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Original Article

The Role of DP3AP2KB in the Recovery of Physical and Mental Health of Sexual Violence Survivors in Kediri City

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ABSTRACT

Background: Sexual violence is a serious problem that impacts the physical and mental health of victims. SIMFONI-PPA recorded 8,438 cases in Indonesia as of September 24, 2024. In East Java, there were 625 cases of sexual violence, and in Kediri City, there were 19 cases of sexual violence as of October 2024. DP3AP2KB has a role in providing services for the recovery of the physical and mental health of victims. However, during the preliminary survey, victims were still found to have unstable mental health. This is due to the lack of understanding of the PPA Task Force regarding the method of approaching victims.
Method: This study used an analytical quantitative design with a retrospective cohort study approach. A sample of 126 respondents was divided into groups that received and did not receive DP3AP2KB services. Data were analyzed using the Chi-Square test.
Result: There was no statistically significant relationship between DP3AP2KB services and physical health recovery (p = 0.399) or mental health recovery (p = 0.167)
Conclusion: DP3AP2KB services did not show a statistically significant relationship to victim recovery, but they still contributed to the recovery process. It is necessary to socialize reporting mechanisms, strengthen cross-sector cooperation, and conduct routine training for the PPA Task Force.

INTRODUCTION

The Regulation of the Minister of Women's Empowerment and Child Protection (Permen PPPA, 2019) No. 13 of 2020 explicitly guarantees that women and children have the right to live free from fear, be protected from threats, and be free from any form of torture or degrading treatment (Permen PPPA, 2019). Nevertheless, this normative guarantee has not been fully realized in practice. Sexual violence remains a major social and public health issue in Indonesia, reflected in the persistently high incidence rates across the country. Data from the Online Information System for the Protection of Women and Children (SIMFONI-PPA) show that between January 1 and September 24, 2024, there were 18,215 cases of violence, 8,438 of which involved sexual violence. This condition highlights that despite existing regulations, women and children are still vulnerable to sexual exploitation and abuse.

At the provincial level, East Java continues to contribute significantly to the overall burden of sexual violence, recording 625 cases during the same period. Kediri City also faces a considerable challenge. Data from the Department of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) indicate that from January 2023 to October 2024, there were 49 cases of violence against women and children, with 19 cases classified as sexual violence. Although the numbers appear smaller compared to national data, they remain alarming given Kediri's relatively limited population size. These cases illustrate that sexual violence is not only a national and provincial concern but also a pressing local problem requiring targeted intervention (Effendy et al., 2022).

In response, DP3AP2KB has undertaken a series of initiatives aimed at strengthening victim protection mechanisms. These include capacity-building activities for the Women and Children Protection Task Force (Satgas PPA), training on case identification and management, and regular monitoring and evaluation every two months. The intention behind these efforts is to ensure that Satgas PPA personnel can provide effective and empathetic services for victims. However, preliminary surveys conducted in September 2024 revealed that many Satgas PPA members in Kediri City still lack adequate knowledge and skills in applying victim-centered approaches. This lack of competence can reduce victims' willingness to disclose their experiences and hinder their physical and psychological recovery (Astuti et al., 2025).

Although numerous studies in Indonesia have examined the prevalence of sexual violence, the legal frameworks for protection, and the general role of government institutions, there is still a lack of research that specifically explores the effectiveness of DP3AP2KB services in facilitating victim recovery at the city level (Sopiah et al., 2025). Previous studies have mostly focused on legal protection, prevention strategies, or general service availability, but have rarely addressed the actual relationship between service provision and measurable outcomes such as survivors' physical and mental health recovery. This gap underscores the importance of conducting empirical research to evaluate whether existing services provided by DP3AP2KB contribute meaningfully to the healing process of sexual violence survivors.

This study aims to analyze the relationship between services provided by the Department of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) and the physical and mental health recovery of sexual violence survivors in Kediri City. The findings are expected to enrich academic knowledge, serve as an evaluation tool for improving service quality, and provide practical recommendations for strengthening women's and children's protection mechanisms at both local and national levels.

METHODS

This study employed a quantitative approach with a retrospective cohort design to analyze the relationship between services provided by the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) and the physical and mental health recovery of sexual violence survivors in Kediri City. The study population consisted of all women and children who were victims of sexual violence and had either received or not received services from DP3AP2KB, totaling 126 individuals. The sample size was also 126, divided into two groups: 42 individuals who did not receive services and 84 individuals who received services.

The sampling technique used was non-probability sampling with an accidental sampling method with inclusion criteria. This approach was chosen because of the difficulty in accessing survivors of sexual violence, as well as the ethical considerations and confidentiality issues that limited the possibility of employing probability-based methods. However, the use of accidental sampling with inclusion criteria may introduce potential selection bias, which is acknowledged as a limitation of this study.

The study was conducted across all sub-districts of Kediri City between September 2024 and May 2025. The independent variable was the service provided by DP3AP2KB, while the dependent variables were the physical and mental health recovery of sexual violence survivors.

Inclusion criteria were: (1) women and children identified as survivors of sexual violence between January 2023 and October 2024, (2) domiciled in Kediri City, (3) willing to participate in the study, and (4) able to communicate verbally during data collection. Exclusion criteria were: (1) survivors with severe physical or mental conditions that prevented participation in the interview, and (2) incomplete responses to the questionnaires.

Data collection instruments consisted of a respondent characteristics questionnaire, a DP3AP2KB service questionnaire, the Short Form-36 Health Survey (SF-36) for physical health assessment, and the General Health Questionnaire-12 (GHQ-12) for mental health assessment. Both SF-36 and GHQ-12 have been widely used internationally and have undergone validity and reliability testing in several Indonesian studies, making them appropriate for use in this context. The instrument was valid and reliable.

Primary data were obtained through structured questionnaires administered via in-depth interviews by trained enumerators. Data were analyzed using the Chi-Square test to assess the relationship between independent and dependent variables, with a significance level set at $p < 0.05$.

Ethical considerations: The study protocol received approval from the Research Ethics Committee of Institut Ilmu Kesehatan Bhakti Wiyata Kediri (No. 14/FTMK/EP/VIII/2024). Written informed consent was obtained from all adult respondents, while for child participants, consent was secured from their parents or legal guardians along with the child's assent. Confidentiality of all participants was strictly maintained throughout the research process.

RESULTS

After researching 126 respondents who were victims of sexual violence in Kediri City, the characteristics of the respondents, DP3AP2KB services, physical health recovery, and mental health recovery were described as follows:

Table 1. Characteristics of Respondents Among Victims of Sexual Violence in Kediri City

Characteristics	n	%
Age		
≤ 18 years	67	53.2
> 18 years	59	46.8
Gender		
Male	9	7.1
Female	117	92.9
Highest level of education		
Elementary school	14	11.1
Junior high school	41	32.6
Senior high school	58	46.0
D3/ D4/ S1	8	6.3
Did not complete elementary school	1	0.8
Did not attend school	4	3.2
Employment		
Employed	19	15.1
Unemployed	107	84.9
Income		
≥ Rp 2.415.362	5	4.0
< Rp 2.415.362	121	96.0

Characteristics	n	%
Marital status		
Single	104	82.5
Married	22	17.5
Status		
Victim	93	73.8
Companion	33	26.2
Subdistrict		
Mojoroto	50	39.7
Kediri city	48	38.1
Pesantren	28	22.2

Table 1 shows the characteristics of the respondents. The majority of respondents were aged ≤18 years, totaling 67 individuals (53.2%). The majority of respondents were female, totaling 117 individuals (92.9%), with the remainder being male respondents. The majority of respondents had completed high school education, totaling 58 people (46%), and the majority of respondents were unemployed, totaling 107 people (84.9%). The majority of respondents were in the lower-middle economic class, with an income of < Rp 2,415,362, totaling 121 people (96%). The majority of respondents were unmarried, totaling 104 people (82.5%). The majority of those interviewed during the study were victims, totaling 93 people (73.8%), and the majority resided in Mojoroto Subdistrict, totaling 50 people (39.7%).

Table 2. Frequency Distribution of Dependent and Independent Variables

Characteristics	n	%
DP2AP2KB services		
Did not receive services	84	66.7
Received services	42	33.3
Physical health recovery		
Not yet recovered	6	4.8
Recovered	120	95.2
Mental health recovery		
Not yet recovered	45	35.7
Recovered	81	64.3

Table 2 shows the distribution and frequency of each research variable. The majority of respondents rated the DP3AP2KB service did not receive services, with 84 respondents (66.7%). In terms of physical health recovery, the majority of respondents had recovered, totaling 120 people (95.2%), and in terms of mental health recovery, the majority of respondents had also recovered, totaling 81 people (64.3%). The results of the analysis of the relationship between DP3AP2KB services and the physical and mental health recovery of sexual violence victims in Kediri City, obtained from the Chi-Square test, are summarized as follows:

Table 3. Relationship between DP3AP2KB Services and Physical Health Recovery

DP3AP2KB services	Physical health recovery				Total	p value	RR (95% CI)
	Not yet recovered		Recovered				
	n	%	n	%			
Did not receive services	3	3.6	81	96.4	84	0.399	0.500 (0.10-2.37)
Received services	3	7.1	39	92.9	42		

Based on the results of data analysis, there were two cells with expected values <5, so the Fisher Exact Test was used to examine the relationship between DP3AP2KB services and physical health recovery in victims of sexual violence, as shown in Table V.3. Of the respondents who were victims of sexual violence and received DP3AP2KB services, 39 (92.9%) had recovered physically. Among the respondents who were victims of sexual violence and did not receive DP3AP2KB services, 3 people (7.1%) had not recovered.

The bivariate analysis yielded a p-value of 0.399, so the hypothesis was rejected, and there was no significant relationship between DP3AP2KB services and physical health recovery among victims of sexual violence in Kediri City. Based on the RR (relative risk) value, the RR is 0.500, meaning that victims who did not receive DP3AP2KB services are 0.500 times more likely to have lower physical health recovery compared to victims who received DP3AP2KB services.

Table 4. Relationship Between DP3AP2KB Services and Mental Health Recovery

DP3AP2KB services	Physical health recovery				Total	p value	RR (95% CI)
	Not yet recovered		Not yet recovered				
	n	%	n	%			
Not receiving service	34	40.5	50	59.5	84	0.167	1.545 (0.87-2.73)
Receiving service	11	26.2	31	73.8	42		

Based on the Chi-Square test, the relationship between DP3AP2KB services and physical health recovery in victims of sexual violence, as shown in Table V.3, among respondents who were victims of sexual violence and received DP3AP2KB services, 31 people (73.8%) had recovered their mental health. Among the respondents who were victims of sexual violence and did not receive DP3AP2KB services, 34 people (40.5%) had not recovered.

The results of the bivariate analysis yielded a p-value of 0.167, so the hypothesis was rejected, and there was no significant relationship between DP3AP2KB services and mental health recovery among victims of sexual violence in Kediri City. Based on the RR (relative risk) value, the RR is 1.545, meaning that victims who did not receive DP3AP2KB services are 1.545 times more likely to have lower mental health recovery compared to victims who received DP3AP2KB services.

DISCUSSION

Respondent Characteristics

Based on the results of the study, it was found that the majority of respondents were aged ≤18 years, totaling 67 people (53.2%). Children and adolescents are a vulnerable group. Children and adolescents under the age of 18 are highly vulnerable to becoming victims of sexual violence due to several key factors. Children under 18 years of age are still in school. Sexual violence often occurs due to the close relationship between the perpetrator and the victim. The most common perpetrators of sexual violence are people close to the victim, such as family members, teachers, or authority figures, making it difficult for children to protect themselves and report the violence they experience (Ambodo & Rochim, 2024). This situation is exacerbated by unequal power dynamics, where the perpetrator holds a stronger position, enabling them to pressure the victim into remaining silent (Yusmana et al., 2025).

The results of the study show that the percentage of women who experience sexual violence is 92.9% higher than that of men. Women are a more vulnerable group than men. Women are often placed in a lower social position in society, which creates gender inequality and increases their risk of experiencing sexual violence. Patriarchal culture and social norms that objectify women also contribute to this vulnerability (Aryana, 2022). This study aligns with (Warda Uswa Tsaniya & Ati Kusmawati, 2025), which states that girls are 7.8874 times more likely to become victims of sexual abuse than boys.

The percentage of respondents who were victims of sexual violence with a high school education was 46% and with a junior high school education was 32.5%. This shows that the majority of victims of sexual violence have a low level of education. Within the school environment, sex education is still considered a taboo subject, leading students to have limited understanding of reproductive health, sexually transmitted infections, and self-protection from sexual violence. The lack of education and understanding about individual rights prevents victims from protecting themselves and often results in them not reporting the violence they have experienced (Syifa' et al., 2025).

The majority of respondents were unemployed, totaling 107 people (84.9%). This study aligns with survey results (Astuti et al., 2025), which indicate that the majority of sexual violence victims come from the student/college student, housewife (IRT), and unemployed groups. In addition, a 2020 study on risk factors for child sexual abuse in Indonesia also showed that unemployment in the family has the potential to be a risk factor for sexual abuse. Although the percentage is small, it is statistically significant (Eka Ayu Syahfitri et al., 2024).

The majority of respondents' income was less than Rp 2,415,362 (96%). Lower-middle-income groups are more vulnerable to sexual violence. Poverty, low education levels, and dysfunctional family conditions are the main triggers for sexual violence against children under 18 years of age. Most victims come from families with lower-middle socioeconomic status (Raijaya & Sudibia, 2017). Respondents who are unmarried account for 82.5%. Research (Sopiah et al., 2025) shows that unmarried women are at higher risk of becoming victims of sexual violence, particularly in the context of dating violence. Of women aged 15-64 who have experienced physical and/or sexual violence, 42.7% are unmarried women.

The majority of respondents interviewed by researchers were victims, accounting for 73.8%. Interviews conducted directly with victims of sexual violence helped to obtain accurate and in-depth data on their experiences and the impact of the violence. The interview mechanism was carried out with consideration for the psychological aspects of the victims so as not to trigger trauma. Most of the victims resided in Mojoroto District, with 50 people (39.7%). Mojoroto District has a population of 117,448 as of 2024. This indicates that Mojoroto District has the largest population compared to

other districts in Kediri City, so it is reasonable that the highest number of sexual violence victims was found in Mojoroto District.

DP3AP2KB Services

Based on the results of this study, the majority of respondents (66.7%) have never received services from DP3AP2KB. This shows that the implementation of the principles of public service as stipulated in Law No. 25 of 2009 and Kepmenpan No. 63 of 2003 has not been fully implemented. Some of the principles that have not been fulfilled include the principles of equality of rights and transparency. Many victims do not receive equal rights to medical and psychological services. Services are only provided if the victim actively requests them. This study aligns with research at Dr. Moewardi General Hospital, which shows that health examinations for victims of sexual violence are generally limited to physical examinations, with only a few victims receiving counseling and psychological examinations (Ajingga, 2023). Additionally, it was found that most victims are unaware of the reporting process or procedures. This indicates that the principle of transparency has not been fully implemented, due to insufficient outreach efforts by the DP3AP2KB. This study is in line with the study (Ayu & Karman, 2021) which states that socialization and assistance to the community are not yet optimal due to limited budgets and human resources. Factors such as shame, fear of social stigma, and the perception that the cases experienced are not yet serious also hinder victims from accessing services. A literature review study indicates that factors hindering women from disclosing cases of violence include normalizing violence/women feeling they are the cause of violence, shame, fear, trauma, the perception that disclosing violence will not help, lack of information on disclosing violence, social environment/reactions, the presence of children/pregnancy, confidentiality/trust in others, women's employment status, experience of violence, the role of healthcare workers or professionals, and the age of women at first marriage (Rindana et al., 2022).

When assessed in terms of service standards, there are still several aspects that have not been optimally fulfilled. The lack of service providers, especially psychologists and psychiatrists, has a significant impact on the mental health recovery of victims. This aligns with a study in Pakpak Bharat Regency, which states that the Regional Technical Implementation Unit for Women and Child Protection in Pakpak Bharat Regency still lacks human resources (HR) or specialized personnel required at the UPTD PPA, such as health/medical experts, legal experts, advocates, and other specialized personnel in assisting cases of violence (Priambada, 2025). Additionally, the competencies of recovery service providers still need to be improved, as training for the PPA Task Force is not conducted on a regular basis. A study in Buton District noted that legal training activities on the role of the PPA Task Force at the village and sub-district levels in Buton District, aimed at accelerating the handling of cases of violence against women and children, had a positive impact on the understanding and awareness of PPA Task Force members at the village and sub-district levels (Samsul et al., 2024).

In principle, based on Law No. 12 of 2022 concerning Sexual Violence Crimes, victims are entitled to recovery, which includes medical rehabilitation, psychological rehabilitation, social empowerment, and clear information about victims' rights and the judicial process. A study states that Law No. 12 of 2022 on Sexual Violence Crimes has regulated the rights of victims, including the right to legal protection, physical, psychological, and social recovery (Yusuf Arifin, 2024). This research emphasizes that fulfilling the rights of victims is very important so that they can continue their lives better and obtain effective recovery. Many of the victims' rights realized in DP3AP2KB services still need improvement, such as transportation and food assistance, spiritual guidance, regular health check-ups, social security in the form of health/social assistance, and economic empowerment. The victim protection approach in some countries also emphasizes justice and psychological services that aid recovery without additional trauma caused by lengthy legal processes. Additionally, aspects of restitution and compensation for victims are an important part of the legal

protection system that supports the recovery process for victims of sexual violence (Priambada, 2025).

Physical Health Recovery

Based on research data from 126 respondents who were victims of sexual violence in Kediri City, 120 respondents (95.2%) had experienced physical recovery, while 6 respondents (4.8%) had not yet shown signs of optimal recovery. Sexual violence carries the risk of causing pregnancy, exposure to sexually transmitted infections such as HIV, and risky sexual behavior (Muthiah et al., 2022). The majority of respondents experienced pregnancy as a result of sexual violence, which then contributed to early marriage. However, although pregnancy is a physical consequence of sexual violence, this condition does not significantly impair the physical health of victims, allowing them to continue their daily activities normally. Given the high number of victims experiencing pregnancy, the DP3AP2KB should provide comprehensive physical health examinations, including maternal and infant health screenings, to prevent potential health impacts from going undetected early on. Research at Bayu Asih General Hospital highlights the importance of comprehensive physical examinations for victims of sexual violence, including β-HCG tests and ultrasound scans, to detect pregnancy and other physical impacts early on (Yusmana et al., 2025).

The research results show that many victims can recover physically because most of them were already in relatively good physical condition from the start. Therefore, the physical recovery process occurs naturally, even though not all victims receive direct medical examination or treatment services from DP3AP2KB. This indicates that most of the cases handled did not result in acute physical impacts requiring intensive medical treatment, so physical recovery indicators can be achieved without going through formal health care procedures. Good physical recovery also supports other dimensions of recovery, such as having a safe place to live, clear life goals, and community support. Good physical health enables victims to participate in training, education, counseling, and reintegrate into society. This aligns with Law No. 12 of 2022 on Sexual Violence Crimes, which states that recovery encompasses physical, mental, spiritual, and social aspects (Yusuf Arifin, 2024).

Although not all victims received physical health check-ups, they were still able to play an active role in their own physical recovery process. Of the 42 victims who received services, only 25 (19.8%) received physical examinations. Hope and the will to recover are very important aspects of recovery. Hope gives victims the motivation to rise above their trauma. When victims feel supported and believed in their ability to recover, they tend to show better progress. This aligns with research (Ramayanti et al., 2022) stating that child victims of sexual violence who receive support from trusted individuals or family members can recover from the fear and trauma of the sexual violence they experienced and are able to lead their daily lives well.

Mental Health Recovery

Mental health is a serious issue that requires greater attention. This is particularly true in cases of sexual violence, where victims of sexual violence are more vulnerable to mental disorders. A literature review study indicates that sexual violence has a significant psychological impact on victims, including trauma, depression, and post-traumatic stress disorder (PTSD) (Sopiah et al., 2025).

Based on research data from 126 respondents who were victims of sexual violence in Kediri City, 81 respondents (64.3%) had recovered their mental health, while 45 respondents (35.7%) had not shown optimal signs of recovery. Of the 42 victims who received services, 37 (29.4%) received counseling from a psychologist. Most sexual violence victims have recovered because they did not experience severe mental disorders. This study aligns with research at a university in North Sulawesi, which found that most sexual violence victims have minimal depression or no depression at all. Although it does not always lead to severe depression, this finding remains a significant issue (Madelu

et al., 2025). Additionally, research (Panggabean et al., 2025) also noted that the most common anxiety level among sexual violence victims among Manado university students was mild anxiety.

The majority of respondents are still in their teens and early adulthood, so it is not surprising that many of them still experience mental disorders. This age range is a transitional period and is prone to depression. Individuals who are younger tend to have lower power dynamics and are more susceptible to psychological pressure and anxiety, due to their immature mental state and lack of experience (Madelu et al., 2025). This study shows that the majority of victims are female. Women are more vulnerable to mental disorders than men. This aligns with research (Panggabean et al., 2025) stating that moderate to severe anxiety is more prevalent among women due to hormonal differences and gender-specific characteristics.

In treating severe mental disorders in victims of sexual violence, professional assistance from psychologists or psychiatrists is certainly required. However, the DP3AP2KB of Kediri City still lacks human resources, particularly psychologists and psychiatrists, for the recovery of victims of sexual violence. This is due to the fact that collaboration between government and private institutions in handling cases of sexual violence has not yet been optimized. A study conducted in Indragiri Hulu District in 2024 stated that collaboration between government and private institutions, such as the Department of Women's Empowerment and Child Protection, the Police Department, the Social Affairs Department, and the Health Department, is crucial in preventing and addressing sexual violence against children. However, this collaboration has not been optimal due to the lack of experts in handling child victims of sexual violence, the absence of safe houses for child victims of sexual violence, and the lack of public awareness regarding the issue of sexual violence against children (Putri & Adianto, 2025).

The Relationship between DP3AP2KB Services and Physical Health Recovery

The majority of sexual violence victims handled by DP3AP2KB in Kediri City are in relatively good physical condition and are still able to carry out their daily activities normally. Although some victims have become pregnant as a result of sexual violence, their pregnancies are generally still within healthy limits and do not cause significant physical problems. Therefore, many victims show good physical recovery without requiring intensive medical intervention. This aligns with the findings in research, which emphasizes that the role of family in the physical recovery of sexual violence victims often involves medical examinations and the provision of medication as needed; however, the physical condition of victims does not always show severe injuries or disorders requiring ongoing treatment (Rindana et al., 2022).

In addition, not all victims immediately receive health services at hospitals or community health centers. Referrals to health facilities are usually made based on initial assessments by DP3AP2KB officers or related institutions, so that only victims with clear medical indications receive further medical services. Many victims do not receive immediate physical examinations because their physical condition is considered stable and does not require immediate intervention. This situation is also supported by research findings from the Tunas Bangsa Child Care Center, which indicate that further physical health examinations are only conducted on victims showing medical needs, while the majority of victims undergo physical recovery processes with psychosocial support and non-medical therapy first (Warda Uswa Tsaniya & Ati Kusmawati, 2025).

Another factor influencing the lack of a significant relationship between DP3AP2KB services and the physical recovery of victims is the complexity of the impact of sexual violence itself. The physical recovery of victims does not only depend on coordinated service interventions but is also influenced by individual biological factors, access to primary health care, nutritional support, as well as the role of family and social environment (Syifa' et al., 2025). Research in the psychosocial field confirms that the psychological trauma experienced by victims can affect the physical healing process, so physical and psychological recovery must be addressed holistically and comprehensively (Friska et al., 2025).

The Relationship between DP3AP2KB Services and Mental Health Recovery

The majority of respondents indicated that they had recovered, but in reality there were still victims who had not recovered mentally despite receiving counseling services. This can be explained by a number of interrelated and complex factors. First, the majority of victims interviewed in this study were school children who not only faced trauma due to sexual violence but also psychological pressure from the school environment, such as academic demands, bullying, and social changes that could add to their stress. This condition causes the stress experienced by victims to become more complex and more difficult to overcome quickly, thereby slowing down the process of their mental health recovery. A study by (Effendy et al., 2022) in the Samawa Journal confirms that social and academic pressures on schoolchildren can worsen the psychological condition of victims of sexual violence, thus requiring a more comprehensive intervention approach.

Another factor is that not all victims receive direct assistance from psychologists or psychiatrists. The psychological services provided by DP3AP2KB are usually referral-based, whereby victims are only referred to psychological or psychiatric services if their mental condition is deemed to require special treatment. As a result, victims who have not been referred or have not received intensive psychological services tend to experience delays in their mental recovery process. Additionally, interactions between psychologists and victims are often not conducted on a regular and ongoing basis due to limitations in staff and resources. This situation results in suboptimal trauma recovery processes, leaving some victims still experiencing significant mental health issues. This is supported by research, which state that limited access to and frequency of psychological support are among the primary factors contributing to the failure of mental recovery for victims of sexual violence.

Limited resources, both in terms of psychologists and mental health facilities, are also a major obstacle in providing adequate services to all victims. DP3AP2KB, as an institution that acts as a facilitator and coordinator, often faces challenges in providing intensive and sustainable psychological services. Many victims only receive basic counseling services without adequate follow-up, so their mental health recovery is not optimal. Research confirms that the shortage of professional staff and facilities at DP3AP2KB is a barrier to providing effective and sustainable psychosocial support for victims of sexual violence.

Psychological trauma resulting from sexual violence is complex and requires a long time to recover from. This trauma not only affects mental health but can also worsen the physical and social condition of the victim if not properly addressed. External factors such as social stigma, lack of family support, and environmental pressure can also slow down the recovery process. A study conducted by (Ambodo & Rochim, 2024) emphasizes that stigma and lack of social support are the primary barriers to the psychological recovery of victims.

This result requires critical reflection. Several factors may explain the lack of significant association: (1) Sample size limitations. Although the number of respondents (n = 126) was relatively adequate, the proportion who accessed DP3AP2KB services was much smaller (only 42 respondents). This imbalance may have reduced the statistical power of the analysis and increased the probability of Type II error; (2) Service limitations at DP3AP2KB. As discussed earlier, DP3AP2KB services are still constrained by the availability of human resources, particularly psychologists and psychiatrists. Many victims only received basic services, and advanced interventions such as comprehensive medical care or intensive psychotherapy were not available to all survivors (Padang et al., 2024; Gurusi et al., 2025). Consequently, the impact of services on recovery outcomes may not be sufficiently strong to reach statistical significance; (3) External and contextual factors. Recovery from sexual violence is not solely dependent on institutional services. Family support, social stigma, cultural norms, and economic conditions strongly influence both physical and mental health recovery (Syifa' et al., 2025). For instance, stigma and fear of disclosure often hinder survivors from seeking help or from fully benefiting from available services (Rindana et al., 2022). Thus, even when services

are provided, their impact may be moderated by broader socio-cultural dynamics; (4) Natural recovery trajectory. Many survivors were found to recover physically regardless of services, as the physical injuries caused by sexual violence are not always severe or long-lasting. Mental health recovery, in turn, often requires longer interventions and is strongly influenced by psychological resilience, family environment, and access to professional care (Sopiah et al., 2025). This may explain why the service effect did not reach statistical significance in this study.

Despite these limitations, the findings highlight important implications. First, while services are valuable, their effectiveness depends on accessibility, continuity, and integration with other community and family-based supports. Second, the absence of significant associations does not mean services are ineffective, but rather that their current form and scope may not be sufficient to produce a measurable statistical impact.

CONCLUSION

The results on the impact of DP3AP2KB services on physical health recovery indicate no significant association between DP3AP2KB services and physical health recovery among sexual violence victims in Kediri City. This is because the majority of victims did not sustain serious physical injuries, and not all victims received physical examinations from DP3AP2KB in Kediri City. Meanwhile, the results of DP3AP2KB services on mental health recovery indicate no significant relationship between DP3AP2KB services and mental health recovery among sexual violence victims in Kediri City. This is because the majority of victims did not experience severe mental disorders, so not all victims received counseling from psychologists at DP3AP2KB Kediri City. The importance of cross-sector collaboration, the enhancement of psychological expertise, and further research using longitudinal methods.

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