

The Role of Health Workers in Early Detection and Handling of Domestic Violence Victims Among Women and Children in Indonesia

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Abstract

Background: Domestic violence (KDRT) against women and children in Indonesia is increasing and has clearly become a serious social and health issue. Community health centers (Puskesmas) and hospitals play a strategic role in early detection, intervention, and protection of victims of domestic violence. Health workers act as the frontline in detecting signs of violence, providing medical and psychological services, and supporting the legal process through medico-legal documentation. **Objective:** This study aims to analyze the role of health workers in early detection and initial treatment of domestic violence victims among women and children, as well as to identify challenges, best practices, and opportunities for increasing the capacity of health services in Indonesia.

Method: This research uses a literature review approach, a hybrid with narrative methods and thematic analysis.

Results: Findings indicate that healthcare workers play a crucial role in early victim identification, providing medical and psychological interventions, providing medico-legal documentation, and cross-sector coordination. Barriers identified include limited training, cultural bias, limited privacy, and substandard SOPs. Implementing evidence-based practices and multisectoral collaboration has been shown to improve the effectiveness of early detection and victim recovery.

Conclusion: Health workers are key actors in breaking the cycle of violence against women and children. Early detection is a strategic step in rescuing victims. Strengthening policies, human resource capacity, domestic violence standard operating procedures (SOPs), and integrating multisectoral services are essential to ensure comprehensive victim protection and recovery.

Keywords: Child abuse; Domestic violence; Early detection; Healthcare workers

1. Introduction

Domestic Violence (KDRT) is a form of gender-based violence that has a broad impact on physical, mental, and social health, but the most impactful is women and children. In Indonesia, domestic violence has developed into a public health issue and a social emergency because cases continue to increase every year. Lie, Makaba, and Hasmi (2024) emphasized that "Domestic violence (KDRT) is a phenomenon of violent behavior that occurs very often in Indonesia and the number increases every year." This statement shows that domestic violence is not only a family problem, but a public issue that requires a systematic response, especially from health services as the first point of contact for victims to seek help (Bacchus et al., 2024).

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National data shows a worrying prevalence trend. The National Commission on Violence Against Women consistently reports that violence against women, including in the domestic sphere, ranks highest in their Annual Report (CATAHU). The Ministry of Health also confirms that domestic violence imposes both short- and long-term health burdens, ranging from physical injuries, reproductive disorders, depression, chronic anxiety, to the risk of complex trauma in children. Revatalina (2025) emphasized that "Domestic violence (KDRT) is a complex and increasing social problem in various countries, including Indonesia," while also stating that its impact damages the mental stability of victims in the long term. This burden is not only on adult victims, but also children who experience violence directly or witness violence, which impacts their psychosocial development.

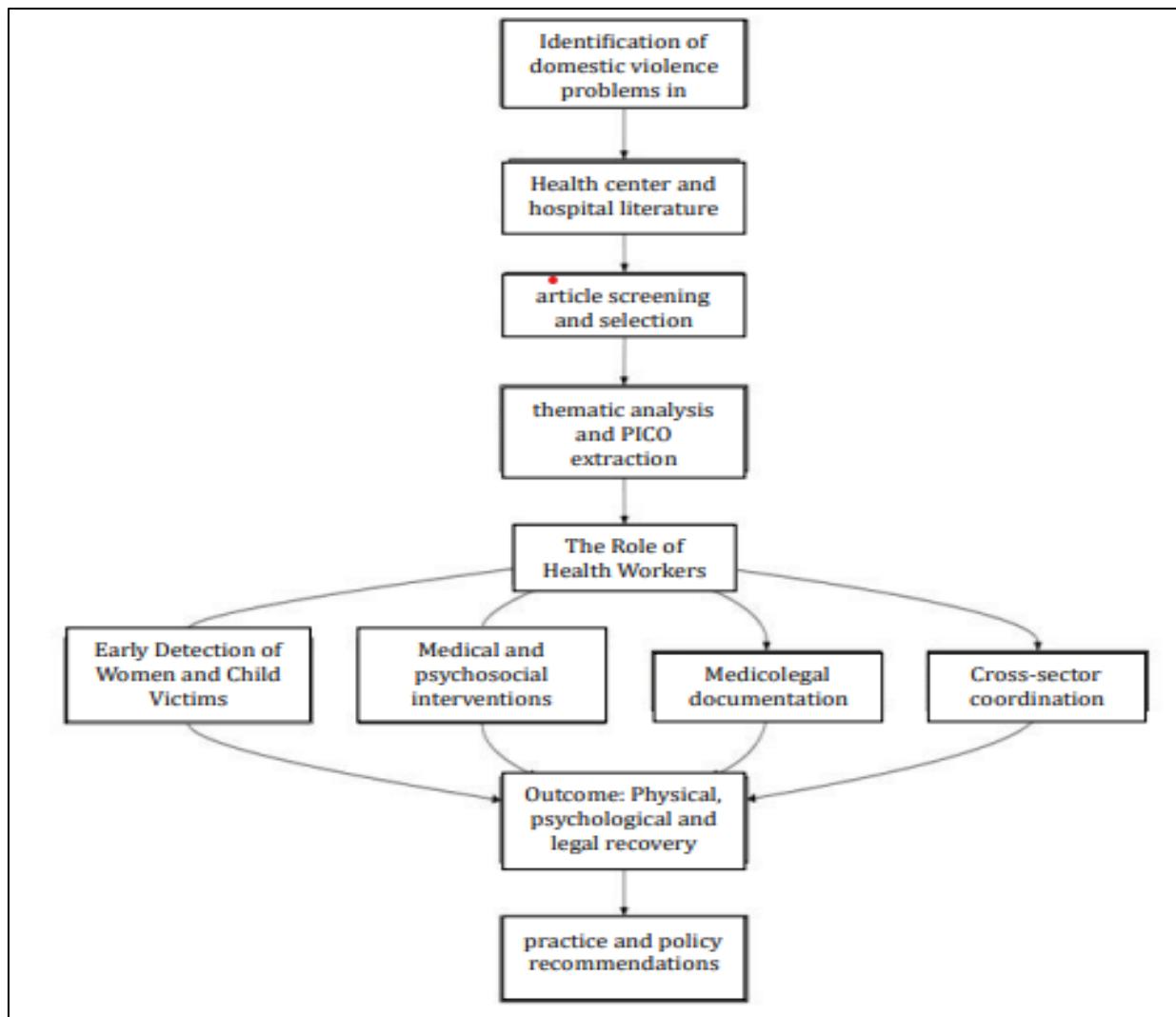
Despite the high prevalence, disparities in treatment across healthcare facilities persist. One of the biggest gaps lies in weak early detection. Research by Emqi and Hartini (2023) revealed that healthcare workers' knowledge of screening, documentation, referrals, and interprofessional collaboration remains inadequate. They explained that this is influenced by a lack of specialized training and biased gender norms within healthcare workers' social environments. Healthcare workers, while strategic actors, still face structural and cognitive barriers in identifying and optimally treating victims of domestic violence. Yet, healthcare workers play a vital role in the protection system for women and children who are victims of domestic violence. Heriyanto, Saputra, and Nasir (2022) stated that in Community Health Centers (Puskesmas), healthcare workers serve as the frontline in identifying victims and providing initial treatment. They even explicitly emphasized that "early detection is a crucial aspect of service delivery" because Puskesmas are the initial point of interaction between victims and the healthcare system. At the hospital level, services are more comprehensive, encompassing 24-hour care, cross-sector network support, and the preparation of medico-legal documents.

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However, on the other hand, barriers in health facilities still hinder early detection. Purbarrar et al. (2023) showed that these barriers include lack of training, lack of confidence among health workers to conduct screening, the normalization of violence in society, and the absence of institutional protocols. Given the complexity of the problem and the urgent role of health workers, a scientific literature review is essential to provide a comprehensive overview of the challenges and opportunities in early detection and treatment of victims of domestic violence. This study focuses on how health workers, particularly in primary health care settings such as community health centers (Puskesmas), can develop gender-responsive, effective, and evidence-based early detection systems. The scope of the study includes clinical, psychosocial, and medicolegal roles, structural barriers, and the importance of cross-sector collaboration.

2. Methods

This study employed a literature review design with a hybrid narrative and systematic approach, combining narrative flexibility to analyze domestic violence in Indonesia with systematic rigor in selecting evidence-based literature. This approach allows for the identification of key issues, trends, and empirical findings regarding the role of health workers in the early detection and treatment of domestic violence victims, while ensuring scientific integrity through the selection of relevant and reliable sources (Emqi & Hartini, 2023). The literature search strategy was conducted through several international and national databases, including Google Scholar, PubMed, DOAJ, and Garuda Kemdikbud. This database selection aimed to obtain comprehensive coverage of the literature, including both international peer-reviewed articles and local studies in Indonesia relevant to health, legal, and social practices in domestic violence. The literature search used a combination of Boolean keywords to capture variations in terminology, including: "domestic violence" and "healthcare workers" and "early detection" and "child abuse." This strategy identified research relevant to the topics of early detection, intervention, medicolegal documentation, and psychosocial support provided by healthcare professionals. Ten journals meeting the inclusion criteria were selected using thematic analysis using the PICO model.

**Figure 1** Article Flow Diagram

3. Results and discussion

Based on a literature review of 10 journals selected according to inclusion criteria, several key findings were found regarding the role of health workers in the early detection and treatment of victims of domestic violence. Thematic analysis of data extracted using the PICO model identified five central themes: early detection, health worker competency, referral systems, implementation barriers, and outcomes for victims. The study results indicate that early detection is a crucial role for health workers, especially at the Community Health Center (Puskesmas) level. Heriyanto, Saputra, & Nasir (2022) stated that "Puskesmas function as the frontline that first interacts with victims, making early detection a crucial aspect in service delivery." Early detection includes identifying physical and psychological signs of violence, using standard screening, and gathering initial medico-legal information. A study by Emqi & Hartini (2023) confirmed that health workers' screening capabilities are still limited due to a lack of specialized training, resulting in suboptimal early detection.

Healthcare worker competency encompasses not only clinical aspects but also legal and psychosocial understanding. Murlina, Sagala, & Makbul (2024) emphasized the importance of training that integrates medical and legal knowledge so that healthcare workers can report cases accurately and provide initial counseling. Bacchus et al. (2024) emphasized that healthcare workers have a strategic role in providing physical and psychological support, thus professional capacity influences the effectiveness of interventions. These results indicate the need for capacity building through education, workshops, and domestic violence case simulations. Literature findings highlight the importance of a clear referral system and cross-sectoral collaboration, including legal institutions, social services, and the community. Heriyanto et al. (2022) explain that hospitals provide comprehensive services supported by inter-agency networks. Emqi & Hartini (2023) emphasize the need for structured referrals and interprofessional coordination so that medical and psychosocial

interventions run synergistically. Bacchus et al. (2024) add that the effectiveness of multi-sectoral interventions increases when health, education, legal, and community services are integrated simultaneously.

Several significant barriers were found in the practice of early detection and handling of victims of domestic violence. Purbarrar et al. (2023) divided the barriers into three categories: (1) health workers, including lack of knowledge, experience, and confidence; (2) victims and community culture, for example the normalization of violence and fear; (3) organizations, such as the lack of standard protocols and limited facilities. In addition, research by Revatalina (2025) and Lie, Makaba, & Hasmi (2024) showed that the psychological impact and reduced quality of life of victims require more attention from health workers in providing gender-sensitive and trauma-based interventions.

The findings suggest that appropriate interventions by healthcare professionals have a positive impact on victims' physical, psychological, and social recovery. Sari & Wicaksana (2024) emphasize the role of structured social support in enhancing victim resilience, while Hidayat & Purnama (2023) highlight the effectiveness of adaptive coping strategies and trauma-based recovery. Purbarrar et al. (2023) also demonstrate that the use of appropriate early detection protocols can improve the quality of recovery and minimize the risk of recurrent violence. Overall, the PICO analysis demonstrates a pattern that structured, evidence-based interventions involving cross-sector coordination produce better outcomes for victims than partial or non-standard interventions. Key emerging themes reflect the importance of integrating medical competence, psychosocial understanding, medico-legal procedures, referral systems, and community support in addressing domestic violence.

Table 1 Extraction Results Table of 10 Journals (PICO Model)

No	Title / Author / Year	Population	Intervention	Comparison	Outcome	Study Design
1	Implementation of Health Services for Victims of Violence against Children and Women / Heriyanto, Saputra, & Nasir (2022)	Women and children who are victims of domestic violence in community health centers and hospitals	Early detection, initial management, medicolegal documentation, socialization	The role of health workers in community health centers vs. hospitals	Improved victim identification, legal protection, physical and psychological recovery support, medicolegal documentation	Normative legal research, descriptive qualitative
2	Legal Analysis of the Role of Health Workers in Law Enforcement of Domestic Violence Crimes / Murlina, Sagala, & Makbul (2024)	Domestic Violence Victims and Yogyakarta Court Decisions 2019–2024	Identification of signs of violence, medical and psychological support, reporting of cases	Victim vs. perpetrator counseling	Increased medical and psychological support, legal reports, special training needs	Case study, qualitative
3	Health Workers' Knowledge of Domestic Violence as a Health Problem / Emqi & Hartini (2023)	Health workers in Indonesia	Training, screening, documentation, referrals	Adequate vs. insufficient knowledge	Early detection and intervention of domestic violence is more optimal	Literature review, descriptive
4	Interventions that prevent or respond to	Women and children victims of	Multi-sectoral interventions: health,	Single vs multi-sectoral interventions	Reducing the prevalence of violence,	Systematic review

	intimate partner violence / Bacchus et al. (2024)	IPV/domestic violence globally	education, social, legal services		supporting physical & psychological recovery	
5	Challenges of Screening for Domestic Violence / Purbarrar et al. (2023)	Health workers and victims of domestic violence	Domestic violence screening, standard protocols, training	Experienced vs. inexperienced health workers	Barriers to early detection are reduced, intervention is appropriate, physical & psychological recovery is possible	Scoping review
6	The Impact of Domestic Violence on Quality of Life / Lie, Makaba & Hasmi (2024)	Female victims of domestic violence	Psychosocial and health interventions	Women who received services and those who did not	Decreased quality of life, especially psychological aspects	Descriptive quantitative
7	The Impact of Psychological Violence on Mental Health / Revatalina (2025)	Female victims of domestic violence	Psychological support, trauma intervention	Without intervention vs with intervention	Depression, PTSD, chronic anxiety	Qualitative, in-depth interviews
8	Domestic Violence: Causes and Prevention Efforts / Pratama & Apsari (2024)	Female victims of domestic violence	Family education, ecological system intervention	Supportive and unsupportive environment	Decrease in violent behavior, increase in victim recovery	Ecological systems perspective
9	The Role of Social Support in Psychological Recovery Korban / Sari & Wicaksana (2024)	Female victims of domestic violence	Social support from family, friends, community	High vs low support	Faster psychological recovery, increased resilience	Mixed-method
10	Trauma Dynamics and Coping Strategies of Female Victims of Domestic Violence / Hidayat & Purnama (2023)	Female victims of domestic violence	Trauma-based services, adaptive coping strategies	With trauma-informed care services vs. without services	Better psychological recovery, reduction of complex trauma symptoms	Phenomenological, qualitative

A literature review of 10 journals analyzed using the PICO model indicates that healthcare workers play a central role in the early detection and treatment of women and children as victims of domestic violence (DV) in Indonesia. A synthesis of the findings reveals both consistency and gaps between nationally established guidelines and field practice. As the frontline, inpatient community health centers (Puskesmas) serve as the initial point for identifying domestic

violence victims, providing basic medical management, and documenting findings medicolegally. Heriyanto, Saputra, and Nasir (2022) emphasize that at the Puskesmas level, services focus on victim identification, initial management, and community outreach on prevention. Hospitals, on the other hand, provide more comprehensive care with 24-hour support and cross-sector collaboration.

However, further analysis revealed a gap between national guidelines and implementation on the ground. Formally, Indonesia has an adequate regulatory framework, such as Law No. 23 of 2004 concerning the Elimination of Domestic Violence (PKDRT Law) and Law No. 35 of 2014 concerning Child Protection, as well as Minister of Health Regulation No. 21 of 2020, which regulates guidelines for handling victims of violence in health facilities. However, Emqi and Hartini (2023) emphasized that health workers' knowledge regarding screening, documentation, and referral remains inadequate, primarily due to a lack of specific training relevant to the local context.

The main challenges in early detection of domestic violence encompass several dimensions. First, cultural biases and social norms often influence the behavior of both health workers and victims. Purbarrar et al. (2023) revealed that the normalization of violence in society makes victims reluctant to report, while health workers who have not received intensive training are sometimes hesitant to conduct screenings for fear of violating norms or facing family rejection. Second, limited capacity and training are real barriers. Murlina, Sagala, and Makbul (2024) showed that although health workers are able to identify signs of violence, their counseling and psychosocial intervention skills are still suboptimal. Third, the lack of privacy and safe spaces for interviews, as well as limited standard operating procedures (SOPs) for domestic violence in many community health centers, reduce the effectiveness of early detection and intervention (Purbarrar et al., 2023; Emqi & Hartini, 2023).

The analysis of the findings also highlights the role of healthcare worker competence in influencing outcomes for victims. Bacchus et al. (2024) emphasized that multi-sectoral interventions involving health, social, educational, and legal services have proven more effective in reducing the prevalence of violence. Healthcare workers are not only responsible for clinical aspects but also act as agents of social change, helping victims obtain legal and social support. Meanwhile, Lie, Makaba, and Hasmi (2024) and Revatalina (2025) highlighted the impact of domestic violence on victims' quality of life and mental health. Significant declines occurred in psychological aspects, including persistent feelings of fear, anxiety, depression, and long-term psychological trauma.

In global best practices, the WHO Health Sector Response to Violence emphasizes the need for integrated services, standardized protocols, and ongoing training for health workers. This strategy includes identifying signs of violence, providing medical and psychological assistance, medico-legal documentation, and systematically arranging cross-sector referrals. The implementation of these principles in Indonesia remains uneven. Many community health centers lack clear standard operating procedures (SOPs), and medico-legal documentation such as post-mortem reports (*visum et repertum*) and psychiatric reports (*visum psichiatrikum*) are not widely available (Heriyanto, Saputra, & Nasir, 2022).

Furthermore, the challenge of cross-sectoral coordination remains a crucial issue. Bacchus et al. (2024) emphasize that the success of interventions depends heavily on synergy between the health, social, education, and legal sectors. In Indonesia, although regulations support service integration, coordination between community health centers, hospitals, law enforcement, and child protection agencies remains limited. Limited funding, human resources, and institutional support hamper the effectiveness of early detection and handling of domestic violence cases (Purbarrar et al., 2023).

From a systemic perspective, Pratama and Apsari (2024) emphasize the importance of understanding domestic violence within an ecological framework, where individual, family, community, and macrosystem factors interact to influence the occurrence of violence. This concept is relevant for healthcare professionals, as interventions cannot be carried out in isolation. For example, early detection at community health centers must be accompanied by family education, legal advocacy, and community empowerment to prevent recurrence of violence. Sari and Wicaksana (2024) also emphasize that social support is a crucial protective factor in the psychological recovery of victims, so healthcare interventions must be accompanied by social network strengthening and trauma counseling.

Practical recommendations based on these findings cover several aspects. First, increase the capacity of health workers through intensive, locally context-based training, including domestic violence screening, psychosocial counseling, medico-legal documentation, and case management. Second, strengthen reporting and referral systems to ensure victims can access integrated medical, psychological, and legal services. Third, improve privacy facilities in community health centers and hospitals for safe interviews, reducing the risk of additional trauma for victims. Fourth, integrate cross-sector services consistent with the principles of the WHO Health Sector Response to Violence, so that interventions are holistic and sustainable. Finally, health workers should be involved in public awareness campaigns and the dissemination of victims' rights, so that stigma and social norms that give rise to cultural bias can be reduced.

4. Conclusion and Future Directions

This literature review confirms that health workers play a central role in the early detection and treatment of women and children victims of domestic violence (KDRT) in Indonesia. Analysis of findings from various studies indicates that community health centers (Puskesmas) and hospitals serve as the initial point of victim identification, as well as providing medical and psychological treatment, and as a means of medico-legal documentation that supports the legal protection process. Early detection is crucial, as it serves as the gateway to rescuing victims and preventing recurrence of violence. Health workers not only provide clinical services but also act as mediators in the victim protection system through psychosocial interventions, counseling, and coordination with legal and social institutions. However, field practice still faces challenges, including limited human resource capacity, a lack of specialized training, a lack of privacy, and limited SOPs for domestic violence. Furthermore, cultural biases and social norms that still normalize violence hinder the effectiveness of detection and treatment.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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