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MENTAL HEALTH PROTECTION POLICIES FOR VICTIMS OF GENDER BASED VIOLENCE

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Abstract

This study aims to analyze the policy challenges in protecting the mental health of victims of gender-based violence in Indonesia, focusing on stigma, service accessibility, budget pressures, and institutional collaboration. The approach used was a review of legal documents, institutional reports, and scientific publications from the past five years (2019–2024). The results show that although Indonesia has a progressive legal framework, such as the Sexual Violence Crime Law, its implementation still faces significant challenges. Social stigma against victims leads to low reporting rates and reluctance to seek psychological help. Additionally, limited mental health service infrastructure at the primary level, especially at community health centers (Health Centers), restricts victims' access to proper care. Budget constraints in the mental health sector, combined with a lack of coordination between government and non-governmental organizations, worsen gaps in comprehensive protection. This study recommends strengthening related regulations, developing integrated psychosocial services, increasing the capacity of mental health professionals, and launching a national campaign to eliminate stigma against victims of violence. With strategic and collaborative efforts, policies that address the mental health needs of victims of gender-based violence can be effectively implemented.

Keywords: *Protection policies, mental health, gender violence, stigma, access to services, institutional collaboration*

INTRODUCTION

Beyond causing physical pain, Gender Based Violence (GBV) has long-term psychological impacts on its victims, making it a serious human rights violation. Violence against women and other vulnerable groups remains a concern in Indonesia, influencing state policies and social dynamics. Over time, various forms of violence have increased, particularly against women in unequal power relations. These forms of violence include sexual violence, physical violence, psychological violence, economic violence, domestic violence, and even digital violence.

According to the annual report of the National Commission on Violence Against Women (National Women's Commission), the number of cases of Gender Based Violence against women in Indonesia has continued to increase over the past five years (2019–2024). A total of 302,686 cases were reported in 2019, followed by a decrease to 226,062 cases in 2020, before increasing to 338,496 and 339,782 cases in 2021 and 2022, respectively (Faturahmah, 2025).

Although the number of cases in 2023 was lower (289,111), the number increased again in 2024 (330,097 cases), an increase of 14.17 percent compared to 2023. According to the 2024 Annual Report of the National Commission on Violence Against Women (CATAHU), there were 445,502 cases of violence against women overall, which is an increase of around 10% compared to the previous year (A, Yentriyani, 2025). At 36.43 percent, sexual violence was by far the most common type of violence in 2024. This was followed by psychological violence (26.94 percent), physical violence (26.78 percent), and economic violence (9.85 percent). The majority of this violence occurred in intimate relationships, particularly against partners, boyfriends, and ex-partners. At the same time, there was an increase in violence in the state and public spheres, including in public places, the workplace, the home, and online. The National Commission on Violence Against Women reported 1,884 cases of domestic violence, 2,060 cases of domestic violence, and 845 cases of domestic violence in the private sphere. There were 95 cases of violence, including in the state sphere, involving state institutions and government officials (Hutasoit, 2025).

Throughout 2024, the National Commission on Violence Against Women received an average of 16 reports per day. With 2,319 cases, Google Forms was the most popular reporting channel. Email and in-person reporting came in second and third, with 951 and 321 cases, respectively. Although there was a 4.48 percent decrease in in-person complaints to 4,178 cases, this does not necessarily mean that violence has decreased; this could be due to barriers to accessing and trusting the reporting system (Puspa, 2025). This situation demonstrates that Indonesian laws protecting victims of gender-based violence still face significant obstacles, particularly in terms of psychological recovery. Access to mental health services remains severely limited, particularly in rural areas, despite many victims suffering from long-term trauma, anxiety disorders, depression, and post-traumatic stress disorder (PTSD). Victims are often trapped in legal procedures that fail to address their mental health because the legal system and policies are not fully integrated with comprehensive psychosocial services.

The primary objective of this study is to analyze policy issues that protect the mental health of victims of gender-based violence. It will examine the extent to which the state is engaged in providing psychological recovery for victims through responsive and sustainable policies, using welfare state and social justice approaches. In addition to identifying normative and structural barriers to policy implementation, the study offers suggestions for improving victim protection and rehabilitation in a more inclusive and gender-equitable manner.

LITERATURE REVIEW

This study falls within the interdisciplinary field of gender studies, mental health, and public policy. Therefore, its theoretical relevance extends beyond normative policy approaches to trauma theory, power structures, and social dynamics. The intellectual foundations of at least five key theories are closely related to policy issues in protecting the mental health of victims of gender-based violence.

Biopsychosocial Model (Engel, 1977)

This theory explains that mental health disorders are caused not only by biological factors (e.g., brain injury or hormonal imbalance), but also by psychological experiences (trauma, fear, guilt) and social factors (stigma, poverty, gender inequality). In the context of victims of

gender-based violence, this model emphasizes that psychological recovery cannot be solely left to medical interventions but must involve fair and gender-justice-based social approaches and policies. Policies that ignore the psychosocial component and focus solely on legal or physical assistance will fail to fulfill victims' basic right to full recovery (Engel, 1977).

Trauma-Informed Feminist Theory (Herman, 1992; Freyd, 1996)

This approach suggests that trauma caused by gender violence is not isolated, but rather connected to patriarchal structures that maintain the dominance and oppression of women. When the state develops protection policies for victims without recognizing the systemic nature of power relations and experiences of trauma, these policies have the potential to reproduce violence through rigid bureaucracy, victim categorization, or legal processes that are less sensitive to trauma. This theory supports victim-focused policies, rejects a merely pathological approach, and makes victims active subjects in the healing process (Herman, 1992).

Structural Violence Theory (Johan Galtung, 1969)

This theory broadens the definition of violence beyond physical acts to include systemic forms resulting from social injustice and institutional failure. In this context, policies that fail to offer affordable, accessible, and safe mental health services to victims of GBV can be considered structural violence. This suggests that the state's inability to safeguard victims' mental health is not a form of administrative neutrality, but rather part of a structured system of violence (Galtung, 1969)

7Ps Framework (Mergaert et al., 2023)

The 7Ps (Prevalence, Prevention, Protection, Prosecution, Service Provision, Partnership, Policy) model provides a comprehensive evaluation tool for assessing policies on gender-based violence. The two most important elements are "Service Provision" and "Policy," highlighting the importance of providing psychosocial services and a gender-sensitive and trauma-responsive regulatory framework. If any of these elements is weak, comprehensive policy implementation will be difficult. This study analyzes how "mental health service provision" remains hampered by underfunding, a small number of mental health professionals, and highly bureaucratic methods (Mergaert, L., Linková, M., & Strid, 2023).

Psychotherapy and Social Action Model (Susan Holland, 1992)

This model proposes that victim rehabilitation needs to go beyond the context of individual therapy and focus on social change. State policies should create opportunities to empower and strengthen victims' capacities to recover, speak out, and participate in systemic change. Implementation requires a combination of clinical interventions and community-focused public policies, such as safe houses that serve not only as shelter but also as spaces for recovery and education (Holland, 1992).

RESEARCH METHOD

This study adopted a qualitative approach based on a literature review as the primary method to identify, examine, and analyze policy challenges related to mental health protection for victims of gender-based violence (GBV). This method was chosen because it facilitated the researcher's ability to compile theoretical and empirical findings from various relevant scientific and policy sources over the past five years and to develop a critical synthesis that reflects the current state and shortcomings in policy implementation in Indonesia.

The literature review in this context not only demonstrates descriptive aspects but is also analytical and thematic. Secondary data from scientific journal articles, official agency reports, and international publications are grouped based on themes such as: 1) national policies on gender-based violence; 2) access to psychological health services; 3) trauma-informed practices in public services, and 4) intersectoral approaches to victim recovery. The primary sources used in this research include the National Commission on Violence Against Women annual report (2024), which presents quantitative data and policies on addressing violence, and an article by (Hamdy, 2023) which critiques the relationship between patriarchy and law, and the (UNPF, 2025) which describes innovations in trauma-based services for victims of violence in Indonesia. Additionally, an article by (Setiawati et al., 2023) which explains the impact of economic violence on women's mental health, was used. The literature selection process was carried out deliberately with specific inclusion criteria, namely: a) Published between 2019–2025, b) Focusing on gender-rooted violence and its impact on mental health, c) Relating to the context of policy or service practices in Indonesia.

The analysis was conducted using a content analysis approach, which aims to identify patterns of challenges and limitations in policies in meeting the psychosocial needs of victims. With this approach, this study not only offers a summary of the existing literature but also provides constructive criticism of policy shortcomings and proposes more comprehensive, human rights-based, and recovery-focused policy directions. This method has been applied in a number of previous gender-based policy studies, for example by Scambor et al. (2014) in a cross-country study on mental health and gender in Europe (Scambor et al., 2014), so this approach has solid epistemological legitimacy in analyzing complex and multidimensional policy issues.

RESULT AND DISCUSSION

This section is the main section of a research article and is usually the longest section of an article. Data analysis processes such as statistical calculations and hypothesis testing processes do not need to be presented. Only the results of the analysis and the results of the hypothesis test must be reported. Tables and graphs can be used to clarify the presentation of research results verbally. Tables and graphs should be commented on or discussed.

Limited Access to Mental Health Services at Community Health Center

Access to mental health services at the primary care level, particularly Community Health Centers, continues to face various structural, human resource, and geographic distribution barriers. Over the past five years (2020–2025), various reports indicate that mental health services have not been fully integrated into the basic service system. By the end of 2024, the Ministry of Health recorded that only around 38 percent of Community Health Centers in Indonesia offered mental health services that included screening, initial diagnosis, basic treatment, and further referral for patients with mental disorders. This figure remains significantly below standard, considering that Community Health Centers are the first line of healthcare provision for the general public, including vulnerable groups such as victims of multidimensional gender-based violence (Yudi, 2024).

The uneven distribution of professional staff is also a significant obstacle. A 2024 Kompas report showed that the majority of psychologists and psychiatrists are located in large cities, particularly Jakarta and other cities, while districts, rural areas, and the 3T (disadvantaged, frontier, and outermost) regions experience significant shortages of mental health workers (Arlinta, 2024). This situation means that many Community Health Centers can only provide limited basic services, even in some situations, only short counseling sessions by non-specialist staff such as nurses or midwives who have undergone brief training.

In terms of training, only about 65 percent of Community Health Centers have health workers who have attended orientation training on mental health services. However, this training is often in-depth, not sustainable, and not accompanied by applicable technical guidelines, resulting in inconsistent implementation in the field (Seviana, 2023). Furthermore, only 38 percent of Community Health Centers have psychopharmaceuticals or basic medications to treat mental disorders such as antidepressants and antipsychotics, so patients with mild to moderate mental disorders do not receive adequate pharmacological treatment at the primary care level (Yudi, 2024).

The Indonesian Ministry of Health has set a target of providing mental health services to at least 50 percent of Community Health Centers by 2025, with the target increasing to 70 percent by 2026. However, achieving this target remains hampered by limited allocated funding, reliance on donor programs in some regions, and inadequate intersectoral collaboration between the Ministry of Health, the Department of Social Affairs, and local governments (Tempo.co, 2024). Integration of mental health services in Community Health Centers is crucial to support the recovery of victims of gender-based violence, who often experience prolonged psychological trauma.

Another gap is evident in the digitalization and case recording process. Although the Ministry of Health has introduced an electronic mental health reporting system through e-Keswa and the One Health Data Integration system, many Health Centers are unable to optimally implement these systems due to limited infrastructure and technical training, particularly in areas outside Java (Wardoyo et al., 2024). Consequently, there is a lack of accurate and up-to-date data on the burden of mental health disorders in the community, complicating the development of appropriate and effective evidence-based policies.

In the context of victims of gender-based violence, the lack of mental health services at community health centers further exacerbates their situation. Services that should be comprehensive and trauma-sensitive are often not provided effectively due to a lack of standard procedures or trained personnel to comprehensively handle cases of gender-based violence. Limited collaboration between community health centers and integrated service units for the protection of women and children (UPTD PPA), safe houses (shelters), and NGOs demonstrates weak coordination within the recovery support system for victims (Dewy, 2025). Therefore, improving mental health services at community health centers is crucial to ensuring the fulfillment of the right to mental health that is fair, equitable, and based on gender justice.

Budget Pressures and Fiscal Efficiency

Several reports and data indicate that although Indonesia's total health budget has increased, funds specifically allocated to mental health especially those that can be utilized by primary health care providers like community health centers remain very limited in practice. The country has actually achieved the target of allocating a minimum of 5% (Badan Pusat Statistik, 2022) of total state spending to the health sector as stipulated in Law Number 9 of 2009 concerning Health, but its implementation is not always commensurate with the pressing need for mental health services (Wikipedia, n.d.). Of the total health budget, only around 1% is allocated centrally for mental health, primarily to mental hospitals and not to community or primary health care services like community health centers (Yusuf, Nova Riyanti ; Pols, Hans; Anto; Colucci, Erminia ; Prastyani, Ade; Setiyawati, 2021). This figure falls far short of what is systematically needed to address populations with mental health needs, particularly victims of gender-based violence, who require access to holistic, inclusive, and trauma-oriented services.

Despite efforts such as the Mental Health for All program, launched in 2024 to provide 500 community health centers with basic psychological services by 2025, mental health budget allocation remains less than 5% of the total national health budget (Republika Network, 2025). A free health screening program—which includes mental health assessments was also scheduled to begin in early 2025 with an initial budget of IDR 3 trillion. However, budget reallocations reduced it to only IDR 2 trillion, and this initiative has the potential to burden primary care infrastructure due to inadequate distribution of personnel and medications (Asprihanto, Heru and Widianto, 2025).

Therefore, despite increased health funding, fiscal inefficiencies have marginalized mental health while demand for trauma-sensitive psychological services remains high. Without a more regular and balanced allocation for mental health at the primary level, recovery for victims of violence, particularly psychologically, will be difficult.

Gaps in Service Infrastructure and Reporting Data

The lack of mental health service infrastructure and data reporting in Indonesia during the 2020–2025 period remains a major challenge. Mental health infrastructure at the primary level, especially community health centers, remains uneven, with only around 38–40 percent of community health centers offering adequate mental health services, such as counseling and access to psychopharmaceuticals, and staff having received orientation training (Nurhidayat, 2024). The highly unequal distribution of professionals exacerbates this disparity: more than 60–70 percent of psychologists and psychiatrists are concentrated on the island of Java (Arlinta, 2024).

Furthermore, disparities in access to services directly impact the management of mental health issues, the incidence of which is increasing. Basic Health Research (RISK) showed an increase in mental-emotional disorders from 6 percent in 2013 to 9.8 percent in 2018. Still, only 9 percent of patients received medical treatment, indicating that more than 90 percent of cases remain unresolved (Tempo.co, 2024). The distribution of reported data is also unequal; Indonesia has fewer than 1,000 psychiatrists, a ratio of only 0.3 per 100,000 residents, and eight provinces lack specialized mental hospitals (ScienceWatchdog, 2025). Accessibility is affected by differences in location in cities like DKI Jakarta; there is one psychologist for every 18,000 residents, while in NTT the ratio drops sharply to one psychologist for over 500,000 residents (Hugo, 2025).

Digitalization efforts such as strengthening online services and hotlines (e.g., healing119.id) offer temporary solutions for individuals unable to access physical facilities, but without adequate infrastructure and data integration, their impact remains limited. This situation requires systemic reforms, both in the distribution of infrastructure, the recruitment

of professionals, and the strengthening of reporting systems based on accurate and real-time data.

Post-Legal Perspective: The TPKS Law

Law Number 12 of 2022 concerning Sexual Violence Crimes (the TPKS Law) represents a significant step in Indonesian law as it regulates victims' recovery rights, including medical, mental, and social rehabilitation, as well as restitution compensation through specific agreements or legal provisions (Fauzia & Prabowo, 2022). However, the reality on the ground shows that its implementation has not been as expected. A report from the Service Provider Forum (FPL) revealed that of the hundreds of cases processed by the courts, less than half refer to the legal umbrella of the TPKS Law; the remainder are still processed under the Criminal Code, which does not explicitly include a victim recovery component (Maulida, 2025). This indicates the resistance of law enforcement officials (APH) to adopting the victim's perspective, which should be at the center of policy.

The National Commission on Human Rights and the Witness and Victim Protection Agency (LPSK) emphasized that policy does not fully support victims, as the law enforcement sector and related institutions often focus more on punishing perpetrators than on victims' psychological rehabilitation (wawancara Wakil Ketua LPSK Livia Istania DF Iskandar, n.d.). Although the LPSK has issued standard guidelines for psychological rehabilitation and encouraged the establishment of Victim Assistance Funds and support centers in the regions, the implementation and provision of these services remain limited and incomplete (Hasanah, 2024).

In depth analysis also reveals differing perspectives between institutions such as the UPTD PPA, health service providers, and law enforcement officers. As revealed in a general discussion by Cakra Wikara Indonesia, these differing focuses often hinder cooperation. Investigators and officers often repeatedly request clarification from victims, which can inadvertently lead to retraumatization (The Conversation, 2024).

Overall, the TPKS Law offers legal integration and victim recovery as policy pillars, but implementation weaknesses, evident in the low use of the law in case handling, legal institutions' rejection of a victim-focused approach, and the lack of psychological rehabilitation facilities, are significant obstacles in ensuring victims' mental health as an integral aspect of justice.

Stigma, Accessibility, and Institutional Collaboration

Mental health protection policies for victims of gender-based violence in Indonesia still face three major interrelated challenges: stigma that hinders treatment, limited access to services, and suboptimal collaboration between institutions. Social stigma against victims, manifested in victim-blaming and perceived as "tainted," makes many women hesitant to access psychological services for fear of being ridiculed or ostracized. In case studies, it was revealed that stigma suppresses the victim's self-esteem, causing feelings of inferiority, severe trauma, and even suicidal thoughts (Rukman et al., 2023). Furthermore, the National Commission on Violence Against Women (2023) noted that stigma and discriminatory treatment against female victims of violence not only worsen their mental health but also prevent them from achieving adequate recovery, especially in rural areas lacking facilities and professional staff (komnas perempuan, 2023).

Access to mental health services is also a serious issue. A comprehensive report by the National Commission on Violence Against Women revealed that there are approximately 1,053 psychiatrists across Indonesia, with one treating approximately 250,000 residents, far below the WHO standard of 1:30,000; this further exacerbates the disparity in access, particularly for victims in underdeveloped and disadvantaged areas (Komnas Perempuan, 2024). This situation

also indicates that victims of gender-based violence often do not receive the trauma-focused services they need—both due to a lack of expertise and due to distance and cost.

Inter-institutional cooperation has also not been implemented well. Although UML integration, such as the Integrated Criminal Justice System (SPPT-PKKTP), has been included in the TPKS Law, the National Commission on Violence Against Women noted that of 285 regional regulations, only 128 explicitly mention integrated services for handling victims. This hinders the implementation of comprehensive services, including immediate psychological access after reporting violence (Iswarini et al., 2024). Another obstacle is the complicated reporting process, which carries the risk of retraumatization and lacks gender sensitivity, which in turn undermines victims' trust in the legal system and public services.

Therefore, social stigma, limited access, and lack of collaboration between institutions are systemic barriers to the psychological rehabilitation of victims of gender-based violence. Addressing this issue requires a multifaceted approach: public education to reduce stigma, allocation of mental health resources in less developed regions, and increased collaboration between sectors through fair, gender-sensitive, and human rights-based policies.

CONCLUSION

The results of this study indicate that policies intended to guarantee the mental health of victims of gender-based violence in Indonesia still face significant structural, cultural, and institutional challenges. The implementation of the Sexual Violence Crimes Law (UU TPKS) is hampered by social stigma, limited services, and suboptimal coordination between institutions. Furthermore, weak collaboration between institutions, including government, health services, police, and civil society, results in the interventions needed for victims being implemented in an unintegrated and inconsistent manner. This gap indicates that existing legal and policy approaches do not fully prioritize the long-term recovery needs of victims of gender-based violence. To address these challenges, several concrete and sustainable actions are needed. First, the government needs to formulate technical regulations to follow up on the TPKS Law. Second, increasing the capacity of mental health workers needs to be prioritized nationally. Third, the development of integrated psychosocial services in every district/city. Fourth, the government and civil society organizations must initiate a national-level public campaign aimed at eliminating the stigma against victims of violence and educating them that mental recovery is a human right. Fifth, the development of digital technology for online counseling services.

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