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The Strategic Role of Bhayangkara Hospital in Protecting Women and Children Victims of Human Trafficking

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Abstract. *Human trafficking (the crime of human trafficking/TPPO) is a serious transnational crime in Indonesia that disproportionately victims women and children. Although Law Number 21 of 2007 concerning the Eradication of Human Trafficking has been enacted, significant implementation gaps remain in victim-oriented victim protection. This study examines the strategic role of Bhayangkara Hospital under the auspices of the Indonesian National Police (Polri) in protecting victims of human trafficking from a victim-oriented justice perspective. Using normative legal research through legislative, conceptual, and comparative approaches, this study analyzes the legal standing, medico-forensic functions, and potential of Bhayangkara Hospital as an integrated victim service center. The results show that Bhayangkara Hospital has a unique sui generis position, bridging the health system and law enforcement, but its protective role remains reactive and fragmented due to the absence of a specific protocol for human trafficking, weak inter-agency coordination, and minimal trauma-informed practices. This study recommends formalizing the role of Bhayangkara Hospital through specific regulatory instruments, standardized victim identification protocols, and integrated multisectoral coordination mechanisms based on the principles of Victim-Oriented Justice.*

Keywords: *Bhayangkara Hospital; Human Trafficking; Indonesia; Victim-Oriented Justice; Visum et Repertum.*

1. Introduction

Human trafficking (TPPO) is a transnational organized crime that continues to escalate in Indonesia. Data shows a significant increase in cases of TPPO in 2023–2024, but the resolution rate remains low due to weak inter-agency coordination, limited trained personnel, and a lack of effective victim protection

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mechanisms.¹ Women and children are the most vulnerable groups: the Witness and Victim Protection Agency (LPSK) recorded 210 victims of human trafficking in 2021, of which 135 were women.² This condition reflects a systemic failure in the implementation of Law Number 21 of 2007 concerning the Eradication of the Crime of Human Trafficking, which, although it has comprehensively regulated the rights to restitution, rehabilitation, and confidentiality of victims' identities, has not been supported by concrete implementing regulations and adequate cross-agency coordination.³

Previous academic studies have identified several issues in the human trafficking victim protection system in Indonesia. Yulianti et al. showed that protection for female victims remains abstract and lacks adequate implementing regulations.⁴ Hufron et al. found a normative contradiction between the Human Trafficking Law and the Witness and Victim Protection Law, which hinders the concrete fulfillment of victims' rights.⁵ Meanwhile, Marthayori et al. emphasized that the Indonesian criminal justice system's approach still tends to be repressive toward perpetrators, and has not fully adopted the victim-centered approach paradigm that prioritizes victim recovery.⁶ These studies, although valuable, have not specifically examined the role of health institutions, especially Bhayangkara Hospitals, as strategic actors in the ecosystem for protecting victims of human trafficking.

Bhayangkara Hospital, as a hospital under the auspices of the Indonesian National Police (Polri), holds a sui generis position that distinguishes it from other public hospitals: it simultaneously functions as a healthcare facility and a supporting instrument for criminal investigations. The fact that between 28% and 88% of human trafficking victims have accessed healthcare services during their exploitation makes medical facilities one of the most critical points of

¹Ayu Nurasyifa Wirayati et al., "Strengthening Indonesia's National Police Directorate for Enhanced Protection of Women and Children", *Research Horizon*, Vol. 1 No. 1, 2025, p. 1.

²Lidya Nathania et al., "Legal Protection for Women Victims of Human Trafficking in Indonesia", *International Journal of Research in Business and Social Science*, Vol. 11 No. 3, 2022, p. 2.

³Solibah Ramadhani et al., "Juridical Review of Law No. 21 of 2007 on the Protection and Eradication of Human Trafficking as a Transnational Human Rights Violation in Indonesia", *Sriwijaya Crimen and Legal Studies*, Vol. 3 No. 1, 2025, p. 3.

⁴Ni Putu Rai Yulianti et al., "Legal Protection for Women and Children as Victims of Human Trafficking in Indonesia", *Novelty Law Journal*, Vol. 13 No. 1, 2022, p. 5.

⁵Hufron et al., "Legal Protection for Victims of Human Trafficking Crimes", *Journal of Law and Sustainable Development*, Vol. 11 No. 2, 2023, p. 4.

⁶Sonya Marthayori et al., "Analysis of the Implementation of Victim Protection Principles in Trafficking in Persons: A Case Study of Supreme Court Decisions of the Republic of Indonesia", *Formosa Journal of Multidisciplinary Research*, Vol. 4 No. 1, 2025, p. 6

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intervention.⁷ However, 85% of victims who come to health facilities remain unidentified due to the lack of standardized screening protocols.⁸ This gap shows that the strategic potential of Bhayangkara Hospital in the protection system for victims of human trafficking has not been optimized normatively or institutionally.

Based on the description above, this study formulates two main problems: first, what is the legal position and medico-forensic role of Bhayangkara Hospital in the protection system for women and children as victims of human trafficking based on Indonesian positive law?; and second, how can strengthening the strategic role of Bhayangkara Hospital be formulated based on the perspective of Victim-Oriented Justice and an international comparative approach? This study aims to analyze the legal position and medico-forensic role of Bhayangkara Hospital, as well as formulate recommendations for institutional strengthening oriented towards restoring the dignity of women and children as victims of human trafficking.

2. Research Methods

This research is a normative legal research that analyzes the position and strategic role of Bhayangkara Hospital in the protection system for women and children victims of human trafficking based on the perspective of Victim-Oriented Justice. Three approaches are used in an integrative manner: a statute approach to examine relevant regulations, including Law No. 21 of 2007, Law No. 44 of 2009, Law No. 31 of 2014, the Regulation of the Chief of Police on Bhayangkara Hospital, as well as international instruments such as the Palermo Protocol and CEDAW; a conceptual approach to analyze the concepts of Victim-Oriented Justice, trauma-informed care, and victim protection theory; and a comparative approach to identify best practices in the protection of human trafficking victims based on health institutions from other jurisdictions.

Legal materials consist of three categories: primary legal materials include laws and regulations, ratified international agreements, and court decisions; secondary legal materials include legal literature, indexed scientific journal articles, and reports from international institutions (UNODC, IOM, ILO); and tertiary legal materials include legal dictionaries and encyclopedias. The analysis

⁷AC Richie-Zavaleta et al., "From Victimization to Restoration: Multi-Disciplinary Collaborative Approaches to Care and Support Victims and Survivors of Human Trafficking", *Journal of Human Trafficking*, Vol. 6 No. 2, 2020, p. 3.

⁸Leanne van Rooy et al., "Elements of a Care Pathway for Human Trafficking Victims in Emergency Departments: A Mapping Review", *Worldviews on Evidence-Based Nursing*, Vol. 21 No. 1, 2024, p. 2.



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is conducted in a prescriptive-analytical manner, namely evaluating the suitability and effectiveness of existing norms, while also providing constructive legal recommendations based on a Victim-Oriented Justice perspective.⁹

3. Results and Discussion

3.1. Legal Status and Medical-Forensic Role of Bhayangkara Hospital in the Human Trafficking Victim Protection System

Bhayangkara Hospital holds a sui generis legal standing within the Indonesian legal system, subject simultaneously to two distinct yet complementary legal regimes: the health legal regime, based on Law No. 44 of 2009 concerning Hospitals, and the police legal regime, which positions it as a supporting instrument for criminal investigations and law enforcement. This institutional duality theoretically makes Bhayangkara Hospital a strategic node in the ecosystem for protecting victims of human trafficking, as it is able to integrate medical and forensic services within a single institution.¹⁰

Within the framework of Law No. 21 of 2007, Bhayangkara Hospital occupies a crucial position as a provider of Visum et Repertum (VeR) services, a document of evidence and expert testimony recognized as valid under Article 184 of the Criminal Procedure Code. The VeR issued by Bhayangkara Hospital's forensic doctors is an irreplaceable instrument in proving human trafficking cases, considering that this crime almost always leaves physical and psychological traces on the victim that can only be identified clinically.¹¹ Research into the role of VeR in cases of child sexual abuse confirms that this medico-legal document acts as a bridge between objective medical findings and the judge's confidence in deciding the case, especially in cases involving child victims who are unable to provide adequate testimony.¹²

However, there are normative gaps that hinder the effectiveness of this role. First, the absence of a *lex specialis* that explicitly regulates the protocol for handling human trafficking victims at Bhayangkara Hospital has resulted in partial

⁹Peter Mahmud Marzuki, *Legal Research*, Revised Edition, Kencana Prenada Media Group, Jakarta, 2017, pp. 55–57.

¹⁰Achmad Jaelani Rusdi et al., "Juridical Analysis of the Confidentiality Management of Visum Et Repertum of Criminal Acts Against Morality at Bhayangkara Bondowoso Hospital", *Multidisciplinary Journal*, Vol. 2 No. 1, 2019, p. 1.

¹¹Tuti Gusmawati Simanjuntak et al., "The Role of Visum et Repertum in Proving Criminal Matters in Indonesia", *International Journal of Law, Social Science, and Humanities*, Vol. 2 No. 1, 2024, p. 3.

¹²Dinda Christy et al., "The Role of Visum et Repertum as Evidence in Proving Criminal Acts of Sexual Violence Against Children", *Law Research Review Quarterly*, Vol. 3 No. 1, 2026, p. 5.

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and non-standardized services. Second, there is a lack of explicit regulation in the Criminal Procedure Code regarding the status and evidentiary strength of VeR requested during the pre-investigation stage: Article 133 of the Criminal Procedure Code literally only regulates the investigator's authority to request expert testimony, so that VeR requested before the case status escalates to investigation does not have a clear regulatory basis that equates its evidentiary strength with VeR requested by investigators, even though the content is identical.¹³In the context of human trafficking (TPPO), delays in victim treatment actually eliminate crucial physical evidence, so this regulatory gap has the potential to directly harm victims' interests. Third, the victim identification function, the most critical point of intervention, has not been functioning optimally. Comparative data shows that 85% of human trafficking victims who access health facilities remain unidentified due to the lack of standardized screening protocols and minimal training of health workers.¹⁴Comparative studies of the quality of forensic examinations also revealed that examinations by non-specialists showed significant weaknesses in the completeness of documentation, which had direct implications for weakening the strength of evidence at trial.¹⁵

3.2. Implementation of Protection for Human Trafficking Victims Based on a Victim-Oriented Justice Perspective at Bhayangkara Hospital

The Victim-Oriented Justice paradigm places the interests, rights, and recovery of victims at the center of all legal mechanisms and services. In the Indonesian context, this paradigm shift has received normative recognition through Law No. 31 of 2014 concerning Witness and Victim Protection and Law No. 1 of 2023 (the new Criminal Code). However, its implementation in the criminal justice system is still dominated by an offender-centric approach that prioritizes punishment of the perpetrator over recovery of the victim.¹⁶A study of Supreme Court decisions in human trafficking cases shows that the rights of restitution, rehabilitation, and

¹³Tohom Hasiholan et al., "Visum et Repertum as Criminal Evidence within the Indonesian Criminal Justice System", *International Review of Social Sciences Research*, Vol. 4 No. 1, 2025, p. 7.

¹⁴Leanne van Rooy et al., "Elements of a Care Pathway for Human Trafficking Victims in Emergency Departments: A Mapping Review", *Worldviews on Evidence-Based Nursing*, Vol. 21 No. 1, 2024, p. 2.

¹⁵Cleo Walz et al., "Comparison of the Quality of Clinical Forensic Examination of Victims of Physical Violence Conducted by Clinicians and Forensic Examiners", *International Journal of Legal Medicine*, Vol. 137 No. 3, 2023, p. 4.

¹⁶Sonya Marthayori et al., "Analysis of the Implementation of Victim Protection Principles in Trafficking in Persons: A Case Study of Supreme Court Decisions of the Republic of Indonesia", *Formosa Journal of Multidisciplinary Research*, Vol. 4 No. 1, 2025, p. 3.



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compensation for victims are often not determined by judges even though they are clearly regulated in the law.¹⁷

From a victim-oriented justice perspective, the role of Bhayangkara Hospital should not be limited to forensic functions alone, but should encompass three integrated dimensions of protection. First, identification and safety: Bhayangkara Hospital healthcare workers must be able to recognize clinical signs of human trafficking victims and ensure their safety before legal proceedings begin, prioritizing the victim's interests over the needs of the investigation.¹⁸ Second, the recovery dimension: services provided must adopt a trauma-informed care approach, which has been empirically proven to increase victims' chances of recovery. Research shows that human trafficking victims who receive trauma-informed care-based health services consistently demonstrate a 5.37 times higher rate of successful completion of rehabilitation programs than those who do not receive similar services.¹⁹ Third, the dimension of meaningful participation: victims must be positioned as active legal subjects who have the right to information, assistance, and involvement in every stage of the legal process, not just objects of evidence.²⁰

In practice, the implementation of these three dimensions at Bhayangkara Hospital still faces serious structural obstacles. The first obstacle is procedural dualism: Bhayangkara Hospital's position within the police ecosystem has the potential to create a conflict of interest between the needs of investigations and the interests of victim protection. Victims of human trafficking, especially women and children, often distrust law enforcement, so Bhayangkara Hospital's institutional closeness to the National Police can create a psychological barrier for victims to reveal their true circumstances. The second obstacle is the lack of a trauma-informed approach: systematic studies show that the effective implementation of trauma-informed care in healthcare institutions requires leadership support, written policies, ongoing training, and cross-sector collaboration—elements that have not been systematically developed at

¹⁷Syntia Puspita Andini et al., "Juridical Review of the Right to Restitution, Rehabilitation, and Compensation for Victims of the Crime of Trafficking in Persons according to Law No. 21 of 2007 on Court Decisions", *Indonesian Journal of Law and Economics Review*, Vol. 15 No. 2, 2022, p. 6.

¹⁸Nurul Aisyah, "Philosophical Paradigm in Handling Victims of Human Trafficking Crimes", *As-Syar'i: Journal of Family Guidance & Counseling*, Vol. 7 No. 1, 2025, p. 4.

¹⁹R. Chambers et al., "Trauma Informed Care: Trafficking Out-Comes (TIC TOC Study)", *Journal of Primary Care & Community Health*, Vol. 13, 2022, p. 5.

²⁰Anang Riyan Ramadianto et al., "Victim Impact Statement as a Model of Victim-Centered Justice in Child Sexual Abuse Cases", *IUS QUIA IUSTUM Law Journal*, Vol. 32 No. 1, 2025, p. 8.



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Bhayangkara Hospital.²¹The third barrier is the fragmentation of services: without integrated protocols linking medical, psychological, and legal services in a clear, coordinated pathway, victims are at risk of secondary revictimization, a condition in which medical and legal procedures intended to protect them actually increase the trauma they experience.²²

3.3. Strengthening the Strategic Role of Bhayangkara Hospitals: Comparative Perspectives and Policy Recommendations

International comparative experience provides valuable lessons for strengthening the role of Bhayangkara Hospitals. The THRIVE Clinic model in Miami and the PATH Collaborative in Houston, United States, demonstrate that integrated, trauma-informed care-based healthcare involving multidisciplinary teams (doctors, nurses, social workers, lawyers, and counselors) can effectively identify, serve, and rehabilitate victims of human trafficking on a city-wide scale.²³Key elements of this model's success include: patient navigators who accompany victims throughout the recovery process; strong community partnerships to ensure safe housing, legal aid, and social services; and feedback mechanisms from survivors to continuously improve the quality of services. A comparative study from Kenya showed that integrated multisectoral training involving health workers, law enforcement, and legal practitioners increased participants' average knowledge scores, improved confidentiality of victim care, and was positively correlated with increased conviction rates for perpetrators.²⁴

Based on the normative and comparative analysis above, this study formulates three strategic policy recommendations to strengthen the role of Bhayangkara Hospital. First, formalize the role through a specific regulatory instrument: a National Police Chief Regulation (Perkap) is needed that explicitly regulates the protocol for handling human trafficking victims at Bhayangkara Hospital, including victim identification procedures, VeR standards for human trafficking cases, an integrated referral mechanism, and guarantees of victim confidentiality. This regulation must also fill the gap in explicit regulations regarding the strength

²¹Y. Huo et al., "Barriers and Enablers for the Implementation of Trauma-Informed Care in Healthcare Settings: A Systematic Review", *Implementation Science Communications*, Vol. 4 No. 1, 2023, p. 6.

²²Leanne van Rooy et al., op. cit., p. 3.

²³Juhi Jain et al., "Creating a Collaborative Trauma-Informed Interdisciplinary Citywide Victim Services Model Focused on Health Care for Survivors of Human Trafficking", *Public Health Reports*, Vol. 137 No. 5, 2022, p. 4.

²⁴Salma Albezreh et al., "Multiyear, Multisectoral Training Program in Kenya to Enhance Medical–Legal Processes in Response to Sexual and Gender-Based Violence," *Violence against Women*, Vol. 28 No. 9, 2022, p. 3.

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of VeR evidence requested during the investigation stage.²⁵Second, the establishment of an Integrated TPPO Service Unit in every Level II and III Bhayangkara Hospital located in the Regional Police area: this unit integrates medical-forensic, psychological, social, and legal aid services in one coordination channel, with personnel trained in trauma-informed care and a formal coordination mechanism with the LPSK, P2TP2A, public prosecutors, and rehabilitation institutions.²⁶Third, institutionalization of trauma-informed care training based on Victim-Oriented Justice: all medical and non-medical personnel at Bhayangkara Hospital need to receive regular training on identifying victims of human trafficking, trauma-sensitive interview techniques, and victim protection protocols as recommended by the SAMHSA trauma-informed care implementation framework that has proven effective in various jurisdictions.²⁷

4. Conclusion

Bhayangkara Hospital has a sui generis legal standing, situated at the intersection of the health legal regime and the police legal regime, which theoretically makes it a strategic actor in the protection system for women and children as victims of human trafficking. Its function of issuing Visum et Repertum (Visual Reports and Reports) positions it as an irreplaceable evidentiary instrument in enforcing human trafficking law. However, this study found that this strategic potential has not been optimized normatively or institutionally. Three main gaps were identified: the absence of a lex specialis governing protocols for handling human trafficking victims, the absence of explicit regulations regarding the strength of VeR evidence during the investigation stage, and the lack of an integrated trauma-informed care approach. From a victim-oriented justice perspective, the role of Bhayangkara Hospital should encompass three interrelated dimensions: victim identification and safety, trauma-based recovery, and meaningful victim participation in the legal process. However, its implementation remains hampered by dual institutional interests, fragmented services, and the lack of structured multisectoral coordination. International comparative experience, as demonstrated by integrated trauma-informed care service models in various jurisdictions, demonstrates that institutional strengthening based on interdisciplinary collaboration significantly improves the effectiveness of

²⁵Fajri Dirgantara et al., "Granting Restitution Rights for Victims of Human Trafficking: Legal Protection and Immigration Prevention Efforts in Indonesia", *International Journal of Social Welfare and Family Law*, Vol. 3 No. 1, 2026, p. 5.

²⁶Syahezi Syam, "A Holistic Approach to the Rehabilitation of Victims of Human Trafficking: An Indonesian Case Study", *Journal of Corrections and Justice*, Vol. 3 No. 1, 2025, p. 7.

²⁷Ellen Goldstein et al., "Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis," *The Permanente Journal*, Vol. 28 No. 1, 2024, p. 9.

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identification and recovery of human trafficking victims. Based on the above findings, this study recommends three strategic steps. First, the Indonesian National Police (Polri) needs to issue a special Police Chief Regulation (Perkap) that regulates the protocol for handling human trafficking victims at Bhayangkara Hospitals, including VeR standards, referral mechanisms, and guarantees of victim confidentiality, while simultaneously filling the gap in explicit regulations regarding the strength of VeR evidence during the investigation stage. Second, it is necessary to establish an Integrated Human Trafficking Service Unit at every Level II and III Bhayangkara Hospital located within the Regional Police area that integrates medical, psychological, social, and legal services in a formal coordination with the LPSK (Lembaga), P2TP2A (Community Protection Agency), and the prosecutor's office. Third, it is necessary to institutionalize regular trauma-informed care training for all Bhayangkara Hospital staff, to ensure that the services provided are truly oriented towards restoring the dignity of victims as desired by the principle of Victim-Oriented Justice. Further research is recommended to conduct empirical studies on the implementation of these recommendations at Level II and III Bhayangkara Hospitals located in the Regional Police area, in order to evaluate their effectiveness concretely in the field.

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