. We discovered that you believed that by keeping your difficulties to yourself, both your father's and your own reputations would be safely protected and that your father would stop his sexual harassment of you. Actually, since your father has persisted in his behavior, your choice to accept it passively has caused you additional emotional suffering. Stated differently, you are powerless over your father's abuse of you. Because of this, you have developed self-control and planning skills by altering the way you think and make decisions.

Client: In all honesty, I've learned a lot about how to think clearly and make plans to switch to a more beneficial option.

Counselor: Of course! I will work with the you to create a plan of action that will be your new course of action. What then is your strategy for taking charge of your life?

Client: Believe that in order to have conscious peace, I must do action to end my father's harassment. I also believe that in order to open my tightly guarded secret narrative, I must give myself enough time to heal.

### Session 5: The actual implementation

The client implemented the plan as follows, prioritizing her behavior targets during the discussion:

**Table 2: Implementation Plan**

Behavior objective	Choice of action	Activities	Target time of action
a) Control over her life	Defending myself rather than waiting for my father to halt his deceptive behavior toward me	I write down and secure any possibility that I might run into my father in person.	For the duration starting on April 5, 2024,
b) Opening	Narrating my story and experience	Instead of keeping this suffering to myself, I will tell my husband the whole tale of my life. If something is hard to explain, I'll write it in.	For the duration starting on April 12, 2024,
c) Safety priority	Putting in a surveillance camera	To keep myself safe, I'll install cameras in all the awkward places.	For the duration starting on April 17th, 2024
d) Recreation	Body building	I'll join an exercise class to make new people, and I'll also pick up dancing.	For the duration starting on May 1, 2024

### Sessions 6: Follow-up

The counselor invited Mai to explain her planning steps at their most recent session. After six (6) of implementing her new choice, Mai was able to engage with her action plan and tell the counselor that she could refuse any unnecessary meetings with her father, that she could confide in her husband about her problems without fear of criticism but instead felt understood, and that she could now dance well with her friends. She also mentioned how her daughter, husband, and the security camera made her feel safe.

## 4. Discussion and Conclusion

The WHO (2012) defined sexual abuse as any act of sexuality, attempt to obtain an act of sexuality, unwanted sexual remarks or advances, or acts to traffic or otherwise directed against

a person's sexuality using coercion, by any person, regardless of relationship to the victim, in any setting, including but not limited to home and work.

Recent research on sexual abuse indicates that the aftereffects of this horrific experience put the victim's physical and mental health in danger and force them to suffer for the rest of their lives. Victims of sexual abuse may struggle with despair, suicidal thoughts, and other mental health issues. In a similar vein, Coid et al. (2003) discovered that women who disclosed having been sexually abused as children had a five-fold higher likelihood of receiving a PTSD diagnosis than nonvictims. According to a WHO (2012) review of relevant evidence, depression, anxiety, and post-traumatic stress disorder (PTSD) are three distinct psychological effects of sexual violence and coercion on women. panic disorder, somatic problems, insomnia, and suicidal thoughts and actions.

The purpose of this activity is to support individuals in making a new decision that goes against accepting sexual harassment in a passive manner. The 45-year-old Ms. Mai's tale is told in this case study. Because she was sexually harassed by her father when she was 15 years old, Mai has symptoms of insomnia, physical complaints, and suicidal thoughts and actions. With the belief that her father would cease once she married, she quietly kept this tale to herself. But after her mother died, he would mistreat her once more. She has been experiencing depression, complaints, and signs of gastrointestinal distress, including stomachaches. Her daughter did not comprehend what had happened when she saw her crying and her complaints. The purpose of this activity is to support individuals in making a new decision that goes against accepting sexual harassment in a passive manner. The 45-year-old Ms. Mai's tale is told in this case study. Because she was sexually harassed by her father when she was 15 years old, Mai has symptoms of insomnia, physical complaints, and suicidal thoughts and actions. With the belief that her father would cease once she married, she quietly kept this tale to herself. But after her mother died, he would mistreat her once more. She has been experiencing depression, complaints, and signs of gastrointestinal distress, including stomachaches. Her daughter did not comprehend what had happened when she saw her crying and her complaints. The beneficial relationship between the client and the counselor helped the client make the change-inducing decision. The WDEP system in Reality counseling with choice theory was the modality used for the counseling. Six sessions over the course of six weeks comprised the counseling. During the subsequent meeting, the therapist was asked to consider her action plan. She expressed her satisfaction in sharing her personal story with her spouse and taking responsibility for her actions instead of waiting for others to change.

One may argue that the choice theory along with reality counseling technique operates on this topic. The way the theory concentrates on issue-solving and assists in transitioning from passive acceptance of the problem to active choice for the course of one's life is among its major advantages. Since reality therapists are solution-focused, they concentrate on finding answers rather than focusing on the incident that may have prompted the need for treatment (Hussein et al. 2014). One gains from the treatment by connecting with her consciousness and recognizing the thoughts and behaviors that need to change. Instead, then addressing internal problems that could stigmatize the client if addressed, the treatment focuses on the external factors that are causing the behavior. As a result, the idea is helpful and will aid in finding answers and changing behavior. The strategy consists of problem identification, planning to prevent difficulties, and developing follow-up plans to ensure that the customer is implementing the programs as intended.

To summarize, the literature analysis and case study demonstrated the significance of investigating the ramifications of a passive acceptance of sexual abuse. Additionally, choice theory-based reality counseling is useful in assisting clients in transitioning from a passive to an active position.

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