

# THE DEVELOPMENT OF T

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

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## 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.

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## Introduction

The cases of violence against women and adolescents are increasing and becoming a serious concern for the government to implement comprehensive, inclusive, and integrative protection. In the 2015-2019 RPJMN, the government has implemented an effort to protect women

and children from violence. The program has been carried out through prevention, service, and empowerment. The adolescents who are victims of sexual crimes generally experience rape, incest or other forms of sexual exploitation, which rarely get legal protection, physical or mental treatment and recovery (deserving legal protection and remedies)<sup>1</sup>. Almost 100% of perpetrators use the mode of giving something to victims, seducing, sexually exploiting through peer calls and electronic transactions. Besides, some perpetrators use the mode by helping victims to do their schoolwork, or telling the fake story with mystical messages. Therefore, it needs an effort to stop more victims of sexual violence by creating a primary prevention model that includes increasing elementary school student's knowledge, actions, and attitudes<sup>2</sup>.

15 million adolescent girls aged between 15 and 19 years old worldwide experience sexual violence. According to the data from 28 countries, 90% of girls admitted the perpetrators of the first incidents of sexual violence were people they knew. The data from six countries reveal that classmates and spouses are the people most often referred to as perpetrators of sexual violence against adolescent boys<sup>3</sup>. Globally, every 7 minutes a young woman dies due to violence in the United States (Latvia 33%, Lithuania 42%, Macedonia 18%, Moldova 43%)<sup>4</sup>. There are three types of sexual violence in the community, such as sexual abuse (911 cases), non-sexual abuse (708 cases), and rape (669 cases). Moreover, Eastern European countries recorded 247 cases of sexual violence<sup>5</sup>.

The United States is one of the countries with a high number of the sexual victim (SV). SV is defined by the Centers for Disease Control and Prevention as sexual acts committed against someone without consent - including forced sex (rape), attempts at forced sexual penetration, unwanted sexual contact, and contactless sexual experiences such as sexual harassment<sup>6</sup>. In Germany, the prevalence rate for sexual abuse is around 25 percent for girls and between 5 and 10 percent for boy<sup>7</sup>.

Promotive, preventive, curative, and rehabilitative actions to prevent sexual violence against children can be applied in an integrated manner; in the context of public health. Secondary prevention includes high-risk situations, for example, to stop continuing violence. Reactions to sexual crimes committed are tertiary domains, which the prevention aims to reduce the consequences of abuse and minimize secondary

consequences. In addition, therapies and actions to prevent recurrence of trauma to strengthen the psychological and physical health of those affected are needed<sup>8</sup>.

Considering a large number of acts of sexual violence against adolescents in DKI Jakarta, it requires an integrated handling strategy. One of the preventive actions for victims of sexual violence against children is to prevent further physical and mental disorders and to deal with psychiatric problems for victims in a primary, secondary, and tertiary manner or a combination of the three categories. The implementation of preventive measures can be through training of parents, teachers, communities, and health workers. Therefore, this literature review aimed to identify and explain empirical facts of research on sexual violence in adolescent girls, early detection, and prevention of severe depression. This study also explained the effect of applying the T-CBT model on the increasing midwife competence in giving the service of depressed adolescents as the victims of sexual violence.

## Material and Method

**Literature Resources:** The sources of literature in the study were from an online journal database such as Pubmed, Proquest, Google Scholar, American Journal of Public Health, European Journal of Women's Studies, BioMed Central, Sage Journal, European Journal of Psych traumatology, and other E-book sources, report of the Indonesian Child Protection Commission, P2TP2A, Indonesian Midwives Association and relevant theses and dissertations. The literature studies were taken from the data of the last 10 years from 2008 to 2019.

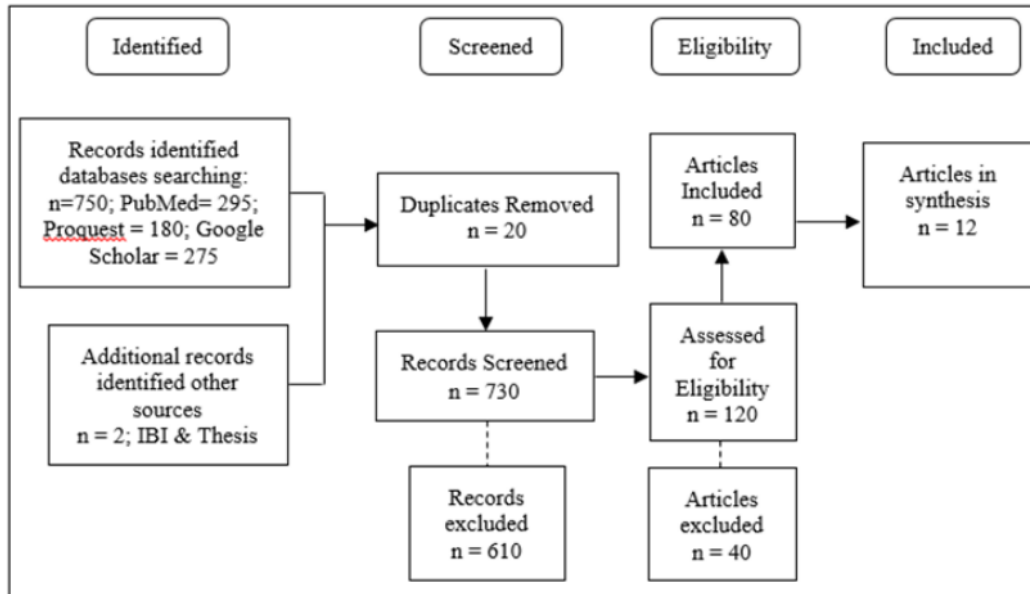
**Article Management Procedure:** The researcher chose articles in several stages, starting from gathering information based on several sources related to the research topic, then incorporating it into Endnote software, summarizing the information in the matrix and integrating the some information, and analyzing as well as synthesizing the data from the articles obtained.

## Findings and Discussion

**Searching Results:** The articles were looked for using relevant keywords (Figure 1) and it successfully identified 750 articles. After sketching the title, abstract, and the research method, it found 80 articles reviewed independently based on inclusion and exclusion criteria; it resulted in 12 synthesized articles.

**Data Analysis:** The data analysis resulted in 12 articles. The grouping research applied quantitative, qualitative, and review method. The relevant respondents were nurses, doctors, psychologists, and counselors who served outpatient and inpatient practices in hospitals as

well as several health care providers. The themes were grouped and collected by longitudinal observation, intervention in the experimental group, clinical practice trials, in-depth interviews, and medical record reports.



**Figure 1: Search flow of article synthesis**

The researcher assessed the results of the analysis through the problems arising because of sexual violence in adolescents and the effects of trauma and depression. These impacts generally affected adolescents themselves and their families. Moreover, the researcher also formulated appropriate treatment and prevention to overcome problems, determined dropouts treatment and prevent severe complications. We also evaluated the feasibility of training programs and interventions used to assess their responses and effects of trauma such as TIC, TF-CBT, and TCP-PTSD.

The experience of sexual abuse of adolescent girls, according to McLean has four theoretical conformities in recognizing problems and overcoming their impacts such as the adaptation and integration of CFT into psychotherapy approaches, caring effectiveness, new relationships, and positive affiliations with themselves and others. Hence, there are alternative and positive approaches to regulating emotions, reducing criticism and avoidance in responding to trauma symptoms<sup>9</sup>.

Changes in the positive and emotional control are in line with the study of Deblinger. He found the effects of shame as victims of sexual violence treated on the TF-CBT psychotherapy compared to CCT 6, which was conducted for 12 months. Some trauma and depression rates were higher during pre-treatment and positively associated with the treatment of PTSD symptoms<sup>10</sup>. Based on the study of Steil, outpatient treatment of TCD - PTSD could be applied safely to reduce PTSD symptoms as well as comorbid psychopathology in adolescent patients who experience sexual violence<sup>11</sup>.

The studies on the theme of intervention programs and training in adolescent trauma management have been widely conducted (Rapee; Agustin; Palfrey and Niimura). The results of the study revealed that the 1-day program consisting of 3.5-hour lectures and 1-hour group discussions influenced the feasibility of the Professional intervention program in the mental health field. The development of a good attitude towards TIC was the main result, as assessed by the Attitude Related Trauma-

Informed Care scale. The workshop was considered relevant and useful to help the doctor's practice that would increase participants' trust, awareness, and attitude<sup>12,13</sup>. At the end of treatment, there was no significant difference between the groups that needed more attention because they were being threatened by the disease or the group that was responding to treatment. Both groups showed a decrease in diagnostic severity, symptoms of social anxiety, depressive symptoms, and disruption of daily life after treatment<sup>14</sup>. Most cases increased at 6 months of advanced treatment. The forms of child abuse consist of physical, verbal, and relational abuse. Experts considered Cognitive-behavioral counseling activities with strict training techniques to deal with abuse and there was a significant impact of cognitive-behavioral counseling activities in minimizing the number of cases of child abuse<sup>15</sup>.

Reay in his study reported the role and support of families, especially mothers, who were more active in reporting their family difficulties than fathers. The most common difficulties experienced by adolescents were having parents with mental illness (66%), intimidated (63%) and divorced parents (43%). 69% of total CAMHS clients had traumatic potential (physical, emotional or sexual abuse, child neglect or traumatic events). Furthermore, children/adolescents with a history of trauma tend to have parents with a history of trauma<sup>16</sup>.

Harper presented that the difficulty of managing the feelings after getting inpatient treatment created new problems when they could not discuss their problems honestly with their community-based therapists. The participants emphasized the need to get trauma-based care obtained from doctors<sup>17</sup>. Based on the survey results on preliminary data presented by Hanson and Lang it required cross-system professional staff and their role to get feedback on problem definitions and conceptual issues related to TIC. Specifically, they can provide empirical representations, explain the significant gaps between research and TIC practice, and then compare them with important implications for obtaining better services in the future<sup>18</sup>.

Bounds stated that the program was assessed in 3 & 6 months. The study yielded significantly lower mean values for emotional distress (-0.67, -0.91) self-injury (-0.30, -0.55), suicidal ideation (45.45, -0.57), attempted suicide (-0.58, -0.61), and trauma symptoms (-11.8, -16.2, all  $p < 0.001$ ) for 12 months. In the growth curve model, the nurse visit independently decreased with details of emotional distress (38.038), self-injury

(-2.020), suicidal ideation (25.025), and effort (32.032). The empowerment group was predicted to experience symptoms of trauma (-0.525) and subsequently was the rest, except for suicide attempts<sup>19</sup>. DeCou and Lynch, succeeded in uncovering the indirect effect of univariate groups of trauma on suicidal ideation through emotional reactivity in adolescents who survived sexual harassment when they were child ( $\beta = 0.10$ , ACI 95 %: 0.04-0.17), as well as the group's direct effects from depressive symptoms ( $\beta = 0.88$ ,  $p < 0.001$ ). Two other domains of resilience, namely a sense of mastery and a sense of connection did not mediate the relationship between trauma-related stress and the idea of suicide<sup>20</sup>. These findings indicated the importance of emotional reactivity associated with the idea of suicide, as well as the relationship between depressive symptoms and suicide ideas in the clinical population. Moreover, this study also suggested the potential use of skills-based interventions and the need for information and trauma-based policies.

## Conclusions

Suitable for midwife competency enhancement were TF-CBT and CCT-centered therapy and modified with training as conducted by Niimura, J., et al and Palfrey, N. et al, namely trauma informed care. thoroughly if reviewed from the time of its evaluation research conducted by Bounds, D.T, et al Canada Child Abuse & Neglect is better because the twelfth month is evaluated even though the possibility of dropout is greater.

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**Ethical Clearance:** This research was approved by the Indonesian Child Protection Commission, Indonesian Midwives Association, National University and Hasanuddin University.

## References

1. Agustin M, Saripah I, Gustiana AD. The Effectivity of Cognitive-Behavior Counselling With Assertive Technique To Address Child Abuse. *J Ilm Pendidik dan Tenaga Kependidikan Pendidik non Form* [Internet]. 2016;11(2):121-9. Available from: <https://doi.org/10.21009/JIV.1102.6>

2. Basile KC, DeGue S, Jones K, Freire K, Dills J, Smith SG, et al. Stop SV: A Technical Package to Prevent Sexual Violence [Internet]. Atlanta, Georgia; 2016. Available from: <https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf>
3. Beck JS. Cognitive behavior therapy: Basics and beyond [Internet]. 2nd ed. New York: The Guilford Press; 2011. 391 p. Available from: [https://www.academia.edu/16995757/Cognitive\\_Behavior\\_Therapy\\_Second\\_Edition\\_Basics\\_and\\_Beyond\\_Beck](https://www.academia.edu/16995757/Cognitive_Behavior_Therapy_Second_Edition_Basics_and_Beyond_Beck)
4. Chinawa JM, Aronu A., Chukwu B., Obu H. Prevalence and pattern of child abuse and associated factors in four secondary institutions in Enugu, Southeast Nigeria. *Eur J Pediatr* [Internet]. 2014;173(4):451–6. Available from: <https://link.springer.com/article/10.1007/s00431-013-2191-4>
5. Cohen JA, Mannarino AP, Murray LK, Igelman R. Psychosocial Interventions for Maltreated and Violence Exposed Children. *J Soc Issues* [Internet]. 2006;62(4):737–66. Available from: <https://spssi.onlinelibrary.wiley.com/doi/abs/10.1111/j.1540-4560.2006.00485.x>
6. Cohen JA, Staron V, Mannarino AP, Perel JM. A Pilot Randomized Controlled Trial of Combined Trauma-Focused CBT and Sertraline for Childhood PTSD Symptoms. *J Am Acad Child Adolesc Psychiatry* [Internet]. 2007;46(7):811–9. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0890856709621699>
7. Osborne MC, Jackson M, Chege E, Baker E, Whitaker D, Brown SS. Technology-Based Innovations in Child Maltreatment Prevention Programs: Examples from SafeCare. *Soc Sci* [Internet]. 2014;3(3):427–40. Available from: <https://www.mdpi.com/2076-0760/3/3/427>
8. Cohen JA, Deblinger E, Mannarino AP, Steer RA. A Multisite, Randomized Controlled Trial for Children With Sexual Abuse-Related PTSD Symptoms. *J Am Acad Child Adolesc Psychiatry* [Internet]. 2004;43(4):393–402. Available from: <https://doi.org/10.1097/00004583-200404000-00005>
9. DeGue S, Valle LA, Holt MK, Massetti GM, Matjasko JL, Tharp AT. A systematic review of primary prevention strategies for sexual violence perpetration. *Aggress Violent Behav* [Internet]. 2014;19(4):346–62. Available from: <https://www.sciencedirect.com/science/article/pii/S1359178914000536>
10. Dickson S, Willis GM. Primary Prevention of Sexual Violence in Aotearoa New Zealand: A Survey of Prevention Activities. *Sex Abuse* [Internet]. 2017;29(2). Available from: <https://journals.sagepub.com/doi/abs/10.1177/1079063215583852>
11. Murray S, Powell A. “What’s the Problem?”: Australian Public Policy Constructions of Domestic and Family Violence. *Violence Against Women* [Internet]. 2009;15(5). Available from: <https://doi.org/10.1177/1077801209331408>
12. Eddyono SW, Sofian A, Akbari AR. Menguji Euforia Kebiri Catatan Kritis atas Rencana Kebijakan Kebiri (Chemical Castration) Bagi Pelaku Kejahatan Seksual Anak di Indonesia [Internet]. Anggara, Kamilah AG, editors. Jakarta: Institute for Criminal Justice Reform; 2016. 43 p. Available from: <http://mappihui.org/wp-content/uploads/2016/03/Menguji-Euforia-Kebiri.pdf>
13. Ejikeme C, Threats KP, Bayo M, Toddle KL, O’Connor J. Assessing a comprehensive approach to prevent sexual violence on campus: Implications for program improvement. *J Georg Public Heal Assoc* [Internet]. 2017;6(4). Available from: <https://www.gapha.org/wp-content/uploads/2017/08/6.404-jGPHA-Spring-2017-pg-411-419.pdf>
14. Gershoff ET. More Harm Than Good: A Summary of Scientific Research on the Intended and Unintended Effects of Corporal Punishment on Children. *Law Contemp Probl* [Internet]. 2010;73(2):31–56. Available from: <https://scholarship.law.duke.edu/lcp/vol73/iss2/3/>
15. Handayani T. Perlindungan Dan Penegakan Hukum Terhadap Kasus Kekerasan Seksual Pada Anak. *J Huk Mimb Justitia* [Internet]. 2016;2(2):826–39. Available from: <https://jurnal.unsur.ac.id/jmj/article/view/33/25>
16. Harvey A, Moreno CG, Butchart A. Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2–3, 2007 [Internet]. Geneva, Switzerland: WHO; 2007. p. 38. Available from: [https://www.who.int/violence\\_injury\\_prevention/publications/violence/IPV-SV.pdf](https://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf)
17. Herman-Giddens ME, Brown G, Verbiest S. Underascertainment of Child Abuse Mortality in the United States. *JAMA* [Internet]. 1999;282(5):463–7.

- Available from: <https://jamanetwork.com/journals/jama/fullarticle/190980>
18. Herrenkohl. The definition of child maltreatment: from case study to construct. *Child Abuse Negl* [Internet]. 2005;29(4):413–24. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/15970317>
19. Hilton NZ, Harris GT, Rice ME, Krans TS, Lavigne SE. Antiviolence Education in High Schools: Implementation and Evaluation. *J Interpers Violence* [Internet]. 1998;13(6):726–42. Available from: <https://doi.org/10.1177/088626098013006004>
20. Holguin G, Hansen DJ. “Sexually Abused Child”: Potential Mechanisms of Adverse Influences of Such a Label. *Aggress Violent Behav* [Internet]. 2003;8(6):645–70. Available from: <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=203220>

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