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From Repression to Integrated Protection: Safeguarding the Constitutional Right to Mental Health of Papuan Mothers Experiencing Domestic Violence

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Abstract

Introduction: *Domestic violence against Papuan mothers raises not only issues of physical and psychological harm but also the substantive fulfillment of their constitutional right to health, security, dignity, and protection from violence. In Payum, Merauke, geographical, socioeconomic, sociocultural, and institutional barriers may limit access to legal protection and mental health recovery.*

Purposes of the Research: *This study examines the gap between the normative protection and substantive realization of the constitutional right to mental health of Papuan mothers experiencing domestic violence and develops an integral protection framework responsive to local conditions.*

Methods of the Research: *This empirical legal study uses a socio-legal approach combined with statutory and case approaches. Empirical findings concerning victims, local conditions, and institutional practices are analyzed alongside constitutional and statutory frameworks governing health, domestic violence, and victim recovery.*

Results Main Findings of the Research: *The findings demonstrate a persistent implementation gap involving limited mental health services, barriers to justice, economic and geographical constraints, sociocultural power relations, and fragmented institutional responses. The study proposes an integral framework connecting constitutional protection, psychosocial intervention, sociocultural empowerment, and coordinated institutional referral. Its novelty lies in repositioning mental health protection from a post-violence remedial measure into a constitutionally grounded, preventive, victim-centered protection mechanism. Conclusion: Effective protection requires coordinated legal prevention, accessible mental health services, culturally responsive community interventions, and integrated institutional referral mechanisms to prevent recurrence and ensure sustainable recovery.*

Keywords: Constitutional Rights; Domestic Violence; Integral Approach; Mental Health; Papuan Mothers.

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INTRODUCTION

Domestic violence is a form of violence occurring within the household environment, encompassing violence against family members to which women are particularly vulnerable.[1]

[1] Leni, Yani Achdiani, and Gina Indah Permata Nastia, "Kekerasan Rumah Tangga Terhadap Ibu Dan Anak: Kajian Sistematis Dan Solusi Multidisipliner Di Indonesia," *Socius: Jurnal Penelitian Ilmu-Ilmu Sosial* 2, no. 10 (2025): 305–13, https://doi.org/https://doi.org/10.5281/zenodo.15455609.

Domestic violence against women takes the form not only of physical violence but also includes psychological, sexual, and economic violence.[2] Domestic violence can lead to complex, cumulative consequences, such as undermining a woman's self-confidence, hindering her ability to participate, and impairing the victim's mental and physical health.[3]

The World Health Organisation (WHO) identifies domestic violence as a major social determinant of mental health problems among women.[4] In the Indonesian context, mental health is a constitutional right of citizens guaranteed by the 1945 Constitution of the Republic of Indonesia. The state has a constitutional obligation to prevent social practices that threaten the fulfilment of this right.[5] Legal protection for victims of domestic violence is stipulated in Law Number 23 of 2004 concerning the Elimination of Domestic Violence; this protection aims to ensure the safety of victims through measures undertaken by family members, advocates, social institutions, the police, the public prosecutor's office, the courts, or other parties, whether temporarily or pursuant to a court order.

This aligns with the concept of victim protection outlined in the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, which grants victims the right to services and legal protection. However, legal protection for victims of domestic violence remains predominantly repressive in nature, focusing on enforcement actions taken after the violence has occurred.[6] Various studies indicate that the psychological impact of domestic violence often persists longer than physical injuries and requires a comprehensive protection approach.

This situation becomes increasingly complex for Papuan mothers living in a unique socio-cultural environment. Factors such as patriarchal culture, limited access to mental health

[2] Mardiah, "Tindak Kekerasan Terhadap Perempuan (Upaya Implementasi UU No 23 Tahun 2004 Tentang Penghapusan Kekerasan Dalam Rumah Tangga)," *Jurnal: Kajian Keluarga, Gender Dan Anak* 4, no. 1 (2021): 34–54.

[3] Nindia Kirana Singgih and Vita Mahardhika, "Analisis Perlindungan Hukum Bagi Perempuan Sebagai Korban Kekerasan Dalam Rumah Tangga: Perspektif Hukum Dan Pidana," *JSSH (Jurnal Sains Sosial Dan Humaniora)* 9, no. 2 (2025): 203–11, https://doi.org/https://doi.org/10.30595/jssh.v9i2.26752.

[4] Vania Salwa, Farida Nuraini Beru Peranginangin, and Hani Rochmaniya, "Kekerasan Terhadap Perempuan: Tantangan Dan Solusi Psikologis," *Jurnal Sosial Humanior* 2, no. 1 (2025): 58–80, https://doi.org/https://doi.org/10.70214/4z4j0c29.

[5] Muhammad Asrul Maulana and Java Putri Avrillina, "Kesehatan Sebagai Hak Asasi: Perspektif Filosofis Tentang Hukum Kesehatan," *Journal of Contemporary Law Studies* 1, no. 2 (2024): 42–54, https://doi.org/https://doi.org/10.47134/lawstudies.v2i1.2075.

[6] Hamidah Abdurrachman, "Perlindungan Hukum Terhadap Korban Kekerasan Dalam Rumah Tangga Dalam Putusan Pengadilan Negeri Sebagai Implementasi Hak-Hak Korban," *Jurnal Hukum Ius Quia Iustum* 17, no. 3 (2010): 475–91, https://doi.org/https://doi.org/10.20885/iustum.vol17.iss3.art7.

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services, challenging geography, and a strong reliance on customary dispute resolution often lead victims to remain in abusive situations without achieving optimal psychological recovery. Research findings indicate that patriarchal culture and social norms can foster an acceptance of violence, while limited access to psychosocial services prolongs the impact of the trauma experienced by victims.[7]

Based on data from January to August 2025, 21,415 cases of violence against women and children were recorded in Indonesia. In South Papua Province alone, there were 94 cases, with 62 of them occurring in Merauke Regency.[8] Survey results from the Santo Antonius Foundation (Yasanto) and the Tifa Foundation indicate that 84% of women in Merauke experience domestic violence, including verbal, physical, psychological, and sexual abuse. The survey involved 309 housewives across ten villages in the Merauke region.[9] This indicates that domestic violence experienced by women in Merauke Regency remains relatively high.

Previous research indicates that Papuan mothers intersect with structural and cultural barriers when seeking protection and mental-health support.[10]. Research on domestic violence has examined legal remedies, psychosocial consequences, and social determinants, but these strands are often considered separately. In the Payum coastal context, a legal-only response secures reporting or prosecution without ensuring continuing psychological support; a mental-health-only response offers counselling while leaving the source of violence and the victim's safety unresolved. Community or customary processes may support dialogue, but they must not pressure a victim to reconcile, waive rights, or remain in danger. Institutional coordination is therefore necessary to connect legal protection, psychosocial care, culturally responsive support, and sustained follow-up.

The novelty of this research lies in its conceptual innovation: it introduces a new perspective that frames the mental health of domestic violence victims as a constitutional right of citizens.

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[7] Maria Yuliana Dasilva et al., "Women Are Able: A Photovoice Study of Patriarchal Culture and Psychological Impact of Domestic Violence on Women in West Timor," *Journal of Poverty* 29, no. 2 (2025): 159–71, https://doi.org/https://doi.org/10.1080/10875549.2023.2301685.

[8] Dwi Juniarti, "Angka Kekerasan Perempuan Dan Anak Di Papsel Tinggi," RRI Merauke, 2025, https://rri.co.id/merauke/regional/1891127/angka-kekerasan-perempuan-dan-anak-di-papsel-tinggi.

[9] Erwin Edhi Prasetyo, "KDRT Di Merauke Sangat Tinggi," Kompas, 2012, https://money.kompas.com/read/2012/11/16/11222437/kdrt-di-merauke-sangat-tinggi.

[10] Melya Findi Astuti, Tracy Pasaribu, and Widya Anggraini, "Membangun 'Ruang Aman': Perempuan Adat Dan Kekerasan Seksual Di Masyarakat Adat," *Jurnal Perempuan* 29, no. 1 (2024): 59–73, https://doi.org/10.34309/jp.v29i1.984.

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Consequently, legal protection is understood not merely as a mechanism for enforcement and punishment, but as an instrument for prevention. The study employs an integrated approach combining constitutional law, mental health, socio-cultural, and institutional perspectives to evaluate the law's effectiveness as a preventive tool in the context of domestic violence. Specifically, the research focuses on Papuan women in the Payum coastal area of Merauke, a group of indigenous coastal women facing multifaceted vulnerabilities who have received limited attention in prior studies.

METHODS OF THE RESEARCH

This study employs empirical legal research with a socio-legal approach, aiming to analyse the role and effectiveness of the law as an instrument for preventing mental health issues resulting from domestic violence. The socio-legal approach is utilised to examine the interplay between legal norms, institutional practices, and the social realities experienced by female victims of domestic violence—specifically regarding the protection of the constitutional right to mental health for Indigenous women in coastal areas. This approach is relevant because the issues of domestic violence and mental health are not merely normative matters; they are also influenced by social and cultural factors as well as power dynamics within coastal indigenous communities.[11] To reinforce the empirical analysis, the study incorporates normative legal analysis by identifying relevant legal provisions, interpreting the rights and obligations therein, and assessing their alignment with the protection needs reflected in the empirical data. Integration is achieved through a matrix comparing legal obligations (das sollen) with reported practices and obstacles (das sein), followed by the identification of protection gaps and the formulation of a comprehensive framework.[12]

RESULTS AND DISCUSSION

A. Existing Conditions of Protection of Constitutional Rights to Mental Health of Papuan Mothers Who Experienced Domestic Violence

Payum is a coastal area located not far from the city centre, approximately 3 km from Merauke City. Administratively, it falls under the jurisdiction of Samkai Urban Village in

[11] S. E. Merry, *Human Rights and Gender Violence: Translating International Law into Local Justice* (Chicago: University of Chicago Press, 2006).
[12] M. Freeman, *Law and Mental Health: A Socio-Legal Approach* (Oxford: Oxford University Press, 2014).

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Merauke District. The area has a population of 692 residents distributed across four neighbourhood units: RT 20, RT 21, RT 22, and RT 23, comprising two community groups: locals (Indigenous Papuans) and non-locals (migrants). Notably, RT 23 borders Payum Beach directly, and the majority of its residents are Indigenous Papuans.[13]

Domestic violence is a complex social and legal issue in Indonesia, even though the state possesses a relatively comprehensive regulatory framework through Law Number 23 of 2004 concerning the Elimination of Domestic Violence.[14] Various national reports, including those from the National Commission on Violence Against Women and the Ministry of Women's Empowerment and Child Protection, indicate that domestic violence is not merely a private matter within the domestic sphere, but a public issue with far-reaching impacts on victims' physical and mental health, family stability, child well-being, and the quality of social relationships within the community.[15]

Constitutionally, protecting the mental health of women who are victims of domestic violence is part of upholding the right to health, the right to safety, the right to be free from degrading treatment, and the right to equal protection and treatment under the law.[16] Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia affirms the right of every individual to physical and spiritual well-being and access to healthcare, while Article 28G paragraph (1) guarantees protection for personal privacy, family, honour, dignity, and a sense of security against threats or fear regarding whether to act or refrain from acting. Consequently, the mental health of domestic violence victims cannot be viewed merely as an individual medical issue; rather, it constitutes part of the state's obligation to ensure the fulfilment of citizens' constitutional rights.[17]

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[13] Sajriawati et al., "Effective Strategy to Increase Participation of Local Papuan Communities in The Management And Utilization of Mangroves on Payum Beach Merauke," *Jurnal Agribisnis Perikanan* 17, no. 2 (2024): 111–17, https://doi.org/https://doi.org/10.52046/agrikan.v17i2.111-117.

[14] Ihsan Nasrudiansyah and Adudin Alijaya, "Kajian Yuridis Undang-Undang No. 23 Tahun 2004 Tentang Penghapusan Kekerasan Dalam Rumah Tangga Ditinjau Berdasarkan Hukum Islam," *Mim: Jurnal Kajian Hukum Islam* 1, no. 1 (2023): 39–64.

[15] Komnas Perempuan and Kementerian Pemberdayaan Perempuan Dan Perlindungan Anak, *Laporan Sinergi Database Kekerasan Terhadap Perempuan Periode 2022* (Komnas Perempuan, 2023).

[16] Guevara Julius Sabirin Putra, "Dampak Kekerasan Dalam Rumah Tangga Terhadap Kesehatan Mental Korban," *Verdict: Journal of Law Science* 1, no. 2 (2022): 96–107, https://doi.org/doi.org/10.59011/vjlaws.1.2.2022.96-107.

[17] Azizi Zuhaira et al., "Analisis Dampak Kekerasan Dalam Rumah Tangga Terhadap Kesehatan Mental Korban," *Jurnal Penelitian Nusantara* 1, no. 8 (2025): 23–27, https://doi.org/ttps://doi.org/10.59435/menulis.v1i8.539.

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This framework is reinforced by Law Number 23 of 2004 concerning the Elimination of Domestic Violence, which positions the victim as a subject entitled to protection and recovery. The law explicitly stipulates victims' rights, the obligations of the government and the public, and provisions for victim protection and recovery. Thus, the legal approach to domestic violence is not merely oriented toward punishing the perpetrator but also toward the recovery of the victim's well-being.

National data indicates that psychological abuse is a predominant form of violence within domestic relationships. Data from SintasPuan-Komnas Perempuan for the period of January–December 2024 recorded 1,509 cases of psychological abuse among victims of domestic violence, a figure higher than that of physical abuse (1,377 cases), economic abuse (419 cases), and sexual abuse (95 cases). These findings demonstrate that domestic violence is not limited to physical abuse but also encompasses a significant psychological dimension capable of causing serious impacts on a victim's mental well-being.[18]

Domestic violence does not stem from a single factor; rather, it is an issue shaped by the interplay of various individual, social, cultural, economic, and structural factors. In the context of coastal communities, factors such as a family's socioeconomic status, relationship dynamics between men and women, perceptions of roles and status within the household, and access to legal and protective services can influence women's vulnerability to violence. Based on research results and field findings, Idha Noor Hayati—Head of the Merauke Regency Technical Implementation Unit for Women and Child Protection stated that the domestic violence experienced by Papuan women in the Payum coastal area of Merauke arises from several factors, namely:[19] 1) Power relations and patriarchal culture: In Papuan custom, the position of women is considered subordinate to that of men. Women are not permitted to participate in customary ceremonies; instead, their role is limited to serving guests and cooking for the

[18] Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia, Komnas Perempuan, and Forum Pengada Layanan, "Gerak Bersama Dalam Data: Laporan Sinergi Database Kekerasan Terhadap Perempuan Periode Tahun 2024," SintasPuan, 2025, https://kemenpppa.go.id/index.php/show-pdf/dokumen/detail/laporan-sinergi-database-kekerasan-terhadap-perempuan-periode-tahun-2024?utm_source.

[19] Idha Noor Hayati, "Faktor-Faktor Penyebab Terjadinya Kekerasan Dalam Rumah Tangga Terhadap Mama-Mama Papua Di Pesisir Payum Merauke" (Merauke: Kepala UPTD Perlindungan Perempuan dan Anak, 2026).

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event.[20] This underlies women's vulnerability to domestic violence. The view that the husband holds greater authority within the household can justify controlling behaviour, threats, shouting, or the use of physical violence against the wife. 2) Economic dependence: The low status of women within the household leads to dependency on their partners. When access and control lie predominantly with men, economic inequality can evolve into an imbalance of power, placing women in a weaker position within the household.[21] In such situations, women experiencing domestic violence face obstacles in resisting the abuse, seeking help, or leaving the abusive relationship, as they must consider their own and their children's economic survival. 3) Alcohol consumption: In Merauke Regency, sopi, a type of local alcoholic beverage (often referred to as milo or a local spirit distilled from coconut sap/palm wine), is a contributing factor in cases of domestic violence and criminal activity.[22] 4) Early marriage: Age is a sociodemographic factor that can influence women's vulnerability to domestic violence. Research based on data from 34,086 married women in Indonesia indicates that age and socioeconomic status are characteristics associated with the risk of intimate partner violence (IPV).[23] Partner characteristics, such as the partners' ages and the age gap between them, can be aspects worth considering regarding power dynamics within the household. 5) Limited education: Limited education affects legal knowledge, the ability to access information, decision-making capacity, economic independence, and the courage to seek help when experiencing violence. Low levels of education can restrict women's access to information regarding their constitutional rights, including the understanding that psychological, sexual, and economic violence, as well as neglect and physical abuse, constitute forms of domestic violence that are protected by law.[24] 6) Dependence on family/customary settlements: Amicable settlements can essentially serve a positive function in society. However, if employed

[20] Christine O. I. Sanggenafa and Irwan Martua Hidayana, "Peran Dewan Adat Suku Sentani Untuk Penyelesaian Konflik Kekerasan Dalam Rumah Tangga," *Cenderawasih: Jurnal Antropologi Papua* 1, no. 1 (2020): 8–20.

[21] Laura Johnson et al., "Examining the Impact of Economic Abuse on Survivors of Intimate Partner Violence: A Scoping Review," *BMC Public Health* 22, no. 1014 (2022): 1–19, https://doi.org/https://doi.org/10.1186/s12889-022-13297-4.

[22] Hendrina Dian Kandipi, "Menjaga Perempuan Papua Dari Kekerasan," Antara Papua, 2017, https://papua.antaranews.com/berita/460061/menjaga-perempuan-papua-dari-kekerasan?utm_source.

[23] Agung Dwi Laksono et al., "Socioeconomic Differences of Intimate Partner Violence among Married Women in Indonesia: Does Poverty Matter?," *Indian Journal of Community Medicine* 48, no. 2 (2023): 304–9, https://doi.org/10.4103/ijcm.ijcm_254_22.

[24] Bright Opoku Ahinkorah et al., "Exposure to Interparental Violence and Intimate Partner Violence among Women in Papua New Guinea," *BMC Women's Health* 23, no. 48 (2023): 1–11, https://doi.org/https://doi.org/10.1186/s12905-023-02179-5.

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without regard for the safety and recovery of victims, such mechanisms can lead to recurring violence and limit victims' access to formal justice. This is particularly relevant given that research indicates not all cases proceed to court.

Papuan women in the Payum coastal area of Merauke reported having experienced domestic violence. The violence did not occur daily but rather at specific times, particularly when they were perceived to have committed an error or act of negligence. Some respondents stated they experienced domestic violence approximately twice a month or three to four times a year, while others reported experiencing it two to four times a week. Perpetrators included not only husbands but also the women's own children; such incidents were often linked to alcohol consumption, causing children to return home in a state of anger and commit acts of violence.[25]

Domestic Violence gives rise to multifaceted impacts, ranging from physical suffering, psychological distress, a loss of a sense of security, and restricted freedom in decision-making to economic dependency and the hindrance of the victim's ability to participate fully in family and community life. Consequently, the effects of domestic violence directly impact the fulfilment of women's fundamental rights guaranteed by the 1945 Constitution of the Republic of Indonesia.

Table 1. Research Results on Papuan Women in the Payum Coastal Area, Merauke

Impact of domestic violence	Consequences for the Victim	Affected Constitutional Rights
Physical violence	Injury, illness, health issues, safety threats	Right to life; right to security; right to health
Psychological abuse	Trauma, anxiety, fear, depression, loss of self-confidence	Right to mental health; right to a prosperous life in body and spirit; right to be free from degrading treatment
Threats/intimidation	Constant fear and insecurity	Article 28G paragraph (1)

[25] Mama-Mama Papua, "Kekerasan Dalam Rumah Tangga Yang Dialami Mama-Mama Papua Di Pesisir Payum Merauke" (Merauke, 2026).

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Insult/demeaning act	The loss of self-esteem and dignity	Article 28G paragraph (2); Article 28I
Barriers to obtaining protection	Recurring violence and uncertainty regarding recovery	The right to legal protection and fair treatment

From a normative perspective, the rights of domestic violence victims are stipulated in Law Number 23 of 2004 concerning the Elimination of Domestic Violence, Government Regulation Number 4 of 2006 concerning the Provision and Cooperation for the Recovery of Domestic Violence Victims, and the 1945 Constitution of the Republic of Indonesia.[26] However, the existence of legal norms does not automatically guarantee the fulfilment of victims' constitutional rights. The issue lies in the gap between constitutional rights and the actual enjoyment of those rights. While Papuan women are formally citizens with equal rights, factors such as social, economic, geographic, and cultural conditions, limited access to services, and household power dynamics result in unequal actual capacity to enjoy those rights. In practical terms, distance is only one component of access: even where a health facility is geographically nearby, transport costs, the cost of repeated visits, time away from work, and limited availability of mental-health professionals make continuing care difficult.

Table 2. Results of the Analysis of the Existing Conditions of Protection of the Constitutional Rights of Papuan Mothers on the Payum Coast of Merauke

Victims' Rights	Das sollen	Das sein	Gap
Right to health	The state guarantees the right to health, including mental health.	Mental health services are not evenly distributed	Rights are not yet fully accessible
Domestic Violence Protection	Victims have the right to receive protection and recovery	Handling is still largely focused on the case/perpetrator	Handling is still largely focused on the case/perpetrator
Psychological protection	The victim requires ongoing psychological support	Limited professional services	There is a service gap

[26] Dela Khoirunisa, "Rehabilitasi Terhadap Korban Kekerasan Dalam Rumah Tangga Menurut Peraturan Pemerintah (PP) Nomor 4 Tahun 2006 Tentang Penyelenggaraan Dan Kerja Sama Pemulihan Korban Kekerasan Dalam Rumah Tangga," *Prosiding Seminar Nasional: IAHN Tampung Penyang Palangka Raya*, no. 1 (2023): 1–10, https://doi.org/https://doi.org/10.33363/seminarnasional.vi1.

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Access to justice	Victims must receive effective legal protection	Victims may face economic, social, geographic and family barriers	Access to justice gap
Protection of Papuan women	Protection must be non-discriminatory and equivalent	Local conditions in Papua have socio-economic and geographical barriers	Protection is not yet fully contextual
Social/customary mechanisms	Can be an instrument of resolution and support	Potential to prioritise family peace/integrity	Subordination of the interests of the victims
Recovery	Recovery should include physical, psychological, and social	Psychological recovery is not always integrated	Recovery gap

Based on the preceding discussion, the author's analysis reveals a paradox regarding the protection of the constitutional right to mental health for Papuan women in the Payum coastal area of Merauke: a disparity between robust normative guarantees and suboptimal substantive protection. Normatively, the state has established constitutional instruments and legislation guaranteeing the right to health, a sense of security, protection against violence, and rehabilitation for victims of domestic violence. However, in practice, this protection faces significant gaps, including limited access to mental health services, a shortage of professionals, geographical and economic barriers, and socio-cultural factors. Furthermore, barriers to accessing justice are influenced by a lack of knowledge regarding formal reporting procedures, uncertainty about the required evidence, fear of stigma or retaliation, and difficulties communicating in a language that makes the victim feel comfortable. These obstacles can make interactions with the police, healthcare services, or the courts feel burdensome and intimidating. That can hinder victims from reporting violence and accessing recovery services.

Therefore, the protection of constitutional rights cannot be measured solely by the existence of regulations or the resolution of domestic violence cases; rather, it must be gauged by the state's ability to ensure that victims secure a sense of safety, access to justice, accessible mental health services, psychosocial support, and sustained recovery. In the context of the Papuan women of the Payum Coast in Merauke, these needs call for a protection approach that is not

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merely legal-formal but also contextually integrated with Papuan socio-cultural values and oriented toward the recovery and capacity-building of the victims.

B. Integral Approach as an Effort to Prevent Domestic Violence among Papuan Mothers

Domestic violence against Papuan women cannot be understood solely as a legal violation occurring within the domestic sphere; rather, it is a multidimensional issue linked to power relations, mental health, socioeconomic conditions, cultural constructs, and the state's institutional capacity to provide protection.[27] Therefore, the effectiveness of the law as an instrument for preventing domestic violence must be measured by its ability to prevent violence from occurring, transform the behaviours and power dynamics that enable violence, provide a sense of safety for victims, and ensure the availability of mechanisms for recovery and the prevention of recurrence.

An approach that focuses solely on penalising perpetrators risks being reactive, as it only takes effect after violence has occurred, without necessarily addressing the root causes that trigger or perpetuate the cycle of violence. Therefore, an integrated approach is required—one that frames domestic violence prevention as a system simultaneously linking legal, mental health, sociocultural, and institutional dimensions.[28] In this context, an integrated approach is understood as a response strategy that does not separate efforts regarding violence prevention, victim protection, mental health recovery, the strengthening of the social environment, and the capacity building of institutions responsible for providing protection.

Law enforcement without mental health support may result in merely formal protection; mental health services lacking guarantees of safety and legal protection cannot eliminate the sources of violence; a socio-cultural approach that overlooks the perspective of victims' rights risks perpetuating tolerance for violence; and the existence of multiple institutions without coordination can lead to service fragmentation.[29] Thus, the prevention of domestic violence is

[27] Hasmi and Sarce Makaba, "Uncovering the Psychological Impact of Domestic Violence: A Case Study on Housewives in Village Asei Besar East Sentani District Jayapura Regency," *Prosiding Seminar Kesehatan Masyarakat* 2, no. 1 (2024): 32–41, https://doi.org/https://doi.org/10.26714/prosidingfkm.v2iOctober.632.

[28] Ema Alsina et al., "Interventions to Prevent Intimate Partner Violence: A Systematic Review and Meta-Analysis," *Violence Against Women* 30, no. 3 (2023): 953–980, https://doi.org/https://doi.org/10.1177/10778012231183660.

[29] Manuela Colombini, Colleen Dockerty, and Susannah H. Mayhew, "Barriers and Facilitators to Integrating Health Service Responses to Intimate Partner Violence in Low- and Middle-Income Countries: A Comparative Health Systems and Service Analysis," *Studies in Family Plannin* 48, no. 2 (2017): 179–200, https://doi.org/https://doi.org/10.1111/sifp.12021.

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directed toward building a protection ecosystem capable of functioning across all stages, from prevention and early detection to providing protection when violence occurs, facilitating victim recovery, and preventing recurrence.

From the perspective of protecting constitutional rights, it is not enough for the state merely to provide regulations prohibiting domestic violence; it also has an obligation to ensure that these regulations are accessible, understood, and implemented, and that they foster a sense of safety and facilitate recovery for victims.[30] On this basis, an integrated approach needs to be developed as a prevention strategy that combines the power of state law with mental health interventions, community socio-cultural capital, and institutional strengthening; this ensures that the law functions not merely as a repressive instrument applied after violence has occurred, but as a preventive tool capable of mitigating risk factors, preventing violence, empowering women, and breaking the cycle of domestic violence: 1) Constitutional law approach: Law Number 23 of 2004 concerning the Elimination of Domestic Violence frames domestic violence as a legal issue and a violation of human rights. The law explicitly states that victims, the majority of whom are women, must receive protection from the state and/or society. The law's preventive function can be realised by enhancing legal literacy regarding the forms of domestic violence, victims' rights, reporting mechanisms, and the legal consequences for perpetrators. Legal education is also directed at families and communities, not merely at victims. Thus, the law transcends its role as an instrument invoked only after an incident has occurred, becoming an instrument for changing social behaviour.[31] 2) Psychosocial Approach: Mental health should be positioned as part of domestic violence prevention, rather than merely a component of recovery after the violence has occurred. When a woman has been subjected to ongoing psychological abuse, early mental health intervention can serve as a mechanism for detecting and preventing violence. Counselling, psychosocial support, mental health screening, education on healthy relationships, and referral systems can all form part of the

[30] Hannah M. Micklitz et al., "Efficacy of Psychosocial Interventions for Survivors of Intimate Partner Violence: A Systematic Review and Meta-Analysis," *Sage Journals* 25, no. 2 (2023), https://doi.org/https://doi.org/10.1177/15248380231169481.

[31] Haniyah et al., "Peningkatan Kesadaran Hukum Melalui Edukasi Dalam Pencegahan Kekerasan Dalam Rumah Tangga Di Desa Janti Sidoarjo," *DARMADIKSANI* 6, no. 2 (2026): 115–24, https://doi.org/https://doi.org/10.29303/darmadiksani.v6i2.10015.

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prevention strategy.[32] For Papuan mothers on the Payum coast, the psychosocial approach must also pay attention to local characteristics. Psychological interventions cannot be applied uniformly regardless of language, cultural values, kinship relations, community communication patterns, and level of access to professional staff; 3) Institutional approach: One weakness in handling domestic violence is the potential for service fragmentation. If agencies operate in isolation, victims are forced to move from one institution to another and repeatedly recount their experiences of abuse. This situation can lead to secondary victimisation and hinder the recovery process. Therefore, the institutional framework should ideally be built upon an integrated referral mechanism comprising: early detection → reporting/assessment → victim protection → healthcare services → psychological counselling → legal assistance → social/economic support → recovery → monitoring → prevention of recurrence. This approach shifts the handling model from being institution-centred to victim-centred.

Table 3. Results of the Analysis of the Integral Approach as an Effort to Prevent Domestic Violence among Papuan Mothers

Approach	Focus	Instrument	Actor	Objective
Law statehood	Prevention and legal protection	PKDRT Law, regional policies, legal education, victim protection	The government, the police, the public prosecutor's office, the courts	Preventing violence and ensuring legal certainty
Mental Health	Psychological detection and intervention	Screening, counselling, psychological services, referrals	Community health centres, psychologists, health workers, support workers	Preventing trauma and lasting psychological impacts
Social culture	Changes in norms and community support	Family education, traditional/religious leaders, women's groups	The community, traditional leaders, religious leaders, and family	Changing the tolerance for violence
Institutional	Service integration	SOP referral, service network, integrated data	Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA), relevant agencies, health facilities, law enforcement officials	Avoiding fragmentation and ensuring service continuity

[32] Amanda L Teichman et al., "Screening and Intervention for Intimate Partner Violence at Trauma Centers and Emergency Departments: An Evidence-Based Systematic Review from the Eastern Association for the Surgery of Trauma," *Trauma Surgery & Acute Care Open* 8, no. 1 (2023), https://doi.org/https://doi.org/10.1136/tsaco-2022-001041.

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Based on the preceding discussion, the author's analysis suggests that an integral approach to preventing domestic violence against Papuan mothers must be understood as a shift in legal orientation moving away from a purely repressive stance toward one that is preventive, protective, and rehabilitative, while also focusing on preventing recurrence. While state law remains the primary foundation establishing prohibitions against domestic violence, victims' rights, state obligations, and provisions for protection and recovery, its effectiveness cannot stand alone. Ideally, the law should be integrated with mental health interventions to detect and mitigate psychological impacts, socio-cultural approaches to foster community norms that reject violence, and institutional strengthening to ensure the availability of integrated service and referral mechanisms. Thus, an integral approach centred on victim protection and recovery offers a more relevant framework for substantively, contextually, and sustainably upholding the constitutional rights of Papuan mothers.

CONCLUSION

The protection of the constitutional right to mental health of Papuan mothers experiencing domestic violence in Payum, Merauke, remains substantively incomplete despite the existence of constitutional and statutory guarantees. The principal gap lies not primarily in the absence of legal norms but in their uneven implementation, particularly in access to mental health services, legal protection, victim recovery, and coordinated institutional assistance. These gaps are reinforced by geographical constraints, economic dependence, gendered power relations, sociocultural norms, and fragmented service mechanisms. The study contributes an integral constitutional protection framework that connects four dimensions: legal and constitutional protection, psychosocial intervention, sociocultural empowerment, and institutional integration. The framework shifts the orientation of domestic violence policy from predominantly reactive enforcement toward prevention, victim protection, recovery, and prevention of recurrence. Its practical implication is that local governments should establish coordinated referral mechanisms linking Regional Technical Implementation Unit for the Protection of Women and Children, health facilities, mental health professionals, law enforcement agencies, and culturally appropriate community actors. Customary mechanisms

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may be incorporated only when they are consistent with victim safety, dignity, equality, and constitutional rights. Future research should empirically evaluate the implementation and effectiveness of this framework across different Indigenous communities in Papua.

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