

DAFTAR PUSTAKA

- Abd Malek, N. S. A., Raop, N. A., & Hassan, M. S. (2020). Peranan Kesehatan Mental Sebagai Moderator Terhadap Kecenderungan Bunuh Diri. *Jurnal Sains Sosial @ Malaysian Journal of Social Sciences*, 5(1), 87-99.
- Abdelati, N. S. (2016). The Effectiveness of Islamic Cognitive Behavioral Therapy with Selected Islamic Content for Depressed Adults in Libya. *Unpublished Doctorate dissertation*). Penang: *Universiti Sains Malaysia*.
- Aditomo, A., & Retnowati, S. (2004). Perfeksionisme, harga diri, dan kecenderungan depresi pada remaja akhir. *Jurnal Psikologi*, 31(1), 1-14.
- Adriansyah, M. A., Rahayu, D., & Prastika, N. D. (2015). Pengaruh Terapi Berpikir Positif, Cognitive Behavior Therapy (CBT), Mengelola Hidup dan Merencanakan Masa Depan (MHMMMD) terhadap Penurunan Kecemasan Karir pada Mahasiswa Universitas Mulawarman. *Psikoislamika: Jurnal Psikologi dan Psikologi Islam*, 12(2), 41-50.
- Afdal, A., Syawitri, M., & Fikri, M. (2019). Cognitive Behavior Therapy (CBT) in reducing Psychological Impacts on Children Victims of Domestic Violence. *Jurnal EDUCATIO: Jurnal Pendidikan Indonesia*, 5(2), 109-114.
- Afrizal. (2014). *Metode Penelitian Kualitatif*. Jakarta: Rajagrafindo.
- Agung, A., & Ratnawili, R. (2020). Pengaruh Locus of Control, Self Efficacy dan Self Esteem Terhadap Kinerja Perawat.
- Agussani, A. (2020). [HAKI] Pemberdayaan Sosial Masyarakat Desa Melalui LifeSkill Yang Berbasis Kearifan Lokal. *Kumpulan Penelitian dan Pengabdian Dosen*.
- Aini, D. K. (2019). Penerapan cognitive behaviour therapy dalam mengembangkan kepribadian remaja di panti asuhan. *Jurnal Ilmu Dakwah*, 39(1), 70-90.
- Ajilian Abbasi, M., Saeidi, M., Khademi, G., Hoseini, B. L., & Emami Moghadam, Z. (2015). Child Maltreatment in the World: A Review Article. *International Journal of Pediatrics*, 3(1.1), 353-365.
- Ajzen, I. (2002). Constructing a TPB questionnaire: Conceptual and methodological considerations.
- Anderson, C. M., Teicher, M. H., Polcari, A., & Renshaw, P. F. (2002). Abnormal T2 relaxation time in the cerebellar vermis of adults sexually abused in childhood:: potential role of the vermis in stress-enhanced risk for drug abuse. *Psychoneuroendocrinology*, 27(1-2), 231-244.

- Andrews, J. A., Astell, A. J., Brown, L. J., Harrison, R. F., & Hawley, M. S. (2017). *Technology for Early Detection of Depression and Anxiety in Older People*. Paper presented at the AAATE Conf.
- Andriyani, A., & Widigdo, J. (2017). *Model Layanan Screening Dalam Konseling Kesehatan Mental Berbasis Android (E-Couns) Untuk Mendukung Gerakan Revolusi Mental*. Paper presented at the Prosiding Seminar Bimbingan dan Konseling.
- Aprilyanto, N. H. (2011). *Eksplorasi Kekerasan Dalam Kumpulan Cerpen Kali Mati Karya Joni Ariadinata: Kajian Psikoanalisis Sigmund Freud*. Universitas Negeri Semarang.
- Arikunto, S. (2006). Metodologi penelitian. *Yogyakarta: Bina Aksara*.
- Ariyanti, N. M. P., & Valentina, T. D. KEHIDUPAN BERMAKNA PEREMPUAN YANG MENGALAMI KEKERASAN DALAM RUMAH TANGGA. *Jurnal Psikologi Udayana, 3(2)*.
- Arnou, B. A. (2004). Relationships between childhood maltreatment, adult health and psychiatric outcomes, and medical utilization. *Journal of clinical psychiatry, 65*, 10-15.
- Ayu, W. D., Yulita, V., & Rahmawati, D. (2018). EFFECTIVENESS USUAL COUNSELING BY PHARMACIST OF RSUD AW SJAHRANIE SAMARINDA TO IMPROVE MEDICATION COMPLIANCE IN HYPERTENSION. *Journal of Tropical Pharmacy and Chemistry, 4(3)*, 142-146.
- Bakker, D., & Rickard, N. (2019). Engagement with a cognitive behavioural therapy mobile phone app predicts changes in mental health and wellbeing: MoodMission. *Australian Psychologist, 54(4)*, 245-260.
- Bashoor, K., & Supahar, S. (2018). Validitas dan reliabilitas instrumen asesmen kinerja literasi sains pelajaran fisika berbasis STEM. *Jurnal penelitian dan evaluasi pendidikan, 22(2)*, 219-230.
- Bastaman, H. D. (1996). *Meraih hidup bermakna: Kisah pribadi dengan pengalaman tragis*: Paramadina.
- Beck, A. T., Steer, R. A., Ball, R., & Ranieri, W. F. (1996). Comparison of Beck Depression Inventories-IA and-II in psychiatric outpatients. *Journal of personality assessment, 67(3)*, 588-597.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of general psychiatry, 4(6)*, 561-571.
- Berman, A., Snyder, S. J., Kozier, B., Erb, G. L., Levett-Jones, T., Dwyer, T., . . . Park, T. (2014). *Kozier & Erb's Fundamentals of Nursing Australian Edition (Vol. 3)*: Pearson Higher Education AU.
- Brown, D. (2002). (Mis) representations of the long-term effects of childhood sexual abuse in the courts. *Journal of child sexual abuse, 9(3-4)*, 79-107.
- Bulik, C. M., Prescott, C. A., & Kendler, K. S. (2001). Features of childhood sexual abuse and the development of psychiatric and

- substance use disorders. *The British Journal of Psychiatry*, 179(5), 444-449.
- Burchert, S., Kerber, A., Zimmermann, J., & Knaevelsrud, C. (2019). 14-day smartphone ambulatory assessment of depression symptoms and mood dynamics in a general population sample: comparison with the PHQ-9 depression screening. *Frontiers in psychology*, 10, 704.
- Calhoun, J. F., & Acocella, J. R. (1995). Psikologi tentang penyesuaian dan hubungan kemanusiaan. *Semarang: IKIP Semarang*.
- Charkhandeh, M. (2014). Effectiveness Of Cognitive Behavior Therapy And Reiki Therapy On Adolescents With Depressive Disorders In Tehran, Iran.
- Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., . . . Prokop, L. J. (2010). *Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis*. Paper presented at the Mayo clinic proceedings.
- Chin, W. W., Peterson, R. A., & Brown, S. P. (2008). Structural equation modeling in marketing: Some practical reminders. *Journal of marketing theory and practice*, 16(4), 287-298.
- Chinawa, J. M., Aronu, A., Chukwu, B., & Obu, H. (2014). Prevalence and pattern of child abuse and associated factors in four secondary institutions in Enugu, Southeast Nigeria. *European journal of pediatrics*, 173(4), 451-456.
- Choi, K. W., Chen, C.-Y., Stein, M. B., Klimentidis, Y. C., Wang, M.-J., Koenen, K. C., & Smoller, J. W. (2019). Assessment of bidirectional relationships between physical activity and depression among adults: a 2-sample mendelian randomization study. *JAMA psychiatry*, 76(4), 399-408.
- Christ, C., De Waal, M. M., Dekker, J. J., van Kuijk, I., Van Schaik, D. J., Kikkert, M. J., . . . Messman-Moore, T. L. (2019). Linking childhood emotional abuse and depressive symptoms: The role of emotion dysregulation and interpersonal problems. *PloS one*, 14(2), e0211882.
- Citra, A. F. Forgiveness pada Orangtua Korban Kekerasan pada Anak.
- Clark, D. A., & Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: Science and practice*: Guilford Press.
- Cohen, J. A., Mannarino, A. P., Deblinger, E., & Berliner, L. (2009). Cognitive-behavioral therapy for children and adolescents.
- Cohen, J. A., Mannarino, A. P., Murray, L. K., & Igelman, R. (2006). Psychosocial interventions for maltreated and violence-exposed children. *Journal of Social Issues*, 62(4), 737-766.
- Cohen, J. A., Mannarino, A. P., Perel, J. M., & Staron, V. (2007). A pilot randomized controlled trial of combined trauma-focused CBT and sertraline for childhood PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(7), 811-819.

- Conte, J. R., & Schuerman, J. R. (1987). The effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence*, 2(4), 380-390.
- Courtois, C. A. (1997). Healing the incest wound: A treatment update with attention to recovered-memory issues. *American Journal of Psychotherapy*, 51(4), 464-496.
- Creswell, J. W. (2010). *Research design: Qualitative, quantitative, and mixed methods approaches*: Sage publications.
- Crosson-Tower, C. (2005). Understanding child abuse and neglect.
- Danielsson, L., Noras, A. M., Waern, M., & Carlsson, J. (2013). Exercise in the treatment of major depression: a systematic review grading the quality of evidence. *Physiotherapy theory and practice*, 29(8), 573-585.
- Darmawan, W., Hidayat, E. N., & Raharjo, S. T. (2019). Advokasi Sosial Terhadap Anak Korban Kekerasan Seksu. *Prosiding Penelitian dan Pengabdian kepada Masyarakat*, 6(1), 96-107.
- Dartnall, E., & Jewkes, R. (2013). Sexual violence against women: the scope of the problem. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27(1), 3-13.
- Davidson, G., Neale, J., & Kring, A. (2014). *Psikologi Abnormal*. Jakarta: PT Raja Grafindo Persada.
- De Jong, A. R. (1985). Vaginitis due to Gardnerella vaginalis and to *Vandida albicans* in sexual abuse. *Child abuse & neglect*, 9(1), 27-29.
- DESRI, I. (2017). PENGARUH SIKAP MANDIRI DAN DUKUNGAN SOSIAL TERHADAP INTENSI BERWIRAUSAHA PADA SISWA KELAS XI JURUSAN PEMASARAN SMK PGRI 2 KOTA JAMBI. *Jurnal PENGARUH SIKAP MANDIRI DAN DUKUNGAN SOSIAL TERHADAP INTENSI BERWIRAUSAHA PADA SISWA KELAS XI JURUSAN PEMASARAN SMK PGRI 2 KOTA JAMBI*.
- Dinas, P., Koutedakis, Y., & Flouris, A. (2011). Effects of exercise and physical activity on depression. *Irish journal of medical science*, 180(2), 319-325.
- Dinwiddie, S., Heath, A. C., Dunne, M. P., Bucholz, K. K., Madden, P. A., Slutske, W. S., . . . Martin, N. G. (2000). Early sexual abuse and lifetime psychopathology: a co-twin–control study. *Psychological medicine*, 30(1), 41-52.
- Dirgayunita, A. (2016). Depresi: Ciri, penyebab dan penanganannya. *Journal An-Nafs: Kajian Penelitian Psikologi*, 1(1), 1-14.
- Durrant, J. E., & Janson, S. (2005). Law reform, corporal punishment and child abuse: the case of Sweden. *International Review of Victimology*, 12(2), 139-158.
- Eckshain, D., Kuppens, S., Ugueto, A., Ng, M. Y., Vaughn-Coaxum, R., Corteselli, K., & Weisz, J. R. (2019). Meta-analysis: 13-year follow-up of psychotherapy effects on youth depression. *Journal of the American Academy of Child & Adolescent Psychiatry*.

- Effendi, Z., & Maryatun, S. (2020). *Development of Screening for Early Detection of Depression, Anxiety and Stress in Adolescents Based on Android Services*. Paper presented at the 2nd Sriwijaya International Conference of Public Health (SICPH 2019).
- Elizabeth, R. (2016). Pemberdayaan wanita mendukung strategi gender mainstreaming dalam kebijakan pembangunan pertanian di perdesaan.
- Feiring, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child maltreatment, 10*(4), 337-349.
- Fernanda, J., & Mawarpury, M. (2019). Keterampilan Sosial Berhubungan Dengan Ide Bunuh Diri: Studi Kasus Di Bener Meriah, Aceh. *PENCERAHAN, 13*(2), 114-123.
- Finkelman, B. (1995). *Child Abuse: A multidisciplinary survey*: Garland Publishing.
- Freyd, J. J., Putnam, F. W., Lyon, T. D., Becker-Blease, K. A., Cheit, R. E., Siegel, N. B., & Pezdek, K. (2005). The science of child sexual abuse: American Association for the Advancement of Science.
- Fuller-Thomson, E., & Brennenstuhl, S. (2009). Making a link between childhood physical abuse and cancer: results from a regional representative survey. *Cancer: Interdisciplinary International Journal of the American Cancer Society, 115*(14), 3341-3350.
- Gamayanti, W. (2016). Gambaran penerimaan diri (self-acceptance) pada orang yang mengalami skizofrenia. *Psymphatic: Jurnal Ilmiah Psikologi, 3*(1), 139-152.
- Gershoff, E. T. (2010). More harm than good: A summary of scientific research on the intended and unintended effects of corporal punishment on children. *LAW & contemp. probs., 73*, 31.
- Ghozali, I. (2006). Statistik Multivariat SPSS. Penerbit Badan Penerbit Universitas Diponegoro. Semarang.
- Ghufron, M. N., & Risnawita S, R. (2010). Teori-teori psikologi.
- Gil, D. G. (1970). *Violence against children: Physical child abuse in the United States* (Vol. 6): Harvard University Press Cambridge, MA.
- Gisladottir, A., Harlow, B. L., Gudmundsdottir, B., Bjarnadottir, R. I., Jonsdottir, E., Aspelund, T., . . . Valdimarsdottir, U. A. (2014). Risk factors and health during pregnancy among women previously exposed to sexual violence. *Acta obstetrica et gynecologica Scandinavica, 93*(4), 351-358.
- Glock, C., & Stark, R. (1988). Dimensi-Dimensi Keberagamaan. *Agama: Analisa dan Interpretasi Sosiologi*. Jakarta: CV Rajawali.
- Goldman, J., Salus, M. K., Wolcott, D., & Kennedy, K. Y. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*: US Department of Health and Human Services, Administration for Children and
- Hadi, R. R. P. (2016). *Penerapan Focus Group Discussion (Fgd) dalam Meningkatkan Hasil Belajar Siswa Mata Pelajaran Aqidah di*

- Sekolah Menengah Pertama (SMP) Muhammadiyah 7 Surabaya.
Universitas Muhammadiyah Surabaya.
- Hamonangan, R. H., & Widiyanto, S. (2019). Pengaruh self regulated learning dan self control terhadap hasil belajar Bahasa Indonesia. *Jurnal Dimensi Pendidikan dan Pembelajaran*, 7(1), 5-10.
- Hapsari, M. I., & Hasanah, N. U. (2010). Efektivitas pelatihan keterampilan sosial pada remaja dengan gangguan kecemasan sosial. *Psycho Idea*, 8(1).
- Hardjo, S., & Novita, E. (2015). Hubungan dukungan sosial dengan psychological well-being pada remaja korban sexual abuse. *Analitika: Jurnal Magister Psikologi UMA*, 7(1), 12-19.
- Harvey, A., Garcia-Moreno, C., & Butchart, A. (2007). Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2–3, 2007. Geneva: World Health Organization, Department of Violence and Injury Prevention and Disability, 2007.
- Hassan, S. Z., Waqas, M., Yaqub, D., & Asad, D. (2016). Hydrotherapy: an efficient and cost-effective treatment for depression. *International Journal Of Community Medicine And Public Health*, 4(1), 274-274.
- Herman-Giddens, M. E., Brown, G., Verbiest, S., Carlson, P. J., Hooten, E. G., Howell, E., & Butts, J. D. (1999). Underascertainment of child abuse mortality in the United States. *JAMA*, 282(5), 463-467.
- Herrenkohl, R. C. (2005). The definition of child maltreatment: from case study to construct.
- Hetrick, S. E., Cox, G. R., Witt, K. G., Bir, J. J., & Merry, S. N. (2016). Cognitive behavioural therapy (CBT), third-wave CBT and interpersonal therapy (IPT) based interventions for preventing depression in children and adolescents. *Cochrane Database of Systematic Reviews*(8).
- Hides, L., Dingle, G., Quinn, C., Stoyanov, S. R., Zelenko, O., Tjondronegoro, D., . . . Kavanagh, D. J. (2019). Efficacy and outcomes of a music-based emotion regulation mobile app in distressed young people: randomized controlled trial. *JMIR mHealth and uHealth*, 7(1), e11482.
- Holifah, U. N. (2017). *PENGARUH TERAPI OBSERVED & EXPERIENTIAL INTEGRATION (OEI) TERHADAP PENURUNAN DEPRESI PADA REMAJA PEREMPUAN DI BALAI PERLINDUNGAN DAN REHABILITAS SOSIAL WANITA YOGYAKARTA*. Universitas Mercu Buana Yogyakarta.
- Holmes, K., & Sher, L. (2013). 10 Dating violence and suicidal behavior in adolescents. *Adolescent Psychiatry*, 115.
- Honor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health Care*, 24(6), 358-364.
- Hughes, R., Kinder, A., & Cooper, C. L. (2019). Living with Depression *The Wellbeing Workout* (pp. 139-143): Springer.

- Huraerah, A. (2018). *Kekerasan terhadap anak: Nuansa Cendekia*.
- Idris, M. F. (2016). *Gangguan Terkait dengan Stres*. Makassar.
- Indonesia, I. B. (2014). Standar Kompetensi Bidan Indonesia. *Jakarta: IBI*.
- Ito, Y., Teicher, M. H., Glod, C. A., & Ackerman, E. (1998). Preliminary evidence for aberrant cortical development in abused children: A quantitative EEG study. *The Journal of Neuropsychiatry and Clinical Neurosciences*, *10*(3), 298-307.
- Ito, Y., Teicher, M. H., Glod, C. A., Harper, D., Magnus, E., & Gelbard, H. A. (1993). Increased prevalence of electrophysiological abnormalities in children with psychological, physical, and sexual abuse. *The Journal of Neuropsychiatry and Clinical Neurosciences*.
- Jina, R., & Thomas, L. S. (2013). Health consequences of sexual violence against women. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *27*(1), 15-26.
- Jogiyanto, H. M. (2007). Sistem informasi keperilakuan. *Yogyakarta: Andi Offset*.
- Kaloeti, D. V. S., & Aril, H. (2017). Sentuhan: Bagian dari Proses Terapeutik?
- Karim, A. (2018). Mengembangkan kesadaran melestarikan lingkungan hidup berbasis humanisme pendidikan agama. *Edukasia: Jurnal Penelitian Pendidikan Islam*, *12*(2), 309-330.
- Kasen, S., Wickramaratne, P., & Gameroff, M. J. (2014). Religiosity and longitudinal change in psychosocial functioning in adult offspring of depressed parents at high risk for major depression. *Depress Anxiety*, *31*(1), 63-71. doi: 10.1002/da.22131
- Kasen, S., Wickramaratne, P., Gameroff, M. J., & Weissman, M. M. (2012). Religiosity and resilience in persons at high risk for major depression. *Psychological medicine*, *42*(3), 509-519.
- Kazdin, A. E., & Association, A. P. (2000). *Encyclopedia of psychology* (Vol. 2): American Psychological Association Washington, DC.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological bulletin*, *113*(1), 164.
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., . . . Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet*, *378*(9801), 1515-1525.
- Kim, J., Talbot, N. L., & Cicchetti, D. (2009). Childhood abuse and current interpersonal conflict: The role of shame. *Child abuse & neglect*, *33*(6), 362-371.
- Kirshbaum, M. N., Stead, M., & Bartys, S. (2016). An exploratory study of Reiki experiences in women who have cancer. *International journal of palliative nursing*, *22*(4), 166-172.
- Kovacs, M. (1981). Rating scales to assess depression in school-aged children. *Acta Paedopsychiatrica: International Journal of Child & Adolescent Psychiatry*.

- Kudinova, A. Y., James, K., & Gibb, B. E. (2018). Cognitive reappraisal and depression in children with a Parent history of depression. *Journal of abnormal child psychology*, 46(4), 849-856.
- Kugler, L., & Kuhbandner, C. (2015). That's not funny!—But it should be: effects of humorous emotion regulation on emotional experience and memory. *Frontiers in psychology*, 6, 1296.
- Kurniasari, C. I., Dwidiyanti, M., & Sari, S. P. (2019). *PENGARUH TERAPI MINDFULNESS TERHADAP INTERAKSI SOSIAL PASIEN SKIZOFRENIA DENGAN APLIKASI ANDROID SI-DESIS DI RUMAH SAKIT JIWA*. Diponegoro University.
- KUSUMA, E. (2019). *PERANAN KEPALA DESA DALAM PEMBERDAYAAN MASYARAKAT TERHADAP PENINGKATAN EKONOMI DESA BRINGIN KECAMATAN MONTONG KABUPATEN TUBAN*. Universitas Bojonegoro.
- Lazarevich, I., Camacho, M. E. I., Alva, M. d. C. V., Flores, N. L., Medina, O. N., & Zepeda, M. A. Z. (2018). Depression and food consumption in Mexican college students. *Nutrición hospitalaria: Organo oficial de la Sociedad española de nutrición parenteral y enteral*, 35(3), 620-626.
- Lazarevich, I., Irigoyen-Camacho, M.-E., Velázquez-Alva, M.-C., Lara-Flores, N., Nájera-Medinaand, O., & Zepeda-Zepeda, M.-A. (2018a). Depression and food consumption in Mexican college students. *Nutrición Hospitalaria*, 35(3), 620-626.
- Lazarevich, I., Irigoyen-Camacho, M. E., Velázquez-Alva, M. C., Lara-Flores, N., Nájera-Medinaand, O., & Zepeda-Zepeda, M. A. (2018b). Depresión y consumo de alimentos en estudiantes universitarios mexicanos. *Nutrición Hospitalaria*, 35(3), 620-625.
- Lee, H. B., Shin, K. M., Chung, Y. K., Kim, N., Shin, Y. J., Chung, U.-S., . . . Chang, H. Y. (2018). Validation of the Child Post-Traumatic Cognitions Inventory in Korean survivors of sexual violence. *Child and Adolescent Psychiatry and Mental Health*, 12(1), 32.
- Leeb, R., Paulozzi, L., Melanson, C., Simon, T., & Arias, I. (2008). Child maltreatment surveillance: Uniform definitions for public health and recommended data elements: Centers for Disease Control and Prevention (CDC).
- Lestari, R., & Setyodyah, H. (2013). *Rational emotive behaviour therapy (REBT) untuk menangani gangguan depresi*. University of Muhammadiyah Malang.
- Lewinsohn, P. M., Hops, H., Roberts, R. E., Seeley, J. R., & Andrews, J. A. (1993). Adolescent psychopathology: I. Prevalence and incidence of depression and other DSM-III—R disorders in high school students. *Journal of abnormal psychology*, 102(1), 133.
- Libet, J. M., & Lewinsohn, P. M. (1973). Concept of social skill with special reference to the behavior of depressed persons. *Journal of consulting and clinical psychology*, 40(2), 304.

- Lindqvist, D., Wolkowitz, O. M., Mellon, S., Yehuda, R., Flory, J. D., Henn-Haase, C., . . . Neylan, T. C. (2014). Proinflammatory milieu in combat-related PTSD is independent of depression and early life stress. *Brain, behavior, and immunity*, *42*, 81-88.
- Littauer, F. (2002). *Personality plus*: Revell.
- Logsdon, M. C., Wisner, K., Billings, D. M., & Shanahan, B. (2006). Raising the awareness of primary care providers about postpartum depression. *Issues in mental health nursing*, *27*(1), 59-73.
- Lubis, N. (2009). Depresi dan tinjauan psikologis. *Jakarta: Prenada Media Group*.
- Luszczynska, A., Durawa, A. B., Scholz, U., & Knoll, N. (2012). Empowerment beliefs and intention to uptake cervical cancer screening: three psychosocial mediating mechanisms. *Women & Health*, *52*(2), 162-181.
- Martin, R. A., & Lefcourt, H. M. (1983). Sense of humor as a moderator of the relation between stressors and moods. *Journal of personality and social psychology*, *45*(6), 1313.
- Martin, S. L., McLean, J., Brooks, C., & Wood, K. (2019). "I've Been Silenced for so Long": Relational Engagement and Empowerment in a Digital Storytelling Project With Young Women Exposed to Dating Violence. *International Journal of Qualitative Methods*, *18*, 1609406919825932.
- Maryam, S. (2017). Strategi coping: teori dan sumberdayanya. *Jurnal konseling andi matappa*, *1*(2), 101-107.
- Mashudi, E. A. (2015). Pencegahan Kekerasan Seksual Pada Anak Melalui Pengajaran Personal Safety Skills. *Metodik Didaktik: Jurnal Pendidikan Ke-SD-an*, *9*(2).
- Mayangsari, N. A. (2015). *Pemberdayaan Korban Kasus Kekerasan Dalam Rumah Tangga Oleh Yayasan Sukma Legal Resources Center Di Kota Semarang*. Universitas negeri Semarang.
- McFarlane, A. C., Atchison, M., Rafalowicz, E., & Papay, P. (1994). Physical symptoms in post-traumatic stress disorder. *Journal of psychosomatic research*, *38*(7), 715-726.
- McLean, L., Steindl, S. R., & Bambling, M. (2018). Compassion-focused therapy as an intervention for adult survivors of sexual abuse. *Journal of child sexual abuse*, *27*(2), 161-175.
- Meiriana, A. (2016). Hubungan Antara Coping Stress Dan Dukungan Sosial Dengan motivasi Belajar Pada Remaja Yang Orang Tuanya Bercerai (Samarinda). *Jurnal Psikologi*, *24*77-2674.
- Melchiorre, M. G., Chiatti, C., Lamura, G., Torres-Gonzales, F., Stankunas, M., Lindert, J., . . . Soares, J. F. (2013). Social support, socio-economic status, health and abuse among older people in seven European countries. *PloS one*, *8*(1), e54856.
- Meriyati, M., Umi Hijriyah, U., & Relit Nur Edi, R. (2013). Pengaruh Lingkungan Pendidikan dan Tipe Kepribadian Terhadap Konflik Sosial Kelompok Antar Agama (Penelitian Expos Facto Pada

- lingkungan Pendidikan di Tingkat Menengah Atas Kabupaten Lampung Selatan).
- Muafiqoh, L. (2017). *Strategi Coping (Problem Focused Coping Dan Emotional Focused Coping) Ditinjau Dari Tipe Kepribadian (Ekstrovert Dan Introvert) Pada Mahasiswa*. Universitas Mercu Buana Yogyakarta.
- Mubasyaroh, M. (2019). Pendekatan Konseling Realitas dan Terapi Agama Bagi Penderita Psikoprobem. *KOMUNIKA: Jurnal Dakwah dan Komunikasi*, 13(1), 81-96.
- Muñoz-Solomando, A., Kendall, T., & Whittington, C. J. (2008). Cognitive behavioural therapy for children and adolescents. *Current opinion in psychiatry*, 21(4), 332-337.
- Naufal, A. (2019). Pengaruh Aktivitas Fisik Pada Pasien Depresi. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10(2), 285-287.
- Niimura, J., Nakanishi, M., Okumura, Y., Kawano, M., & Nishida, A. (2019). Effectiveness of 1-day trauma-informed care training programme on attitudes in psychiatric hospitals: A pre–post study. *International journal of mental health nursing*.
- Ningrum, D. S. (2017). *Pelatihan Penerimaan Diri Untuk Menurunkan Depresi Pada Pasien Depresi Dengan Status Remisi*. Universitas Mercu Buana Yogyakarta.
- Notoatmodjo, S. (2010). Ilmu perilaku kesehatan.
- Noviana, I. (2015). Kekerasan seksual terhadap anak: dampak dan penanganannya. *Sosio Informa*, 1(1).
- Olafson, E. (2011). Child sexual abuse: Demography, impact, and interventions. *Journal of Child & Adolescent Trauma*, 4(1), 8-21.
- Palfrey, N., Reay, R. E., Aplin, V., Cubis, J. C., McAndrew, V., Riordan, D. M., & Raphael, B. (2018). Achieving service change through the implementation of a trauma-informed care training program within a mental health service. *Community mental health journal*, 1-9.
- Palmius, N., Tsanas, A., Saunders, K., Bilderbeck, A. C., Geddes, J. R., Goodwin, G. M., & De Vos, M. (2016). Detecting bipolar depression from geographic location data. *IEEE Transactions on Biomedical Engineering*, 64(8), 1761-1771.
- Pargament, K. I., Tarakeshwar, N., Ellison, C. G., & Wulff, K. M. (2001). Religious coping among the religious: The relationships between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members. *Journal for the scientific study of religion*, 40(3), 497-513.
- Paul, A. M., & Fleming, C. E. (2019). Anxiety management on campus: An evaluation of a mobile health intervention. *Journal of Technology in Behavioral Science*, 4(1), 58-61.
- Payne, M. S., Cullinane, M., Garland, S. M., Tabrizi, S. N., Donath, S. M., Bennett, C. M., & Amir, L. H. (2016). Detection of *Candida* spp. in the vagina of a cohort of nulliparous pregnant women by culture and molecular methods: is there an association between maternal

- vaginal and infant oral colonisation? *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 56(2), 179-184.
- Prayudha, S. G. (2018). *HUBUNGAN ANTARA ADIKSI GAME ONLINE DENGAN KETERAMPILAN SOSIAL PADA REMAJA*. Universitas Mercu Buana Yogyakarta.
- Primaldhi, A. (2008). Hubungan antara trait kepribadian neuroticism, strategi coping, dan stres kerja. *Jurnal Psikologi Sosial*, 14(03).
- Putri, E. P. (2014). Hubungan Dukungan Sosial Orang Tua, Pelatih dan Teman dengan Motivasi Berprestasi Akademik dan Motivasi Berprestasi Olahraga (Basket) Pada Mahasiswa Atlet Basket Universitas Surabaya. *CALYPTRA*, 3(1), 1-11.
- PUTRI, M. S. (2016). *PENGARUH TERAPI INTERPERSONAL UNTUK MENURUNKAN DEPRESI PADA WANITA*. UNIKA SOEGIJAPRANATA.
- Rajaei, A. R. (2010). Religious cognitive–emotional therapy: A new form of psychotherapy. *Iranian journal of psychiatry*, 5(3), 81.
- Reese-Weber, M., & Smith, D. M. (2011). Outcomes of child sexual abuse as predictors of later sexual victimization. *Journal of Interpersonal Violence*, 26(9), 1884-1905.
- Refaeli, T., Levy, D., Ben-Porat, A., Dekel, R., & Itzhaky, H. (2019). Personal and environmental predictors of depression among victims of intimate partner violence: comparison of immigrant and Israeli-born women. *Journal of interpersonal violence*, 34(7), 1487-1511.
- Refanthira, N. (2021). *Teknik Reframing untuk Mengurangi Pemikiran Negatif pada Wanita Depresi dengan Gejala Psikotik*. Universitas Muhammadiyah Malang.
- Restuastuti, T., & Restila, R. (2018). Analisis Pemberdayaan Masyarakat Sebagai Upaya Pencegahan Penyakit Tidak Menular Melalui Posbindu Ptm Di Kecamatan Xiii Koto Kampar Kabupaten Kampar Riau (Analysis Of Community Empowerment As Prevention Of Noncommunicable Disease Through Posbindu Ptm In Xiii Koto Kampar Sub-District, Kampar, Riau). *ASIAN JOURNAL OF ENVIRONMENT, HISTORY AND HERITAGE*, 2(1).
- Riastiningsih, S., Sidarta, N., Tapa, J. K., & Grogol, J. B. (2019). Hubungan tingkat depresi dengan perilaku anti sosial pada pelajar SMAN 6 Bogor. *SKRIPSI-2018*.
- Ridlo, I. A., Putri, N. K., Intiasari, A. D., Sandra, C., Firdausi, N. J., Adriansyah, A. A., & Laksono, A. D. (2018). FGD Dalam Penelitian Kesehatan: Airlangga University Press.
- Ronneberg, C. R., Miller, E. A., Dugan, E., & Porell, F. (2014). The protective effects of religiosity on depression: A 2-year prospective study. *The Gerontologist*, 56(3), 421-431.
- Roosa, M. W., Reinholtz, C., & Angelini, P. J. (1999). The relation of child sexual abuse and depression in young women: comparison across four ethnic groups. *Journal of abnormal child psychology*, 27(1), 65.

- Rutter, L. A., Weatherill, R. P., Krill, S. C., Orazem, R., & Taft, C. T. (2013). Posttraumatic stress disorder symptoms, depressive symptoms, exercise, and health in college students. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 56.
- Sa'adah, F. M., & Rahman, I. K. (2015). Konsep bimbingan dan konseling cognitive behavior therapy (CBT) dengan pendekatan Islam untuk meningkatkan sikap altruisme siswa. *Hisbah: Jurnal Bimbingan Konseling dan Dakwah Islam*, 12(2), 49-59.
- Saam, Z. (2013). Psikologi keperawatan.
- Safitri, L. (2016). APLIKASI SISTEM PAKAR PENDETEKSI KERUSAKAN PADA SMARTPHONE MENGGUNAKAN METODE DEMPSTER SHAFER. *Jurnal Bangkit Indonesia*, 5(2), 83-83.
- Samson, A. C., & Gross, J. J. (2012). Humour as emotion regulation: The differential consequences of negative versus positive humour. *Cognition & emotion*, 26(2), 375-384.
- Sanders, L. B. (2006). Attitudes, perceived ability, and knowledge about depression screening: a survey of certified nurse-midwives/certified midwives. *Journal of midwifery & women's health*, 51(5), 340-346.
- Saputro, P. H., Budiyanto, D., & Santoso, J. (2015). Model DeLone and McLean untuk mengukur kesuksesan e-government Kota Pekalongan. *Scientific Journal of Informatics*, 2(1), 1-8.
- Sari, M. (2018). *Analisis Kejadian Depresi dan Risiko Bunuh Diri Menggunakan Buddy App pada Remaja di Wilayah Kota Makassar*. Universitas Islam Negeri Alauddin Makassar.
- Sarmiati, S., Kadir, K., Bey, A., & Rahim, U. (2019). Pengaruh Motivasi Belajar dan Dukungan Sosial Terhadap Hasil Belajar Matematika Siswa Kelas VIII SMP Negeri 2 Kusambi. *Jurnal Pendidikan Matematika*, 10(1), 77-88.
- Schraedley, P. K., Gotlib, I. H., & Hayward, C. (1999). Gender differences in correlates of depressive symptoms in adolescents. *Journal of adolescent health*, 25(2), 98-108.
- Scott, K. M., Koenen, K. C., King, A., Petukhova, M. V., Alonso, J., Bromet, E. J., . . . Haro, J. M. (2018). Post-traumatic stress disorder associated with sexual assault among women in the WHO World Mental Health Surveys. *Psychological medicine*, 48(1), 155.
- SEARO, W. (2017). Mental Health Status of Adolescents in South-East Asia: Evidence for Action. *WHO Regional Office for South-East Asia*.
- Sefrina, L. R., Wijaya, H. H., & Gifari, N. (2020). UPAYA PENINGKATAN KESEHATAN MASYARAKAT MELALUI WEBINAR "SEHAT DAN BUGAR MENYAMBUT IDUL FITRI DI TENGAH PANDEMI COVID-19". *JURNAL ABDIMAS KESEHATAN TASIKMALAYA*, 2(02), 5-8.
- Setiawan, A., & Pratitis, N. T. (2015). Religiusitas, dukungan sosial dan resiliensi korban lumpur lapindo Sidoarjo. *Persona: Jurnal Psikologi Indonesia*, 4(02).

- Shors, T. J., & Millon, E. M. (2016). Sexual trauma and the female brain. *Frontiers in neuroendocrinology*, 41, 87-98.
- Singh, A. B., Bousman, C. A., Ng, C. H., Byron, K., & Berk, M. (2015). Effects of persisting emotional impact from child abuse and norepinephrine transporter genetic variation on antidepressant efficacy in major depression: a pilot study. *Clinical psychopharmacology and neuroscience*, 13(1), 53.
- Smith, S. G., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). National intimate partner and sexual violence survey (NISVS): 2010-2012 State report.
- Smith, T. B., McCullough, M. E., & Poll, J. (2004). "Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events": Correction to Smith et al.(2003).
- Smucker, M. R., Craighead, W. E., Craighead, L. W., & Green, B. J. (1986). Normative and reliability data for the Children's Depression Inventory. *Journal of abnormal child psychology*, 14(1), 25-39.
- Stanković, S., Matić, M., Vukosavljević-Gvozden, T., & Opačić, G. (2015). Frustration intolerance and unconditional self-acceptance as mediators of the relationship between perfectionism and depression. *Psihologija*, 48(2), 101-117.
- Stenson, K., Heimer, G., Lundh, C., Nordström, M.-L., Saarinen, H., & Wenker, A. (2003). Lifetime prevalence of sexual abuse in a Swedish pregnant population. *Acta obstetrica et gynecologica Scandinavica*, 82(6), 529-536.
- Stork, S., & Sanders, S. W. (2008). Physical education in early childhood. *The Elementary School Journal*, 108(3), 197-206.
- Su'ud, F. M. (2017). PENGEMBANGAN KETERAMPILAN SOSIAL ANAK USIA DINI Analisis Psikologi Pendidikan Islam. *Journal Al-Manar*, 6(2).
- Sugiyono. (2014). *Metode penelitian pendidikan: pendekatan kuantitatif, kualitatif dan R & D*: Alfabeta.
- Susanti, S. M. (2019). *Cognitive Behavior Therapy (Cbt) Untuk Mengurangi Gejala Posttraumatic Stress Disorder (Ptd) Pada Anak Korban Kekerasan Seksual*. Unika Soegijapranata Semarang.
- Taylor, S. J., & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meanings*: Wiley-Interscience.
- Teicher, M. (2002). The neurobiology of child abuse. *Scientific American*, 286(3), 70.
- Teicher, M. H., Glod, C. A., Surrey, J., & Swett, C. (1993). Early childhood abuse and limbic system ratings in adult psychiatric outpatients. *The Journal of Neuropsychiatry and Clinical Neurosciences*.
- Tri, B. E. T. A. E., Anggadewi, A. T., & Hadriami, E. (2014). OBSERVED & EXPERIENTIAL INTEGRATION (OEI) UNTUK MENURUNKAN GEJALA STRES PASCA TRAUMA (PTSD) PADA PEREMPUAN KORBAN KEKERASAN DALAM RUMAH TANGGA (KDRT). *PSIKODIMENSIA*, 13(2).

- Uyun, Z. (2015). Kekerasan Seksual Pada Anak: Stres Pasca Trauma.
- Wahyuni, S. (2016). Perilaku Pelecehan Seksual dan Pencegahan Secara Dini Terhadap Anak. *JURNAL RAUDHAH*, 4(2).
- Wang, R., Wang, W., DaSilva, A., Huckins, J. F., Kelley, W. M., Heatherton, T. F., & Campbell, A. T. (2018). Tracking depression dynamics in college students using mobile phone and wearable sensing. *Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies*, 2(1), 1-26.
- Wasil, A. R., Venturo-Conerly, K. E., Shingleton, R. M., & Weisz, J. R. (2019). A review of popular smartphone apps for depression and anxiety: Assessing the inclusion of evidence-based content. *Behaviour research and therapy*, 123, 103498.
- Widiansyah, S., Naim, M., & Saputra, V. A. (2020). *STRATEGI MENINGKATKAN DAN MEMPERTAHANKAN PRESTASI BELAJAR MAHASISWA BIDIKMISI FKIP UNTIRTA*. Paper presented at the Prosiding Seminar Nasional Pendidikan FKIP.
- Widodo, S. (2017). *Strategi Pemberdayaan Remaja Putus Sekolah Di Panti Sosial Bina Remaja (Psbr) Bambu Apus Jakarta Timur Melalui Keterampilan Elektro Dan Montir Motor*. Jakarta: Fakultas Ilmu dakwah dan Ilmu Komunikasi Universitas Islam Negeri
- Widom, C. S., DuMont, K., & Czaja, S. J. (2007). A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. *Archives of general psychiatry*, 64(1), 49-56.
- Widosari, Y. W. (2010). Perbedaan derajat kecemasan dan depresi mahasiswa kedokteran preklinik dan ko-asisten di FK UNS Surakarta.
- Wolitzky-Taylor, K. B., Resnick, H. S., McCauley, J. L., Amstadter, A. B., Kilpatrick, D. G., & Ruggiero, K. J. (2011). Is reporting of rape on the rise? A comparison of women with reported versus unreported rape experiences in the National Women's Study-Replication. *Journal of Interpersonal Violence*, 26(4), 807-832.
- Worthington, E., & Sandage, S. (2011). Religion and spirituality. *Psychotherapy: Theory, research, practice, training*, 38, 473-478. doi: 10.1037/0033-3204.38.4.473
- Worthington Jr, E. L., & Sandage, S. J. (2001). Religion and spirituality. *Psychotherapy: Theory, research, practice, training*, 38(4), 473.
- Wright, F. D., Beck, A. T., Newman, C. F., & Liese, B. S. (1993). Cognitive therapy of substance abuse: theoretical rationale. *NIDA research monograph*, 137, 123-123.
- Yani, A. I. (2018). Layanan berbasis android untuk melakukan deteksi dini depresi pada remaja. *EDU Nursing*.
- Zollner, H., Fuchs, K. A., & Fegert, J. M. (2014). Prevention of sexual abuse: improved information is crucial. *Child and Adolescent Psychiatry and Mental Health*, 8(1), 5.

LAMPIRAN

LAMPIRAN 1 IJIN PENELITIAN



KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658, 516-005, Fax (0411) 586013
e-mail : fkmm.unhas@gmail.com, website : www.fkmmunhas.com

No : 4322/UN4.14.8/PL.00.00/2019 20 Mei 2019
Lampiran : -
Perihal : *Permohonan Izin Pengambilan Data*

Kepada Yth : **Kepala Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (P2TP2A) DKI Jakarta**

di

Jakarta

Dengan hormat, kami sampaikan bahwa mahasiswa Program Studi Doktor (S3) Ilmu Kesehatan Masyarakat Universitas Hasanuddin yang tersebut dibawah ini :

Nama Mahasiswa : TRIANA INDRAYANI
Nim : K013172015
Program Studi : Ilmu Kesehatan Masyarakat
Program Pendidikan : Doktor

Bermaksud mengambil data yang terkait **Kekerasan Seksual Pada Anak** dalam rangka persiapan penulisan disertasi.

Sehubungan dengan hal tersebut kami mohon kebijakan Bapak/Ibu kiranya berkenan memberi izin kepada yang bersangkutan.

Atas perkenan dan kerjasamanya diucapkan terima kasih.

Ketua Program Studi Doktor (S3)
Ilmu Kesehatan Masyarakat

Prof. Dr. Ridwan A. SKM, M.Kes, M.Sc. PH
Nip. 196712271992121001

Tembusan :
1. Dekan sebagai laporan
2. Mahasiswa yang bersangkutan
3. Arsip

LAMPIRAN 2 IJIN ETIK PENELITIAN



**KEMENTERIAN RISET TEKNOLOGI DAN PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
KOMITE ETIK PENELITIAN KESEHATAN**

Sekretariat :
Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658, 516-005,
Fax (0411) 586013E-mail : kephkmu@ gmail.com, website : www.ikh.unhas.ac.id

REKOMENDASI PERSETUJUAN ETIK
Nomor : 9703/UN4.14.7/TP.01.02/2019

Tanggal : 13 November 2019

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :



No.Protokol	07111993030	No. Sponsor Protokol	
Peneliti Utama	Triana Indrayani, S.ST., M.Kes	Sponsor	Pribadi
Judul Peneliti	Model Aplikasi Pengendalian Depresi Korban Kekerasan Seksual pada Anak untuk Meningkatkan Kompetensi Bidan di Jakarta Barat		
No.Versi Protokol	1	Tanggal Versi	13 April 2018
No.Versi PSP	1	Tanggal Versi	13 April 2018
Tempat Penelitian	Jakarta Barat Rumah Sakit Cipto Mangunkusumo		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 13 November 2019 sampai 13 November 2020	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.dr.Veni Hadju,M.Sc,Ph.D	Tanda tangan 	Tanggal 13 November 2019
Sekretaris komisi Etik Penelitian	Nama : Nur Arifah,SKM,MA	Tanda tangan 	Tanggal 13 November 2019

Kewajiban Peneliti Utama :


1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan

LAMPIRAN 3 SURAT BALASAN TEMPAT PENELITIAN


A. SURAT BALASAN P2TP2A JAKARTA

	<p>PEMERINTAH PROVINSI DAERAH KHUSUS IBUKOTA JAKARTA DINAS PEMBERDAYAAN, PERLINDUNGAN ANAK DAN PENGENDALIAN PENDUDUK PUSAT PELAYANAN TERPADU PEMBERDAYAAN PEREMPUAN DAN ANAK Jl. Raya Bekasi Timur, Km 18, Pulogadung, Jakarta Timur Telepon : (021) 47882898 Faximile : (021) 47882899 Website : http://dppapp.jakarta.go.id E-mail : dppapp@jakarta.go.id J A K A R T A</p>	<p>Kode Pos : 13250</p>
<p>SURAT KETERANGAN Nomor : 8808 /-082.8</p>		<p>No. Dok. : F-SKT-04 Tanggal : 1 Juli 2016 Revisi : 0 Halaman : 1 dari 1</p>
<p>Yang bertandatangan dibawah ini :</p>		
Nama	: Ir. Wiwik Andayani, M.Si	
NIP	: 196306291991012001	
Jabatan	: Kepala Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (P2TP2A) Provinsi DKI Jakarta	
SKPD	: Dinas Pemberdayaan, Perlindungan Anak dan Pengendalian Penduduk Provinsi DKI Jakarta	
Alamat	: Jl. Raya Bekasi Timur Km. 18 Pulo Gadung, Jakarta Timur	
No. Telp.	: (021) 47882898 No. Fax. (021) 47882899	
<p>Menerangkan dengan sesungguhnya bahwa :</p>		
Nama	: Triana Indrayani	
NIM	: K0131172015	
Program Studi	: Ilmu Kesehatan Masyarakat	
Fakultas	: Kesehatan Masyarakat	
Jenjang	: S3	
Universitas	: Universitas Hasanudin	
Dasar melaksanakan Surat dari	Ketua Program Studi Doktor (S3) Ilmu Kesehatan Masyarakat Universitas Hasanudin Nomor 4322/UN4.14.8/PL.00.00/2019 tanggal 20 Mei 2019 hal Permohonan Izin Pengambilan Data	
<p>Nama tersebut diatas adalah benar telah melakukan penelitian dan pengambilan data di Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (P2TP2A) Provinsi DKI Jakarta mulai Bulan Januari 2020 s.d 6 November 2020.</p>		
<p>Demikian surat keterangan ini saya buat dengan sebenarnya, agar dipergunakan sebagaimana mestinya.</p>		
<p>Dikeluarkan di Jakarta, Pada tanggal 5 November 2020</p>		
<p>Kepala Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak Provinsi DKI Jakarta,</p>		
 Ir. Wiwik Andayani, M.Si NIP: 196306291991012001		

B. SURAT BALASAN P2TP2A TANGERANG



**PUSAT PELAYANAN TERPADU
PEMBERDAYAAN PEREMPUAN DAN ANAK
(P2TP2A)
KABUPATEN TANGERANG**
Sekretariat: Jl. K.H. Sarbini No. 2 Lt. 2 Komplek
Perkantoran Pemda Tigaraksa



Nomor : 06/SB/P2TP2A-kab.tng/XII/2020
Lampiran : -
Perihal : **Balasan Permohonan Izin Penelitian,
Pengambilan Data dan Uji Aplikasi**

Tangerang, 08 Desember 2020
Kepada Yth,
Dekan FIKES Universitas Nasional
di_ _____
Tempat


Menanggapi Surat Saudara Nomor : 544/D/FIKES/XII/2020 Tanggal 08 Desember 2020
Perihal " Permohonan Izin Penelitian dan Pengambilan Data Uji Aplikasi", Pada Mahasiswa :

No	Nama	NIDN	Judul Penelitian Dosen
1.	Triana Indrayani, S.ST., M. Kes	0321048103	Model Aplikasi Deteksi Dini dan Pengendalian Depresi Pada Anak Korban Kekerasan Seksual Uji Aplikasi.
2.	Ligan Rafiani Arsidi Amd.Keb	NPM 195401426576	-
3.	Atikah Amd.Keb	NPM 195401426535	-

Dengan ini menyatakan bersangkutan di atas telah benar-benar melakukan penelitian dan pengambilan data pada tanggal 08 Desember 2020 s/d selesai di Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (P2TP2A) Kabupaten Tangerang, sesuai dengan ketentuan yang berlaku.

Demikian surat ini kami buat, agar dapat dipergunakan sebagaimana mestinya, atas perhatian dan Kerja samanya kami ucapkan terimakasih.

Tangerang 08 Desember 2020
a.n Ketua P2TP2A
Kabupaten Tangerang
Manager Kasus


Hj. YANI PURWASIH, SKM., M.Kes.

LAMPIRAN 4 PEDOMAN WAWANCARA

PEDOMAN WAWANCARA UNTUK ANAK KORBAN KEKERASAN SEKSUAL

1. Pertama kali setelah kejadian, kemana ade melaporkan
 - Tenaga kesehatan (dokter, Bidan, Perawat)
 - Polisi
 - Pak RT
 - Petugas P2TP2A
 - Lain-lain
2. Kepada siapa pertama kali anda menceritakan kejadian kekerasan yang anda alami
 - Orang tua
 - Saudara kandung
 - Teman / sahabat
 - Tenaga kesehatan (dokter, Bidan, Perawat)
 - Polisi
 - Pak RT
 - Petugas P2TP2A
 - Lain-lain
3. Apakah Religiusitas (ketaqwaan/spiritual) dibutuhkan ketika anda mengalami depresi akibat kejadian kekerasan seksual?
(Belief, Practice, Feeling, Knowledge dan Effect) Probing...
4. Kepribadian seperti apa yang seharusnya diterapkan untuk mencegah *depresi (keterbukaan, optimis, disiplin) Probing..*
5. Apakah ada aktifitas atau kegiatan yang anda lakukan untuk mencegah depresi akibat kejadian kekerasan seksual, jika ada, kegiatan seperti apa? **Jasmani dan rohani. Probing..**
6. Pengobatan seperti apa yang menurut anda dapat mengurangi depresi yang anda alami?
(CBT, Interpersonal therapy) Probing..
7. Apakah dukungan social berkaitan dengan pencegahan depresi ? dukungan social seperti apa yang dapat membantu pengendalian depresi?
Dukungan emosional, dukungan instrumental, dukungan penilaian, dukungan informasi, Probing (perdalam)...
8. Apakah pemberdayaan berkaitan dengan pencegahan depresi ? pemberdayaan seperti apa yang dapat membantu pengendalian depresi?
Daya kemampuan dalam pengambilan keputusan
Daya kemampuan mengatasi depresi
Daya kemampuan untuk kembali ke masyarakat
Probing (perdalam)...
9. Adakah pesan yang ingin anda sampaikan untuk teman-teman dan sahabat anda agar terhindar dari tindak kekerasan seksual ?

LAMPIRAN 5 PANDUAN FOCUS GROUP DISCUSSION

PEDOMAN FORUM GROUP DISKUSI MODEL DETEKSI DEPRESI PADA ANAK KORBAN KEKERASAN SEKSUAL DI JAKARTA

Informan Psikolog,, Perwakilan organisasi profesi, P2TP2A dan Bidan Senior

Identitas Responden

1. Hari/tgl wawancara
2. No subyek
3. Umur
4. Pendidikan
5. Tempat bekerja

I. Pendahuluan

II. Perkenalan

III. Pertanyaan

KOMPETENSI

1. Apakah pengetahuan bidan memiliki pengaruh terhadap deteksi dini depresi pada anak korban kekerasan seksual? Pengetahuan apa saja yang diperlukan untuk mendeteksi anak korban kekerasan seksual? **Probing (perdalam)...**
2. Apakah sikap bidan dalam melakukan deteksi dini anak korban kekerasan seksual mempengaruhi pencegahan depresi pada anak korban kekerasan seksual? Sikap bidan seperti apa yang dapat mencegah depresi pada anak korban kekerasan seksual? **Probing (perdalam)...**
3. Apakah keterampilan bidan dalam melakukan deteksi dini anak korban kekerasan seksual mempengaruhi pencegahan depresi pada anak korban kekerasan seksual? keterampilan bidan seperti apa yang dapat mencegah depresi pada anak korban kekerasan seksual? **Probing (perdalam)...**

RELIGIUSITAS

4. Apakah **religiusitas** yang terdiri dari 5 komponen (Belief, Practice, Feeling, Knowledge dan Effect) mempengaruhi tindakan pengendalian depresi pada anak korban kekerasan seksual? apakah ada komponen lain selain 5 komponen tersebut untuk mencegah depresi pada anak korban kekerasan seksual? **Probing (perdalam)...**

KEPRIBADIAN

5. Apakah ada kaitannya factor internal (langsung) seperti kepribadian dengan depresi? Kepribadian seperti apa yang dapat mencegah terjadinya depresi pada anak korban kekerasan seksual? (**keterbukaan, optimis, disiplin**) **Probing..**

AKTIVITAS

6. Apakah aktifitas fisik dapat mencegah depresi pada anak korban kekerasan seksual , jika ada, kegiatan seperti apa? **Jasmani dan rohani. Probing..**

DUKUNGAN SOSIAL

7. Apakah dukungan social berkaitan dengan pencegahan depresi ? dukungan social seperti apa yang dapat membantu pengendalian depresi?

Dukungan emosional, dukungan instrumental, dukungan penilaian, dukungan informasi, Probing (perdalam)...

**LAMPIRAN 6 ANGKET PENILAIAN APLIKASI ANAK-ANAK KORBAN
KEKERASAN SEKSUAL**

+ 25 (ANGKET PENILAIAN APLIKASI TRIANA MODEL APLIKASI DETEKSI PENGENDALIAN DEPRESI PADA ANAK-ANAK KORBAN KEKERASAN SEKSUAL DI DKI JAKARTA TAHUN 2020)

PETUNJUK PENGISIAN

1. Mohon kesediaan adek-adek untuk memberikan penilaian terhadap aplikasi pada smartphone yang telah saya buat sesuai dengan kriteria yang telah termuat dalam instrumen penilaian
2. Berilah tanda check pada kolom yang tersedia, dengan memilih alternative jawaban yang tersedia. Ada 5 alternatif jawaban, yaitu :

- *Sangat Setuju
- *Setuju
- *Kurang Setuju
- *Tidak Setuju
- *Sangat Tidak Setuju

Atas bantuan adek-adek, kami mengucapkan terimakasih

* Required

Option 1

NOMER TELPON *

Your answer

LAMPIRAN 7 ANGKET PENILAIAN APLIKASI

ANGKET PENILAIAN AHLI MEDIA DAN MATERI APLIKASI DETEKSI PENGENDALIAN DEPRESI PADA ANAK-ANAK KORBAN KEKERASAN SEKSUAL DI DKI JAKARTA Tahun 2020

PETUNJUK PENGISIAN

1. Mohon kesediaan ibu untuk memberikan penilaian terhadap aplikasi pada *smartphone* yang telah saya buat sesuai dengan kriteria yang telah termuat dalam instrumen penilaian
2. Berilah tanda check pada kolom yang tersedia, dengan memilih alternative jawaban yang tersedia. Ada 5 alternatif jawaban, yaitu :
 - 5 = Sangat Setuju
 - 4 = Setuju
 - 3 = Kurang Setuju
 - 2 = Tidak Setuju
 - 1 = Sangat Tidak Setuju
3. Apabila bapak /ibu menilai kurang sesuai atau ada yang perlu diperbaiki, mohon untuk memberikan tanda sehingga dapat segera dilakukan revisi lebih lanjut
4. Bapak/ibu dimohon untuk memberikan saran pada tempat yang disediakan
5. Bapak/ibu dimohon untuk melingkari kesimpulan umum dari hasil penilaian media pembelajaran aplikasi *android* ini

Atas bantuan bapak/ibu, kami mengucapkan terimakasih

Validasi Konstruksi
Kualitas Isi
4. Ketepatan kerja sistem
5. Kesesuaian sistem dengan kebutuhan
6. Kualitas Kerja sistem
Kualitas Tampilan
7. Ketepatan penggunaan tampilan
8. Pemilihan background
9. Navigasi

10. Pemilihan dan keterbacaan font

11. Kualitas tampilan

12. Kualitas log in dan material soal

Validasi Desain

Aspek Kebergunaan

10. Kesederhanaan tampilan

11. Karakteristik tampilan

Aspek Keterpaduan

12. Perpaduan warna

13. Kemudahan navigasi

Aspek Feed Back Pengguna

14. Kejelasan tujuan penggunaan

15. Kejelasan alur penggunaan

16. Kualitas interaksi penyajian

Aspek Keseimbangan

15. Penempatan tombol

16. Ukuran Tampilan

17. Ukuran Huruf

18. Tata Letak Tulisan

Aspek Bentuk

19. Ketepatan Huruf

20. Keterbacaan Teks atau Kalimat

Aspek Bahasa

21. Ketepatan Bahasa

22. Ketepatan Kalimat

LAMPIRAN 8 PLS DAN SPSS

Cronbachs Alpha

	Cronbachs Alpha
Aktivitas Fisik	0.735966
<i>Cognitive Behavior Therapy</i>	0.713666
Dukungan Sosial	0.716056
Kepribadian	0.712629
Ketrampilan Sosial	0.930944
Pemberdayaan	0.772716
Pengendalian Depresi	0.714482
Religiusitas	0.730396

[Table of contents](#)

Latent Variable Correlations

	Aktivitas Fisik	<i>Cognitive Behavior Therapy</i>	Dukungan Sosial	Kepribadian
Aktivitas Fisik	1.000000			
<i>Cognitive Behavior Therapy</i>	0.420886	1.000000		
Dukungan Sosial	0.064375	0.066709	1.000000	
Kepribadian	0.292436	0.296858	0.194875	1.000000
Ketrampilan Sosial	0.330869	0.297625	0.164027	0.608505
Pemberdayaan	0.294371	0.369091	0.172085	0.422199
Pengendalian Depresi	0.425877	0.481860	0.294578	0.681342
Religiusitas	0.215334	0.389270	0.141324	0.492285

	Ketrampilan Sosial	Pemberdayaan	Pengendalian Depresi	Religiusitas
Aktivitas Fisik				
<i>Cognitive Behavior Therapy</i>				
Dukungan Sosial				
Kepribadian				

Ketrampilan Sosial	1.000000			
Pemberdayaan	0.414355	1.000000		
Pengendalian Depresi	0.603795	0.568519	1.000000	
Religiusitas	0.416005	0.517771	0.622132	1.000000

[Table of contents](#)

R Square

	R Square
Aktivitas Fisik	0.086848
<i>Cognitive Behavior Therapy</i>	0.136239
Dukungan Sosial	
Kepribadian	0.193646
Ketrampilan Sosial	0.180550
Pemberdayaan	
Pengendalian Depresi	0.689250
Religiusitas	0.270897

[Table of contents](#)

Cross Loadings

	Aktivitas Fisik	<i>Cognitive Behavior Therapy</i>	Dukungan Sosial	Kepribadian
Anhedonia	0.323327	0.334570	0.307307	0.620037
Belief	0.080391	0.195706	0.160133	0.240961
Control Social	0.329089	0.324351	0.170193	0.541422
Disiplin	0.155262	0.214954	0.040909	0.647618
Effect	0.222739	0.380193	0.037648	0.347977
Emosional	0.023628	0.035825	0.685498	0.223439
Emotional Control	0.202809	0.156993	0.033143	0.527014
Event	0.489353	0.657349	0.020934	0.180914
Expressivity Emotional	0.298717	0.243006	0.234168	0.500623
Expressivity Social	0.253012	0.245927	0.137733	0.551684
Feeling CBT	0.150703	0.667890	-0.087481	0.059533

Feeling R	0.124481	0.191810	0.139674	0.363604
Ineffectiveness	0.361036	0.301277	0.130811	0.234607
Informasi	0.107814	0.110772	0.595394	-0.000303
Instrumental	0.060228	0.071934	0.855216	0.189408
Interpersonal Problem	0.317493	0.431011	0.157747	0.417564
Kembali ke Masy.	0.158527	0.205242	0.010905	0.310834
Keterbukaan	0.172924	0.191891	0.156238	0.580819
Knowledge	0.163370	0.243240	0.090902	0.300075
Mengatasi Depresi	0.282387	0.304332	0.138922	0.282746
Motivasi	0.689327	0.220688	0.015929	0.209780
Negatif Mood	0.259577	0.404092	0.162277	0.463924
Negative self-esteem	0.242723	0.212886	0.222975	0.536631
Optimis	0.253500	0.198634	0.176581	0.789357
Peng. Keputusan	0.167021	0.255591	0.197161	0.293397
Penilaian	-0.009396	-0.043011	0.770283	0.107239
Practice	0.165057	0.332962	0.068843	0.441953
Sensitivity Emotional	0.283384	0.234104	0.048303	0.471967
Sensitivity Social	0.320794	0.299722	0.178588	0.555152
Teratur	0.772802	0.386093	0.074670	0.218815
Thought	0.307717	0.860114	0.127229	0.323565

	Ketrampilan Sosial	Pemberdayaan	Pengendalian Depresi	Religiusitas
Anhedonia	0.455636	0.504982	0.823754	0.531442
Belief	0.282099	0.419605	0.393800	0.745890
Control Social	0.898506	0.404104	0.598475	0.469637
Disiplin	0.607536	0.233670	0.390007	0.291195
Effect	0.301628	0.369300	0.432001	0.564308
Emosional	0.123839	0.132184	0.211526	0.093827
Emotional Control	0.833786	0.303248	0.382943	0.318820
Event	0.163968	0.247422	0.219576	0.195546
Expressivity Emotional	0.797404	0.355401	0.525252	0.249315
Expressivity Social	0.926090	0.358402	0.532127	0.336725

Feeling CBT	0.088996	0.150171	0.227731	0.206810
Feeling R	0.376350	0.316102	0.460851	0.737971
Ineffectiveness	0.247938	0.305337	0.533275	0.372178
Informasi	0.216689	0.068008	0.191046	0.016880
Instrumental	0.117467	0.120098	0.263212	0.141190
Interpersonal Problem	0.370853	0.321864	0.584719	0.294657
Kembali ke Masy.	0.264988	0.681718	0.335040	0.345109
Keterbukaan	0.223698	0.171452	0.553383	0.325591
Knowledge	0.162072	0.190024	0.358210	0.610683
Mengatasi Depresi	0.233266	0.758578	0.437293	0.396552
Motivasi	0.227130	0.215101	0.281769	0.138668
Negatif Mood	0.513748	0.386583	0.756286	0.476320
Negative self-esteem	0.454061	0.408420	0.704316	0.440614
Optimis	0.444455	0.433782	0.425220	0.371310
Peng. Keputusan	0.369490	0.650332	0.409840	0.339724
Penilaian	0.008766	0.198639	0.173709	0.156942
Practice	0.296410	0.449735	0.499757	0.797543
Sensitivity Emotional	0.802061	0.305946	0.461425	0.331119
Sensitivity Social	0.910272	0.393710	0.575982	0.421176
Teratur	0.256525	0.216817	0.339454	0.174967
Thought	0.320684	0.357153	0.506587	0.389726

[Table of contents](#)

AVE

	AVE
Aktivitas Fisik	0.636197
<i>Cognitive Behavior Therapy</i>	0.639327
Dukungan Sosial	0.637283
Kepribadian	0.659948
Ketrampilan Sosial	0.744651
Pemberdayaan	0.687704
Pengendalian Depresi	0.674576

Religiusitas	0.685681
---------------------	----------

[Table of contents](#)

Communality

	communality
Aktivitas Fisik	0.536197
<i>Cognitive Behavior Therapy</i>	0.539327
Dukungan Sosial	0.537283
Kepribadian	0.459947
Ketrampilan Sosial	0.744651
Pemberdayaan	0.487704
Pengendalian Depresi	0.474576
Religiusitas	0.485681

[Table of contents](#)

Total Effects

	Aktivitas Fisik	<i>Cognitive Behavior Therapy</i>	Dukungan Sosial	Kepribadian
Aktivitas Fisik				
<i>Cognitive Behavior Therapy</i>				
Dukungan Sosial	0.014137	0.003292		0.125950
Kepribadian				
Ketrampilan Sosial				
Pemberdayaan	0.291938	0.368525		0.400525
Pengendalian Depresi				
Religiusitas				

	Ketrampilan Sosial	Pemberdayaan	Pengendalian Depresi	Religiusitas
Aktivitas Fisik			0.124909	
<i>Cognitive Behavior Therapy</i>			0.139724	
Dukungan Sosial	0.095553		0.202748	0.053817

Kepribadian			0.308091	
Ketrampilan Sosial			0.156027	
Pemberdayaan	0.397911		0.533629	0.508510
Pengendalian Depresi				
Religiusitas			0.231521	

[Table of contents](#)

Composite Reliability

	Composite Reliability
Aktivitas Fisik	0.797397
<i>Cognitive Behavior Therapy</i>	0.775566
Dukungan Sosial	0.820269
Kepribadian	0.715345
Ketrampilan Sosial	0.945750
Pemberdayaan	0.739846
Pengendalian Depresi	0.815032
Religiusitas	0.822872

[Table of contents](#)

Outer Loadings

	Aktivitas Fisik	<i>Cognitive Behavior Therapy</i>	Dukungan Sosial	Kepribadian
Anhedonia				
Belief				
Control Social				
Disiplin				0.647618
Effect				
Emosional			0.685498	
Emotional Control				
Event		0.657349		
Expressivity Emotional				
Expressivity Social				

Feeling CBT		0.667890		
Feeling R				
Ineffectiveness				
Informasi			0.595394	
Instrumental			0.855216	
Interpersonal Problem				
Kembali ke Masy.				
Keterbukaan				0.580819
Knowledge				
Mengatasi Depresi				
Motivasi	0.689327			
Negatif Mood				
Negative self-esteem				
Optimis				0.789357
Peng. Keputusan				
Penilaian			0.770283	
Practice				
Sensitivity Emotional				
Sensitivity Social				
Teratur	0.772802			
Thought		0.860114		

	Ketrampilan Sosial	Pemberdayaan	Pengendalian Depresi	Religiusitas
Anhedonia			0.823754	
Belief				0.745890
Control Social	0.898506			
Disiplin				
Effect				0.564308
Emosional				
Emotional Control	0.833786			
Event				
Expressivity Emotional	0.797404			

Expressivity Social	0.926090			
Feeling CBT				
Feeling R				0.737971
Ineffectiveness			0.533275	
Informasi				
Instrumental				
Interpersonal Problem			0.584719	
Kembali ke Masy.		0.681718		
Keterbukaan				
Knowledge				0.610683
Mengatasi Depresi		0.758578		
Motivasi				
Negatif Mood			0.756286	
Negative self-esteem			0.704316	
Optimis				
Peng. Keputusan		0.650332		
Penilaian				
Practice				0.797543
Sensitivity Emotional	0.802061			
Sensitivity Social	0.910272			
Teratur				
Throught				

[Table of contents](#)

Outer Model (Weights or *Loadings*)

	Aktivitas Fisik	<i>Cognitive Behavior Therapy</i>	Dukungan Sosial	Kepribadian
Anhedonia				
Belief				
Control Social				
Disiplin				0.647618
Effect				

Emosional			0.685498	
Emotional Control				
Event		0.657349		
Expressivity Emotional				
Expressivity Social				
Feeling CBT		0.667890		
Feeling R				
Ineffectiveness				
Informasi			0.595394	
Instrumental			0.855216	
Interpersonal Problem				
Kembali ke Masy.				
Keterbukaan				0.580819
Knowledge				
Mengatasi Depresi				
Motivasi	0.689327			
Negatif Mood				
Negative self-esteem				
Optimis				0.789357
Peng. Keputusan				
Penilaian			0.770283	
Practice				
Sensitivity Emotional				
Sensitivity Social				
Teratur	0.772802			
Thought		0.860114		

	Ketrampilan Sosial	Pemberdayaan	Pengendalian Depresi	Religiusitas
Anhedonia			0.823754	
Belief				0.745890
Control Social	0.898506			
Disiplin				

Effect				0.564308
Emosional				
Emotional Control	0.833786			
Event				
Expressivity Emotional	0.797404			
Expressivity Social	0.926090			
Feeling CBT				
Feeling R				0.737971
Ineffectiveness			0.533275	
Informasi				
Instrumental				
Interpersonal Problem			0.584719	
Kembali ke Masy.		0.681718		
Keterbukaan				
Knowledge				0.610683
Mengatasi Depresi		0.758578		
Motivasi				
Negatif Mood			0.756286	
Negative self-esteem			0.704316	
Optimis				
Peng. Keputusan		0.650332		
Penilaian				
Practice				0.797543
Sensitivity Emotional	0.802061			
Sensitivity Social	0.910272			
Teratur				
Throught				

[Table of contents](#)

Path Coefficients

	Aktivitas Fisik	Cognitive Behavior Therapy	Dukungan Sosial	Kepribadian
--	------------------------	-----------------------------------	------------------------	--------------------

Aktivitas Fisik				
<i>Cognitive Behavior Therapy</i>				
Dukungan Sosial	0.014137	0.003292		0.125950
Kepribadian				
Ketrampilan Sosial				
Pemberdayaan	0.291938	0.368525		0.400525
Pengendalian Depresi				
Religiusitas				

	Ketrampilan Sosial	Pemberdayaan	Pengendalian Depresi	Religiusitas
Aktivitas Fisik			0.124909	
<i>Cognitive Behavior Therapy</i>			0.139724	
Dukungan Sosial	0.095553		0.134349	0.053817
Kepribadian			0.308091	
Ketrampilan Sosial			0.156027	
Pemberdayaan	0.397911		0.142458	0.508510
Pengendalian Depresi				
Religiusitas			0.231521	

[Table of contents](#)

Path Coefficients (Mean, STDEV, T-Values)

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	Standard Error (STERR)
Aktivitas Fisik -> Pengendalian Depresi	0.124909	0.123832	0.008211	0.008211
<i>Cognitive Behavior Therapy -> Pengendalian Depresi</i>	0.139724	0.141822	0.012442	0.012442
Dukungan Sosial -> Aktivitas Fisik	0.014137	0.016413	0.012120	0.012120
Dukungan Sosial -> Cognitive Behavior	0.003292	0.002869	0.015254	0.015254

<i>Therapy</i>				
Dukungan Sosial -> Kepribadian	0.125950	0.125944	0.011102	0.011102
Dukungan Sosial -> Ketrampilan Sosial	0.095553	0.094718	0.014828	0.014828
Dukungan Sosial -> Pengendalian Depresi	0.134349	0.133717	0.007372	0.007372
Dukungan Sosial -> Religiusitas	0.053817	0.052607	0.015495	0.015495
Kepribadian -> Pengendalian Depresi	0.308091	0.309743	0.011726	0.011726
Ketrampilan Sosial -> Pengendalian Depresi	0.156027	0.155351	0.012813	0.012813
Pemberdayaan -> Aktivitas Fisik	0.291938	0.292165	0.015395	0.015395
Pemberdayaan -> <i>Cognitive Behavior Therapy</i>	0.368525	0.369576	0.011156	0.011156
Pemberdayaan -> Kepribadian	0.400525	0.398819	0.017569	0.017569
Pemberdayaan -> Ketrampilan Sosial	0.397911	0.399113	0.012605	0.012605
Pemberdayaan -> Pengendalian Depresi	0.142458	0.141615	0.009741	0.009741
Pemberdayaan -> Religiusitas	0.508510	0.508040	0.011750	0.011750
Religiusitas -> Pengendalian Depresi	0.231521	0.230096	0.010919	0.010919

	T Statistics (O/STERR)
Aktivitas Fisik -> Pengendalian Depresi	15.213223
<i>Cognitive Behavior Therapy</i> -> Pengendalian Depresi	11.230434
Dukungan Sosial -> Aktivitas Fisik	2.166459
Dukungan Sosial -> <i>Cognitive Behavior Therapy</i>	2.215786
Dukungan Sosial -> Kepribadian	11.345177
Dukungan Sosial -> Ketrampilan Sosial	6.444252
Dukungan Sosial -> Pengendalian Depresi	18.224942
Dukungan Sosial -> Religiusitas	3.473204
Kepribadian -> Pengendalian Depresi	26.274942
Ketrampilan Sosial -> Pengendalian Depresi	12.177595

Pemberdayaan -> Aktivitas Fisik	18.963300
Pemberdayaan -> <i>Cognitive Behavior Therapy</i>	33.035186
Pemberdayaan -> Kepribadian	22.796636
Pemberdayaan -> Ketrampilan Sosial	31.568050
Pemberdayaan -> Pengendalian Depresi	14.624371
Pemberdayaan -> Religiusitas	43.277311
Religiusitas -> Pengendalian Depresi	21.203875

[Table of contents](#)

Outer Loadings (Mean, STDEV, T-Values)

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	Standard Error (STERR)
Anhedonia <- Pengendalian Depresi	0.823754	0.823293	0.005157	0.005157
Belief <- Religiusitas	0.745890	0.743879	0.008196	0.008196
Control Social <- Ketrampilan Sosial	0.898506	0.898189	0.004811	0.004811
Disiplin <- Kepribadian	0.647618	0.647432	0.016755	0.016755
Effect <- Religiusitas	0.564308	0.565901	0.010259	0.010259
Emosional <- Dukungan Sosial	0.685498	0.686989	0.015321	0.015321
Emotional Control <- Ketrampilan Sosial	0.833786	0.832935	0.008412	0.008412
Event <- <i>Cognitive Behavior Therapy</i>	0.657349	0.658175	0.018740	0.018740
Expressivity Emotional <- Ketrampilan Sosial	0.797404	0.797235	0.008192	0.008192
Expressivity Social <- Ketrampilan Sosial	0.926090	0.926249	0.004225	0.004225
Feeling CBT <- <i>Cognitive Behavior Therapy</i>	0.667890	0.668885	0.020100	0.020100
Feeling R <- Religiusitas	0.737971	0.738223	0.008263	0.008263
Ineffectiveness <- Pengendalian Depresi	0.533275	0.531234	0.016831	0.016831
Informasi <- Dukungan Sosial	0.595394	0.595826	0.027316	0.027316
Instrumental <- Dukungan Sosial	0.855216	0.853937	0.008305	0.008305

Interpersonal Problem <- Pengendalian Depresi	0.584719	0.588023	0.015332	0.015332
Kembali ke Masy. <- Pemberdayaan	0.681718	0.681779	0.015047	0.015047
Keterbukaan <- Kepribadian	0.580819	0.581737	0.014803	0.014803
Knowledge <- Religiusitas	0.610683	0.610609	0.010810	0.010810
Mengatasi Depresi <- Pemberdayaan	0.758578	0.757300	0.006949	0.006949
Motivasi <- Aktivitas Fisik	0.689327	0.685836	0.030365	0.030365
Negatif Mood <- Pengendalian Depresi	0.756286	0.755828	0.007513	0.007513
Negative self-esteem <- Pengendalian Depresi	0.704316	0.703206	0.010839	0.010839
Optimis <- Kepribadian	0.789357	0.786807	0.012624	0.012624
Peng. Keputusan <- Pemberdayaan	0.650332	0.648719	0.011717	0.011717
Penilaian <- Dukungan Sosial	0.770283	0.768034	0.017058	0.017058
Practice <- Religiusitas	0.797543	0.797640	0.006449	0.006449
Sensitivity Emotional <- Ketrampilan Sosial	0.802061	0.801877	0.011602	0.011602
Sensitivity Social <- Ketrampilan Sosial	0.910272	0.910063	0.004488	0.004488
Teratur <- Aktivitas Fisik	0.772802	0.775044	0.027179	0.027179
Thought <- Cognitive Behavior Therapy	0.860114	0.859548	0.010445	0.010445

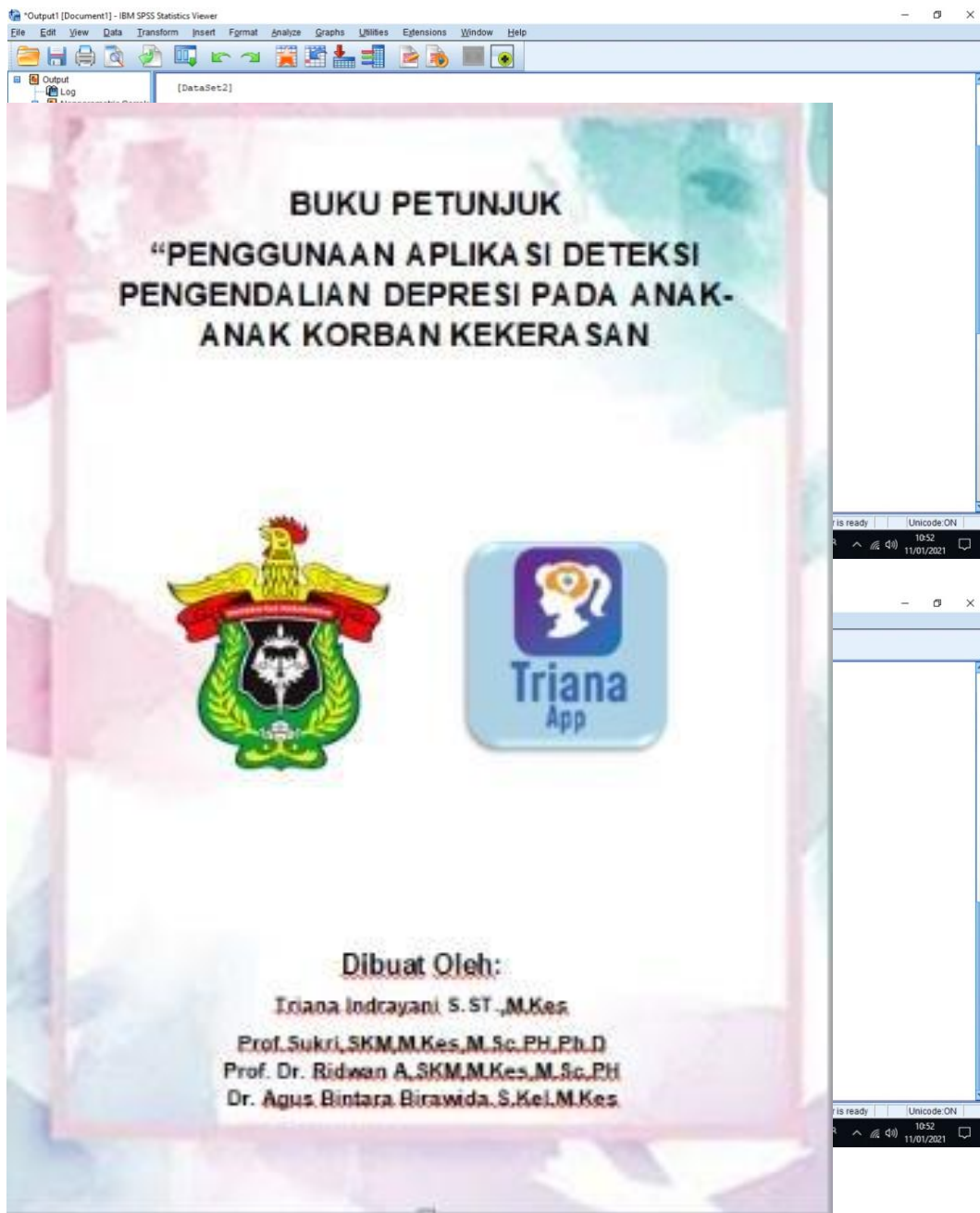
	T Statistics (O/STERR)
Anhedonia <- Pengendalian Depresi	159.741839
Belief <- Religiusitas	91.009918
Control Social <- Ketrampilan Sosial	186.778444
Disiplin <- Kepribadian	38.651786
Effect <- Religiusitas	55.006863
Emosional <- Dukungan Sosial	44.742485
Emotional Control <- Ketrampilan Sosial	99.121329
Event <- Cognitive Behavior Therapy	35.076878

Expressivity Emotional <- Ketrampilan Sosial	97.338254
Expressivity Social <- Ketrampilan Sosial	219.211515
Feeling CBT <- <i>Cognitive Behavior Therapy</i>	33.229088
Feeling R <- Religiusitas	89.306499
Ineffectiveness <- Pengendalian Depresi	31.683391
Informasi <- Dukungan Sosial	21.796565
Instrumental <- Dukungan Sosial	102.975901
Interpersonal Problem <- Pengendalian Depresi	38.137478
Kembali ke Masy. <- Pemberdayaan	45.305619
Keterbukaan <- Kepribadian	39.236433
Knowledge <- Religiusitas	56.491833
Mengatasi Depresi <- Pemberdayaan	109.170463
Motivasi <- Aktivitas Fisik	22.701144
Negatif Mood <- Pengendalian Depresi	100.666035
Negative self-esteem <- Pengendalian Depresi	64.982096
Optimis <- Kepribadian	62.526578
Peng. Keputusan <- Pemberdayaan	55.504073
Penilaian <- Dukungan Sosial	45.155545
Practice <- Religiusitas	123.671061
Sensitivity Emotional <- Ketrampilan Sosial	69.131175
Sensitivity Social <- Ketrampilan Sosial	202.845123
Teratur <- Aktivitas Fisik	28.434221
Throught <- <i>Cognitive Behavior Therapy</i>	82.345286

[Table of contents](#)

Construct Crossvalidated Redundancy

Total	SSO	SSE	1-SSE/SSO
Aktivitas Fisik	220.000000	209.894870	0.045932
<i>Cognitive Behavior Therapy</i>	330.000000	307.827252	0.067190
Kepribadian	330.000000	299.364767	0.092834
Ketrampilan Sosial	660.000000	573.424391	0.131175
Pengendalian Depresi	550.000000	375.899818	0.716546
Religiusitas	550.000000	480.506825	0.126351



LAMPIRAN 9 PANDUAN PENGGUNAAN APLIKASI

The Development of T-CBT Model to Improve the Competence of Midwives in Prevention Depression of Sexual Violence Victims

Triana Indrayani¹, Sukri Palutturi², Ridwan Amiruddin³,
Agus Bintara Birawida⁴, Retno Widowati⁵, Rukmaini⁵, Owildan Wisudawan B.⁷

¹Student Doctoral of Public Health, Hasanuddin University, Makassar, Indonesia, Faculty of Health Science, National University, Jakarta, ²Department of Health Policy and Administration, Faculty of Public Health Hasanuddin University, Makassar, ³Department of Epidemiology, ⁴Department of Environmental Health, Faculty of Public Health Hasanuddin University, Makassar, ⁵Faculty of Health Science, National University, Jakarta, ⁶Faculty of Public Health Hasanuddin University, Makassar, Indonesia

Abstract

Background: Around 15 million adolescent girls aged 15-19 years old experience sexual violence. Based on data from 28 countries, 90 percent of girls in that country admitted the perpetrators of violence acts were people they knew. This literature review aimed to identify and explain empirical facts of research on sexual violence in children. It also detected the acts early and formulated the prevention of persistent depression. This study explained the influence of applying the T-CBT model on the increasing midwife competence in the service of depressed children due to sexual violence.

Material and Method: The literature sources were from online journal databases published by PubMed, Proquest, Google Scholar, and other sources like Indonesian Child Protection Commission Report, P2TP2A, Indonesian Midwives Association, and relevant theses and dissertations. The data were all documents published in the last 10 years from 2008-2019 collected manually and systematically.

Findings and Discussion: The T-CBT model was proven effective in preventing trauma and severe anxiety in victims of the child due to sexual violence. Empirical facts showed the impact of emotional reactivity and depressive symptoms such as ideas and attempted suicide, as well as emotional distress. The results of other studies also indicated a moderate relationship between psychopathology and objective characteristics of abuse, such as the number and types of violent incidents and the duration of abuse. The obstacles most often experienced by teenagers were having parents with a history of mental illness, intimidation, divorce, or separation from parents, physical, emotional, or sexual abuse, as well as child neglect and traumatic incidents.

Conclusion: The CBT model is a service strategy that strengthens behavioral skills-based interventions, information-based needs, family and parent involvement, and midwife services with a patient-therapist approach, and respects the needs of traumatized adolescents.

Keywords: Child sexual violence, early detection of depression, T-CBT model.

LAMPIRAN 10 JURNAL

Enferm Clin. 2020;30(54):1–4



Enfermería Clínica

www.elsevier.es/enfermeriaclinica



Effect of educational game usage in increasing self-protection capabilities at Madrasah Ibtidaiyah Alwahyu Jakarta[☆]



Triana Indrayani^{a,b,*}, Sukri Palutturi^c, Ridwan Amiruddin^d, Muhammad Syafar^e, Agus Bintara Birawida^f, Retno Widowati^b, Rukmaini^b

^a Doctoral Student Program, Hasanuddin University, Makassar, Indonesia

^b Faculty of Health Science, National University, Jakarta, Indonesia

^c Department of Health Policy and Administration, Hasanuddin University, Makassar, Indonesia

^d Department of Public Health, Hasanuddin University, Makassar, Indonesia

^e Department of Health Promotion, Hasanuddin University, Makassar, Indonesia

^f Department of Environmental Health, Hasanuddin University, Makassar, Indonesia

Received 2 October 2019; accepted 17 October 2019

KEYWORDS

Educational game;
Knowledge;
Self-protection
capabilities

Abstract

Objective: The purpose of this study was to find out the effect of educational game usage in increasing self-protection capabilities at Madrasah Ibtidaiyah Al-Wahyu Cibubur.

Method: The method of this research used Quasi Experiment research with descriptive analytic with one group pretest and posttest design. The population in this research was all the students in 1st grade amounted to 46 students, the technique used to collect the sample for this research was the total of sampling at Madrasah Ibtidaiyah Al-Wahyu Cibubur.

Result: From the result of *Mc Nemar* data processing stated that there was an effect of the educational game usage in increasing self-protection capability with a *p-Value* ($p = 0.000$).

Conclusion: Educational game is capable in increasing self-protection capability. This media can be applied to the children in other schools and as the reference for the further research.

© 2020 Published by Elsevier España, S.L.U.

[☆] Peer-review under responsibility of the scientific committee of the 1st International Conference on Nutrition and Public Health (ICNPH 2019). Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail address: trianaindrayani@civitas.unhas.ac.id (T. Indrayani).

<https://doi.org/10.1016/j.enfcli.2019.10.030>

1130-8621/© 2020 Published by Elsevier España, S.L.U.



The illustration of depression tendency on female teenagers due to dating violence in integrated service centre for woman and child empowerment DKI Jakarta 2020[☆]



Triana Indrayani^{a,b,*}, Sukri Palutturi^c, Ridwan Amiruddin^d, Muhammad Syafar^e, Agus Bintara Birawida^f, Retno Widowati^b

^a Doctoral Student Program, Hasanuddin University, Makassar, Indonesia

^b Faculty of Health Science, National University, Jakarta, Indonesia

^c Department of Health Policy and Administration, Hasanudin University, Makassar, Indonesia

^d Department of Public Health, Hasanuddin University, Makassar, Indonesia

^e Department of Health Promotion, Hasanudin University, Makassar, Indonesia

^f Department of Environmental Health, Hasanuddin University, Makassar, Indonesia

Received 8 November 2019; accepted 2 June 2020

KEYWORDS

Depression;
Dating violence

Abstract

Objective: To determine the illustration of depression tendency on female teenagers due to dating violence.

Method: A descriptive approach research was used in this research to determine the illustration of depression on teenagers who received sexual abuse in dating. As many as 4 teenagers acted as the research sample, with the age ranging between 14 and 18 years old, in integrated service centre for woman and child empowerment of DKI Jakarta.

Result: The results indicated that four research subjects obtained dating violence in the form of physical, psychological and sexual abuse.

Conclusion: Psychological, physical and sexual abuse in dating violence has potential to cause depression on the teenager. Female teenager needs to be brave to say NO to her boyfriend if his action indicating that he is into violence. In such condition, female teenagers are suggested to end the relationship and cut any communication with him in order to avoid cycle of violence.

© 2020 Elsevier España, S.L.U. All rights reserved.

[☆] Peer-review under responsibility of the scientific committee of the 4th International Conference Hospital Administration (ICHA4). Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail address: triaindrayani@civitas.unas.ac.id (T. Indrayani).

<https://doi.org/10.1016/j.enfcli.2020.06.021>

1130-8621/© 2020 Elsevier España, S.L.U. All rights reserved.

The anticipatory guideline for parents of child victims of sexual

Triana Indrayani^{a,b,c,*}, Sukri Palluturi^d, Ridwan Amiruddin^e, Agus Bintara Birawida^f

^aDoctoral Student of Public Health Science, Graduate School Hasanuddin University, Makassar, Indonesia

^bFaculty of Public Health, Hasanuddin University, Makassar, Indonesia

^cDepartment of Faculty of Health Science, Universitas Nasional, Jakarta, Indonesia

^dDepartment of Health Policy and Administration, Hasanuddin University, Makassar, Indonesia

^eDepartment of Health Promotion, Hasanuddin University, Makassar, Indonesia

^fDepartment of Environmental Health, Hasanuddin University, Makassar, Indonesia

*Corresponding Author.

E-mail Address: triana.indrayani@civitas.unas.ac.id (T. Indrayani).

Abstract

Background: the sexual abuse is a complex problem that requires comprehensive and integrated handling. Children are one of the groups vulnerable to sexual abuse. This weakness is sometimes used by irresponsible people for abuse.

Objective: aimed to explore the experiences of parents in dealing with children affected by sexual abuse using the anticipatory guidelines.

Methods: used a qualitative research design with a phenomenological approach using the in-depth interview with seven parents of sexual abuse victims.

Results: found seven themes, namely: the place where they reported the case for the first time, the response given by the government, choice of family solving cases (law or psychologist), discussion with children, involving the social environment and religious leaders, involving peers, sustainable and complete rehabilitation.

Conclusion: fast response, communication, the choice of parents, the involvement of the social environment and peers, and rehabilitation are some alternatives to suppress the sexual violence cases against children.

KEYWORDS: Anticipatory guideline; Child sexual abuse; Parents.

LAMPIRAN 11 HAK KEKAYAAN INDONESIA (HKI)


REPUBLIK INDONESIA
KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA

SURAT PENCATATAN CIPTAAN

Dalam rangka perlindungan ciptaan di bidang ilmu pengetahuan, seni dan sastra berdasarkan Undang-Undang Nomor 28 Tahun 2014 tentang Hak Cipta, dengan ini menerangkan:

Nomor dan tanggal permohonan : EC00202108088, 25 Januari 2021

Pencipta

Nama : **Triana Indrayani S.ST.,M.Kes, Prof.Sukri Palluturi,SKM,M.Kes,M.Sc,PH,Ph.D dkk**

Alamat : MUTIARA PURI KEBANG BLK A.5 BOJONG RAYA RT.001 RW.004 RAWA BUAYA KECAMATAN CENKARENG JAKARTA BARAT, JAKARTA BARAT, DKI JAKARTA, 11740

Kewarganegaraan : Indonesia

Pemegang Hak Cipta

Nama : **Triana Indrayani S.ST.,M.Kes, Prof.Sukri Palluturi,SKM,M.Kes,M.Sc,PH,Ph.D dkk**

Alamat : MUTIARA PURI KEBANG BLK A.5 BOJONG RAYA RT.001 RW.004 RAWA BUAYA KECAMATAN CENKARENG JAKARTA BARAT, JAKARTA BARAT, DKI JAKARTA, 11740

Kewarganegaraan : Indonesia

Jenis Ciptaan : **Program Komputer**

Judul Ciptaan : **Triana App**

Tanggal dan tempat diumumkan untuk pertama kali di wilayah Indonesia atau di luar wilayah Indonesia : 24 Januari 2021, di MAKASSAR

Jangka waktu perlindungan : Berlaku selama 50 (lima puluh) tahun sejak Ciptaan tersebut pertama kali dilakukan Pengumuman.

Nomor pencatatan : 000234825

adalah benar berdasarkan keterangan yang diberikan oleh Pemohon.
Surat Pencatatan Hak Cipta atau produk Hak terkait ini sesuai dengan Pasal 72 Undang-Undang Nomor 28 Tahun 2014 tentang Hak Cipta.

a.n. MENTERI HUKUM DAN HAK ASASI MANUSIA
DIREKTUR JENDERAL KEKAYAAN INTELEKTUAL


Dr. Freddy Harris, S.H., LL.M., ACCS.
 NIP. 196611181994031001



Disclaimer:
Dalam hal pemohon memberikan keterangan tidak sesuai dengan surat pernyataan, menteri berwenang untuk mencabut surat pencatatan permohonan.

LAMPIRAN PENCIPTA

No	Nama	Alamat
1	Triana Indrayani S.ST.,M.Kes	MUTIARA PURI KEBANG BLK A.5 BOJONG RAYA RT.001 RW.004 RAWA BUAYA KECAMATAN CENKARENG JAKARTA BARAT
2	Prof.Sukri Palluturi,SKM,M.Kes,M.Sc,PH,Ph.D	JL. MAPPALA BLOK A 5 NO.1 E RT.005 RW. 008 TIDUNG KECAMATAN RAPPOCINI KOTA MAKASSAR
3	Prof. Dr. Ridwan Amiruddin,SKM,M.Kes,M.Sc,PH	KOMP. DOSEN UNHAS BLOK AI/3 RT.004 RW.009 TAMALANREA JAYA KECAMATAN TAMALANREA KOTA MAKASSAR
4	Dr. Agus Bintara Birawida S.Kel.M.Kes	JL. PERUM DOSEN UNHAS BLOK BG NO.78 RT.002 RW.008 TAMALANREA JAYA KECAMATAN TAMALANREA KOTA MAKASSAR

LAMPIRAN 12 FOTO KEGIATAN

Foto Pengambilan Data Tahap I



Foto Pengambilan Data Tahap I



Foto Pengambilan Data Tahap 4 dan 5

