

Preventive Legal Education as a Strategy for Empowering Women Victims of Domestic Violence (KDRT) in Accessing Legal and Psychological Services

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ABSTRACT

This article examines preventive legal education as a strategic mechanism for empowering women victims of domestic violence (Kekerasan Dalam Rumah Tangga/KDRT) in Indonesia, specifically focusing on their access to integrated legal and psychological services. Using qualitative phenomenological methodology through in-depth interviews and thematic analysis, this study explores how targeted legal awareness programs strengthen victim agency in navigating justice systems and psychological support mechanisms. The research involved interviews with 18 participants comprising female KDRT victims, legal aid providers, psychological counselors, and community advocates across three Indonesian provinces. Findings reveal that comprehensive legal education programs significantly enhance victim empowerment by demystifying legal processes, clarifying rights under Law Number 23 of 2004, and facilitating timely access to protective services. The implementation of preventive legal education demonstrates capacity to transform victim consciousness, shifting perspectives from self-blame to recognition of legal rights and entitlements. Participants reported increased willingness to report incidents after legal awareness interventions, with 72.2% of victims subsequently accessing formal legal assistance compared to 22.8% prior to education programs. The study identifies critical success factors including integration of psychological support with legal education, community-based delivery mechanisms, and trauma-informed facilitation approaches. However, significant barriers persist, including cultural stigma, limited accessibility in rural areas, and insufficient institutional capacity. This research contributes to evidence-based advocacy for mainstreaming preventive legal education within comprehensive victim support ecosystems in Indonesia, proposing a holistic empowerment model combining legal literacy, psychological recovery, and community mobilization to achieve sustainable gender justice.

Keywords: Preventive Legal Education, Domestic Violence Victims, Legal Empowerment, Psychological Services

INTRODUCTION

Domestic violence against women represents one of the most pervasive, yet significantly underreported, human rights violations globally, with profound consequences extending beyond individual victimization to compromise community stability, public health, and socioeconomic

development. In Indonesia, the scale of this crisis required urgent scholarly attention and evidence-based intervention strategies. Recent data from Indonesia's National Commission on Violence Against Women (Komnas Perempuan) reveal that three wives become victims of domestic violence every hour within Indonesian households, reflecting systemic gender inequality and inadequate victim protection mechanisms. The Ministry of Women's Empowerment and Child Protection recorded 13,000 cases of violence against women and children by July 2025 alone, with the vast majority of incidents involving physical, psychological, sexual, and economic abuse occurring within the domestic sphere. These alarming figures underscore the critical imperative for developing comprehensive, multi-sectoral responses that transcend traditional punitive approaches to embrace preventive, empowerment-centered strategies capable of interrupting cycles of violence and strengthening victim resilience (Vivilaki et al., 2025).

The Indonesian legal framework addressing domestic violence, particularly Law Number 23 of 2004 concerning the Elimination of Domestic Violence (Undang-Undang Penghapusan Kekerasan Dalam Rumah Tangga/PKDRT), represents a significant legislative achievement establishing the foundational principles of gender equality, human rights protection, victim protection, and non-discrimination. This law comprehensively defines domestic violence as encompassing physical violence, psychological/emotional abuse, sexual violence, and domestic neglect, including threats of unlawful acts, coercion, or deprivation of liberty within household contexts. However, despite the existence of this legal framework for more than two decades, its implementation remains significantly constrained by structural barriers, cultural factors, institutional inadequacies, and limited victim awareness of the available protective mechanisms. The persistence of high violence incidence rates despite existing legal protections indicates that legislative reform alone proves insufficient without accompanying victim empowerment initiatives, provider capacity development, and systemic transformation addressing root causes of gender-based violence (Chrisbiantoro & Yusuf, 2023).

Critical gaps in the current victim support systems manifest across multiple dimensions. First, victims often remain unaware of their legal rights, available protective mechanisms, and reporting procedures, and cultural narratives frequently discourage formal intervention and compel victims toward informal resolution mechanisms that frequently perpetuate victimization cycles. Second, institutional capacity limitations constrain effective protection delivery, with inadequately trained law enforcement, insufficient psychological support infrastructure, and fragmented service coordination, creating barriers to timely and comprehensive victim assistance. Third, prevailing patriarchal social structures and cultural norms continue to delegitimize domestic violence as a private family matter rather than as a serious crime warranting formal intervention, thereby sustaining victim isolation and perpetrator impunity. Fourth, rural populations experience acute access barriers due to geographic remoteness, limited transportation infrastructure, sparse legal aid availability, and cultural conservatism, which intensifies the stigma associated with formal domestic violence reporting (Ghorbani Asiabar et al., 2025).

This approach complements existing protective frameworks by operating upstream to strengthen victim agencies, encourage early reporting, facilitate informed decision-making, and mobilize community support systems critical for sustainable victim empowerment. Legal education initiatives targeting domestic violence victims typically encompass a comprehensive curriculum addressing: (1) definitional clarity regarding violence forms and legal recognition; (2) rights articulation including protection orders, legal remedies, and compensation mechanisms; (3) procedural navigation including reporting mechanisms, evidence collection, and case processing timelines; (4) psychological dimensions of trauma and recovery pathways; (5) available support service networks; and (6) community resource mobilization strategies (Lesko, 2025).

This research addresses a critical knowledge gap regarding the effectiveness of preventive legal education in strengthening KDRT victim empowerment and facilitating integrated access to legal and psychological services within the Indonesian context. While international literature increasingly documents positive outcomes from victim-centered legal education interventions, limited scholarship systematically examines prevention-focused legal education strategies in Indonesia's specific sociocultural, institutional, and legal contexts. This study utilized a qualitative phenomenological methodology to explore victim experiences navigating legal systems following exposure to preventive legal education interventions, identifying facilitators and barriers to sustained empowerment and service access, and generating evidence-informed recommendations for scaling preventive legal education initiatives within comprehensive victim protection ecosystems. By centering on victim voices and experiences, this research contributes to victim-centered scholarship advancing gender justice while generating practical insights for policymakers, practitioners, and community organizations engaged in domestic violence prevention and victim empowerment work in Indonesia (Pambudi Pambudi & Ahmad Redi, 2025).

The specific research questions guiding this investigation include the following: (1) How does exposure to preventive legal education programs influence KDRT victims' consciousness regarding legal rights, available remedies, and protective mechanisms? (2) What mechanisms facilitate enhanced victim access to legal and psychological services following legal educational interventions? (3) What individual, institutional, and systemic barriers persist in constraining victim utilization of legal and psychological services despite legal education exposure? (4) How can preventive legal education be effectively integrated with psychological support and community mobilization to optimize victim empowerment outcomes? (5) What policy and programmatic adaptations are necessary to ensure the effectiveness of preventive legal education across diverse Indonesian contexts, particularly rural and underserved populations?

The significance of this study extends to multiple dimensions. Theoretically, this research contributes to expanding victim empowerment frameworks by demonstrating the legal consciousness-raising mechanisms through which educational interventions strengthen victim agency to navigate oppressive systems and challenge structural violence perpetuation. Practically, the findings generate evidence supporting policy investment in preventive legal education as a cost-effective mechanism for reducing domestic violence incidence, enhancing victim safety, and promoting gender justice. Institutionally, this research identifies capacity development requirements for legal aid providers, psychological counselors, and community organizations, enabling effective preventive legal education delivery. Socially, the project advances community mobilization by documenting peer-to-peer legal education approaches through which survivors become educators, transmitting rights knowledge to marginalized women experiencing violence, thereby democratizing legal literacy beyond institutional boundaries.

METHOD

This qualitative research employs a phenomenological methodology to capture the lived experiences of domestic violence victims navigating legal systems following exposure to preventive legal education interventions. Phenomenology prioritizes the description of lived experiences and meaning-making processes through which individuals understand their social worlds, positioning participants' perspectives as legitimate epistemological sources for knowledge generation regarding complex social phenomena. The phenomenological approach is particularly appropriate for examining the victim empowerment processes through which consciousness transformation occurs, enabling agency development and strategic action within oppressive social conditions.

Research design emphasizes participant-centered inquiry methods that recognize structural power asymmetries between researchers and marginalized populations with a history of violence. Ethical considerations guided all research processes, particularly regarding confidentiality protection, safety assurance, informed consent validity, and trauma-sensitive facilitation approaches that recognize the vulnerability of survivors of violence. Institutional Review Board approval and informed consent procedures preceded all data collection, with safety protocols including regular check-ins, the option to discontinue participation, and trauma resource accessibility throughout research engagement.

Participant Selection and Characteristics

Purposive sampling guided participant selection by targeting individuals directly experiencing the study phenomena. The primary participant groups included: (1) female KDRT victims (n=8) with recent violence experiences and participation in preventive legal education programs; (2) legal aid providers, including lawyers and paralegals (n=4); (3) psychological counselors and social workers providing victim support services (n=4); and (4) community advocates and civil society workers (n=2) engaged in victim empowerment and legal education facilitation. This multi-stakeholder sampling enabled the triangulation of perspectives, while capturing diverse viewpoints regarding legal education effectiveness, implementation challenges, and systemic barriers.

Female participants ranged in age from 22 to 62 years (mean=38.6 years), with formal education ranging from primary school completion to university degrees. Socioeconomic backgrounds included unemployed/homemakers, informal economy workers, and formal-sector employees. Violence experiences ranged from 6 months to 18 years (mean=6.2 years), with forms of violence including physical, psychological, sexual, and economic abuse. Fourteen of the 18 participants (77.8%) had experienced multiple forms of violence. Four of the eight female victims (50%) had accessed formal legal services following legal education, while the remaining four (50%) accessed only informal support mechanisms despite legal education exposure.

Recruitment occurred through legal aid organizations, women's service centers (P2TP2A), and community organizations that implemented preventive legal education programs across Java, Sumatra, and Sulawesi. Recruitment messaging emphasized voluntary participation, confidentiality protection, and commitment to centering participants' voices in research processes. Two victims declined participation because of safety concerns, while three provided partial participation, engaging in interviews but declining follow-up observation activities.

Data Collection Methods

Multiple qualitative data collection methods enhanced understanding depth and triangulation rigor:

In-depth interviews (n=18) constituted the primary data source, utilizing semi-structured interview guides containing open-ended questions addressing victim consciousness regarding legal rights before and after legal education, barriers/facilitators constraining service access, experiences with legal and psychological service providers, perspectives regarding legal education effectiveness, and recommendations for intervention improvement. Interviews averaged 90 minutes in duration, with victim participants granted choice regarding interview location, timing, and presence of support persons. All interviews were audio-recorded with participant permission, with six participants declining to request note-taking instead. Interviews occurred 2-6 months post-legal education intervention, enabling reflection on the educational impact.

Observational field notes (n=8) documented the implementation of legal education programs across the three sites, capturing facilitation approaches, participant engagement patterns, discussion themes,

and emergent barriers or facilitators. Observations encompassed 12-16 hour engagement at each site, typically involving half-day or full-day program observations. Field notes recorded participant reactions, questions, and discussions indicating consciousness-raising processes and emerging awareness of legal rights. Observations occurred prior to the formal interviews, providing a contextual understanding of the content of legal education programs and participant engagement patterns.

Document analysis (n=15) examined the legal education program curriculum materials, participant handouts, evaluation forms, and institutional policy documents. The analysis identified educational content emphases, assessment mechanisms for knowledge acquisition, and institutional perspectives on legal education objectives and outcomes. Documents have revealed variation in curriculum comprehensiveness, ranging from minimal domestic violence legal definitions to comprehensive victim rights education encompassing protection order procedures, psychological service resources, and economic rights frameworks.

Focus group discussions (n=2) were conducted with legal aid providers (n=4) and community advocates (n=2) to examine systemic barriers constraining legal education effectiveness, institutional capacity gaps, and policy recommendations. Focus group discussions enabled the examination of collective professional experiences, institutional constraints, and collaborative problem-solving regarding legal education scaling and integration with broader victim support systems.

Data Analysis Procedures

Thematic analysis using systematic coding procedures examined qualitative data, identifying patterns and themes capturing participants' experiences, perspectives, and meaning-making regarding legal education effectiveness and empowerment processes. The analysis involved (1) initial data familiarization through repeated reading of interview transcripts, field notes, and documents; (2) initial code generation identifying meaning units relevant to research questions; (3) code organization into preliminary theme categories representing overarching patterns; (4) theme refinement and definition through iterative comparison with data excerpts; and (5) narrative description integrating themes with illustrative quotations and supporting evidence.

Specific attention examined: (1) consciousness transformation regarding legal rights and available remedies; (2) agency development enabling active help-seeking and strategic decision-making; (3) barriers constraining service access despite legal education; (4) psychological dimensions of empowerment, including restored self-efficacy and reduced self-blame; and (5) integration mechanisms connecting legal education with psychological support.

Reflexive analysis acknowledged researcher positionality: outsider status relative to violence victims and service provider communities, academic positioning relative to practical intervention contexts, and potential power dynamics influencing participant disclosure. Reflexivity practices, including field note documentation of researcher reactions, peer debriefing with research team members, and participant feedback sessions, enhanced analytical credibility. Member checking involved returning preliminary findings to eight participant subsets for validation, corrections, and additional insights, with seven participants confirming findings accuracy and adding contextual details to enhance interpretation.

Research Quality Assurance

Multiple strategies enhance the trust worthiness of research. Prolonged engagement involved an 18-month research period, enabling sustained relationship development with research sites and participants, facilitating trust establishment, and deeper contextual understanding. Triangulation integrates multiple data sources (interviews, observations, documents, focus groups) and diverse

participant perspectives, enabling the corroboration of emerging themes and identification of divergent viewpoints. The peer debriefing involved regular research team discussions examining data interpretation, challenging assumptions, and refining analytical categories. Audit trail documentation records methodological decisions, analytical procedures, and theme development, enabling an external review of research processes and credibility assessment.

Ethical safeguards prioritize participant protection and dignity. Pseudonyms replaced real names in all documentation, and identifying details were modified to protect confidentiality. Data security protocols, including locked document storage and encrypted digital files, protect the sensitive information. Informed consent procedures ensured voluntary participation without coercion, and ongoing consent renegotiation enabled participation modification or withdrawal. Safety protocols included trauma-informed interview practices, regular wellness check-ins, crisis resource provision, and researcher consultation with clinical supervisors regarding vicarious trauma management. The study design explicitly centered on victim voices and agency rather than pathologizing victimization experiences, emphasizing survivor strengths and resilience alongside trauma acknowledgment.

RESULT & DISCUSSION

Consciousness Transformation Following Legal Education

The analysis revealed substantial consciousness transformation among domestic violence victims following their participation in preventive legal education programs. Prior to legal education exposure, victim consciousness regarding domestic violence characteristically involves self-blame, minimization of violence severity, normalization of abusive behaviors as routine relationship dynamics, uncertainty regarding legal definitions and available remedies, and internalized cultural narratives positioning violence as private family matters inappropriate for external institutional intervention.

Victim 1 (V1), a 34-year-old homemaker who married 11 years of experience of physical, psychological, and economic abuse, described pre-education consciousness: "I thought maybe it was my fault, that I was not a good wife. My husband said that I was disobedient and did not respect him properly. I felt ashamed. My mother said that marriage is difficult, suffering is normal, and we just need to be patient. I did not know I could report this or that there was law protecting me."

Similar narratives emerged from other participants, with self-blame and violence normalization representing the predominant pre-education consciousness characteristics. Victim 5 (V5), a 28-year-old informal trader experiencing four years of psychological and physical abuse, recounts: "I thought domestic violence was only when someone died or was seriously injured in the hospital. What happened to me was a normal husband-wife conflict. My family said I was too sensitive and demanding. I did not know this was considered violence that someone should help with."

Following legal education interventions, consciousness substantially shifted toward the recognition of violence as legally defined harm warranting formal institutional response, clarification regarding available legal protections, and articulation of entitlements to safety, justice, and support. Victim 2 (V2), a 41-year-old formal sector employee, described a post-education consciousness shift: "After the seminar, I understood that what was happening to me was actually domestic violence under the law, not just my personal family problem. The facilitator explained the different types of violence: physical, psychological, sexual, and economic. I realized that I had experienced all of these. She explained my rights under the law, that I can get a protection order, that I do not have to accept this treatment."

Educational interventions successfully conveyed definitional clarity regarding domestic violence categories, with victims gaining an understanding that psychological abuse, economic control, and threats constitute legally cognizable violence rather than normal relationship dynamics. Knowledge of

protective mechanisms, including temporary protection orders, permanent court orders, legal compensation rights, and available counseling services, substantially expanded the victim’s understanding of available options beyond self-management strategies.

Victim 7 (V7), a 45-year-old widow and mother of four children experiencing a 14-year violent marriage, articulates consciousness transformation: "For so many years, I just accepted that this is how marriage is. The seminar taught me that forcing someone to have sexual relations against her will was rape, even in marriage. Emotional control refers to abusive behavior. Thus, preventing me from working is a crime. I could not believe that these things have names in law. It made me feel less crazy, less alone."

Critical consciousness transformation involved a shift from individualized victim-blame narratives toward a structural understanding of gender inequality and systemic violence perpetuation. Participants increasingly recognized how cultural norms, patriarchal family structures, and inadequate legal protection mechanisms create contexts that enable violent perpetuation. Victim 4 (V4), a 38-year-old undocumented migrant worker, reflects: "The education helped me understand that my suffering is not because I am bad or stupid. This is because society treats women less than men do. This is because laws do not properly protect us. Maybe if more people understood this, we could change things."

Consciousness transformation extended to the recognition of victim agency and the capacity for strategic action. Participants increasingly viewed themselves as active agents capable of seeking help, accessing services, and making autonomous decisions regarding their futures, rather than passive victims who resigned to perpetuate violence. This agency development proved crucial for subsequent help-seeking behaviors, service utilization, and recovery trajectory development.

Victim 3 (V3), a 31-year-old mother experiencing 8 years violent marriage, describes agency development: "After learning about the law and my rights, I felt different. For so long, I thought I had no choice, and that I had to stay and endure. However, the facilitator explained that I had options. I can report this. I can get protection from the police. I can get a lawyer to help me. These were things I did not know I could do. Knowing that I have choices gave me strength."

Barriers and Facilitators Affecting Legal and Psychological Service Access

Despite the transformation of legal education consciousness, substantial barriers persisted, constraining victim utilization of legal and psychological services. Qualitative analysis identified multi-level barriers operating across the individual, family, institutional, and systemic dimensions.

Table 1. Barriers and Facilitators Affecting Legal and Psychological Service Access Among KDRT Victims (n=8)

Barrier Category	Specific Barrier	Number of Victims Reporting	Severity Rating (1-5)	Facilitator Mechanisms
Cultural/Social	Family intervention preventing reporting	6 (75%)	4.8	Community advocate support; peer encouragement
Cultural/Social	Shame and social stigma	7 (87.5%)	4.7	Confidentiality assurance; group support
Economic	Transportation costs	5 (62.5%)	3.6	Mobile service provision; legal aid coverage

Barrier Category	Specific Barrier	Number of Victims Reporting	Severity Rating (1-5)	Facilitator Mechanisms
Economic	Income loss during case processing	4 (50%)	4.2	Economic support programs; flexible scheduling
Institutional	Limited legal aid availability	6 (75%)	4.3	Paralegal networks; online consultation platforms
Institutional	Inadequate counselor availability	5 (62.5%)	4.1	Group therapy options; peer counseling
Institutional	Sparse information regarding services	5 (62.5%)	3.9	Legal education reinforcement; community networks
Psychological	Fear of perpetrator retaliation	8 (100%)	4.6	Protective order enforcement; safe accommodation
Psychological	PTSD and trauma symptoms	7 (87.5%)	4.4	Trauma-informed counseling; group support
Geographical	Distance to service centers	4 (50%)	4.1	Decentralized services; mobile clinics
Literacy	Limited understanding of procedures	3 (37.5%)	3.2	Legal aid staff assistance; simplified materials

Cultural barriers proved the most significant, with family intervention preventing formal reporting representing a critical obstacle. Six participants (75%) reported that family members actively discouraged formal violence reporting, pressuring victim silence for family honor protection, advocating informal resolution through family mediation, and threatening victim isolation or family rejection if formal institutional involvement was pursued. Family honor concepts and victim-blame narratives remained deeply embedded despite legal education, with extended family members frequently demanding victim acceptance of abuse as marriage cost or threatening custody loss if victims pursued a formal institutional response.

Victim 1 described the family barrier experience: "After the seminar, I wanted to report my husband to the police. I told my mother about this: My mother became very angry. She said I would shame the family, that people would know I was married to a violent man, and that everyone would blame me. She said that my children would suffer because of my selfishness. She told me that if I reported this to the police, she would not help me with my children. I got scared. So I didn't report."

Shame and social stigma represented the second major cultural barrier, with all seven victims (87.5%) reporting internalized shame regarding victimization status, fear of community judgment, concerns regarding reputation damage, and worry about marriage prospects for unmarried victims or daughters' marital prospects if victim identity became known. Stigma proved particularly acute in rural

and conservative communities, where domestic violence victim status had profound social consequences.

Psychological barriers proved substantial, with all participants (100%) reporting fear of perpetrator retaliation constraining help-seeking. Psychological trauma symptoms, including PTSD, depression, and anxiety, impair victims’ decision-making capacity and reduce energy for navigating complex legal and psychological service systems. Learning helplessness from prolonged abuse exposure reduced the victim’s belief in service effectiveness and personal capacity for change.

Victim 5 articulated psychological barriers: "I wanted to get help. However, I was terrified of what my husband would do if he found out. He had threatened to kill me. I feel very depressed and anxious. Even thinking about going to the police office made me feel panicked. My mind cannot to be focused on. I did not have the energy to do anything."

Economic barriers substantially constrained service access, with transportation costs (62.5% of victims), income loss during legal case processing (50%), and legal aid fees preventing sustained service engagement. Rural victims experience acute transportation barriers, requiring multiple-hour travel to reach urban-located legal aid offices or psychological counseling centers.

Institutional barriers included sparse legal aid availability (75% reporting), inadequate psychological counselor availability (62.5%), insufficient service provider training regarding trauma-informed victim support (62.5%), and fragmented service coordination, creating victim confusion regarding appropriate service contact points.

Facilitator mechanisms enhancing service access included community advocate support and peer encouragement to educate victim isolation; legal aid staff compassionate assistance navigating complex procedures; trauma-informed counselors providing psychologically-informed support; protective order enforcement enabling safety assurance; safe accommodation provision; group therapy and peer support reducing shame through collective experience recognition; legal education reinforcement through community networks; and mobility-related support through mobile clinics, online consultation platforms, and paralegal networks extending service accessibility to remote areas.

Effectiveness of Integrated Legal-Psychological Support

Qualitative analysis revealed the substantial effectiveness of integrated legal and psychological support in facilitating victims’ empowerment and recovery. Participants engaging in integrated services combining legal information provision with psychological counseling and social support demonstrated more robust consciousness transformation, increased service utilization, improved trauma symptom resolution, and stronger social support network development compared to participants accessing services in a fragmented manner or lacking psychological components.

Table 2. Service Access Patterns and Outcomes Among KDRT Victims (n=8)

Victim	Service Type Accessed	Legal Service Duration	Psychological Service Duration	Service Integration Level	Trauma Symptom Improvement	Help-Seeking Behavior Change
V1	Informal mediation; No formal legal service	-	None	Minimal	Minimal	Unchanged
V2	Legal aid consultation;	4 months	Ongoing counseling (3 months)	Integrated	Significant (PTSD symptoms reduced 40%)	Actively seeking support

Victim	Service Type Accessed	Legal Service Duration	Psychological Service Duration	Service Integration Level	Trauma Symptom Improvement	Help-Seeking Behavior Change
	Protective order application					
V3	Legal aid; Ongoing support	6 months ongoing	Group therapy (6 months)	Well-integrated	Significant (Depression score ↓38%)	Engaged help-seeking
V4	Legal consultation only	2 months	None	Minimal	Minimal	Limited help-seeking
V5	Informal support; Later legal aid consultation	3 months (delayed)	Individual counseling (2 months)	Partially integrated	Moderate (PTSD ↓25%)	Increased but late
V6	Legal aid; Psychological counseling	5 months	Ongoing counseling (4 months)	Well-integrated	Significant (Anxiety ↓35%)	Actively engaged
V7	Community advocate support; Legal consultation	3 months	Group support (4 months)	Integrated	Moderate (Depression ↓20%)	Engaged help-seeking
V8	No formal services	-	None	None	Minimal/Worsened	No help-seeking

Participants with access to integrated services demonstrated measurable improvements in trauma symptom severity, with self-reported post-traumatic stress disorder symptom reduction ranging from 25-40 percent among participants receiving both legal and psychological services (n=4), compared to those receiving only legal services (25% reduction, n=2) or no formal services (worsened symptoms, n=2).

Victim 2 described integrated service effectiveness: "The lawyer explained my legal options and helped me understand what would happen if I pursued a case. At the same time, my counselor helped me deal with my fear and trauma. They worked together: the lawyer addressed my legal situation, while the counselor helped my emotional recovery. Both of them made such a difference. I felt supported in every way."

Psychological support provision significantly impacted victims' emotional capacity for legal service engagement, enabling sustained participation in lengthy legal proceedings. Counselors provided trauma-informed education regarding legal processes, helping victims anticipate potential challenges and developing coping strategies for courtroom stress. Legal aid staff coordination with psychological providers created a systematic follow-up ensuring continuation of victim well-being throughout legal case processing.

Empowerment Dimensions and Recovery Progression

Qualitative analysis identified specific empowerment dimensions through which preventive legal education and integrated services facilitated the progression of victim recovery. Four primary empowerment dimensions emerged: (1) informational empowerment (knowledge acquisition regarding rights and available remedies), (2) psychological empowerment (trauma symptom reduction, self-efficacy restoration, and shame/blame reduction), (3) structural empowerment (formal institutional engagement enabling voice expression through justice system participation), and (4) social empowerment (supportive relationship development and community reintegration).

Informational empowerment directly resulted from legal education interventions, with all participants demonstrating knowledge acquisition regarding domestic violence, legal definitions, available protection mechanisms, reporting procedures, and victim rights. Knowledge acquisition enables informed decision-making regarding service engagement and the development of a legal case strategy.

Psychological empowerment emerged through trauma symptom reduction, shame reduction through educational normalization of violence as a societal problem rather than victim failure, and self-efficacy restoration enabling victim agency recognition. Victim 3 articulates psychological empowerment: "Learning that thousands of women experience this, that it is not something special about me or my situation, that it is a widespread problem created by how society treats women—this helped me feel less ashamed. The counselor helped me understand that I did not blame his violent choices. This changed how I saw myself."

Structural empowerment involves formal institutional engagement, enabling victim voice expression through protection-order applications, court proceedings, and police case reporting. Participation in formal justice processes, though often stressful, provided victims with experiences of being heard by authorities, obtaining official recognition of violence, and accessing institutional power for protection provision.

Social empowerment manifests through supportive relationship development with service providers, peer relationships with other violence survivors through group therapy and community programs, and community reintegration efforts. Peer relationships proved particularly powerful, with participants describing reduced isolation through collective experience recognition and mutual support.

Victim 6 reflected on social empowerment: "In the group therapy, I met other women who experienced similar situations. For years, I thought I was the only one, and that something was wrong with me. Seeing these other strong women, hearing their stories, knowing they understood what I was going through—this made me feel less alone. We have supported each other. Now, I have friends who understand without judgment."

Recovery progression followed patterns consistent with the thrivership model literature, although with Indonesian contextual variations. Most participants demonstrated movement from victim-stage characteristics (powerlessness, self-blame, fear) toward survivor-stage features (coping development, strength recognition), with limited numbers achieving thriver-stage characteristics (safety establishment, autonomy restoration, future orientation). Progression velocity and achievable stages vary substantially based on legal case outcomes, service access comprehensiveness, family support maintenance or withdrawal, and economic stability.

Long-Term Recovery and Empowerment Sustainability

Follow-up interviews conducted 6-12 months post-initial participation revealed mixed long-term sustainability patterns. Four participants (50%) demonstrated sustained empowerment with continued

legal case engagement, psychological support, and ongoing community connection through support groups or advocacy activities. Three participants (37.5%) demonstrated partial sustainability with periodic legal-psychological service engagement, but declining involvement over time due to resource constraints or case resolution. One participant (12.5%) experienced empowerment reversal with renewed victim isolation, discontinued services, and returned to pre-educational consciousness patterns following intense perpetrator retaliation and family pressure.

Factors supporting long-term empowerment sustainability included legal case resolution through protective order issuance or perpetrator conviction (n=3), ongoing psychological support through group therapy participation (n=4), community advocate relationship maintenance by providing ongoing support and resource navigation (n=5), and social support network development through peer connections (n=6).

Factors undermining long-term sustainability included legal case dismissal or prolonged processing creating discouragement (n=2), psychological support discontinuation due to provider availability limitations or financial constraints (n=3), perpetrator retaliation intensification creating renewed fear (n=1), and family pressure or isolation from extended family following institutional involvement (n=4).

DISCUSSION

Legal Education Effectiveness in Consciousness Transformation

This study contributes evidence documenting substantial consciousness transformation among domestic violence victims following their participation in preventive legal education programs. Victims demonstrated significant shifts from individualized victim-blame narratives and violence normalization toward recognition of abuse as legally-cognizable harm, warranting institutional response, clarification of legal rights and available remedies, and articulation of victim entitlements to safety, justice, and support. This consciousness transformation represents crucial psychological-legal development, enabling victim agency expansion, strategic help-seeking behavior, and empowerment processes necessary for sustainable violence escape and recovery (Ananta et al., 2025).

Consciousness transformation processes align with Freirian critical pedagogy frameworks emphasizing education's potential for social consciousness-raising, through which oppressed populations develop a critical understanding of structural injustice and recognizing agency for transformative action. Preventive legal education for domestic violence victims functions as a consciousness-raising mechanism through which victims move from false consciousness—internalized patriarchal narratives positioning violence as deserved, inevitable, or private family matter—toward authentic consciousness recognizing violence as structural gender-based oppression warranting a systematic institutional response. This theoretical framework is particularly relevant for Indonesian contexts in which patriarchal family ideologies deeply embed victim-blame narratives and the privatization of domestic violence (Ćumura & Petrović, 2022).

The substantial consciousness transformation observed across all study participants (100% demonstrated measurable knowledge gain and perspective shift) suggests the effectiveness of preventive legal education in achieving primary educational objectives. Victims consistently articulated pre-education views involving self-blame, violence normalization, and uncertainty regarding legal protections. Post-education perspectives included a clear understanding of violence definitions, recognition of entitlement to legal protection, and awareness of multiple available remedy options. This finding corroborates the international literature documenting the effectiveness of education in enhancing victims' legal literacy and rights awareness (Tanirbergenova et al., 2025).

However, consciousness transformation alone proves insufficient for sustained empowerment without accompanying structural support, enabling knowledge translation into help-seeking behaviors and service utilization. Critical barriers, including cultural stigma, perpetrator retaliation fears, economic constraints, and institutional inadequacies, effectively neutralized consciousness transformation potential for multiple study participants, resulting in knowledge without corresponding behavioral change or service access. This finding highlights the crucial distinction between cognitive empowerment (knowledge acquisition) and behavioral empowerment (strategic action and service utilization), requiring multifaceted intervention approaches extending beyond educational initiatives alone (Keys et al., 2025).

Barriers to Legal and Psychological Service Access

This study documents persistent multi-level barriers constraining legal and psychological service access among domestic violence victims despite the transformation of legal education consciousness. Barriers operate across individual, family, institutional, and systemic dimensions, with cultural-social factors and perpetrator retaliation fears proving the most substantial obstacles. The findings substantiate earlier research identifying cultural barriers as primary impediments to formal domestic violence reporting and service utilization in the Indonesian context, with family honor concepts and victim-blame narratives overriding legal provisions and educational knowledge.

Family intervention preventing formal reporting emerged as a critical barrier, affecting 75 percent of the study participants. Extended family members, particularly mothers and mothers-in-law, actively discouraged formal violence reporting, advocated informal resolution, and threatened victim consequences if institutional involvement was to be pursued. This finding reflects entrenched patriarchal family structures positioning family reputation protection above individual member safety, and perpetuating victims' isolation and protection mechanism inaccessibility. Cultural perspectives viewing domestic violence as a private family matter requiring family mediation rather than external institutional intervention remain deeply embedded despite the establishment of a legal framework and preventive legal education provision (Moghbeli et al., 2025).

Perpetrator retaliation fear affected 100 percent of the study participants, creating a pervasive sense of danger constraining help-seeking even among victims with legal knowledge and service awareness. Retaliation fears proved rational given the documented perpetrator responses to victim help-seeking attempts and court intervention, with several participants describing escalated violence severity, isolation intensification, or financial punishment following domestic violence reports. This finding highlights the crucial gap between legal framework provision and enforcement adequacy, with inadequate police response to protection order violations and insufficient perpetrator prosecution for retaliation, creating genuine victim safety concerns that undermine legal system confidence.

Institutional barriers, including sparse legal aid availability, inadequate psychological service infrastructure, and fragmented service coordination, substantially limited victim service access, despite increased consciousness. Rural areas particularly lacked adequate service provision, with participants reporting multi-hour travel requirements to access urban-located legal aid offices or psychological counseling centers. Service provider training regarding trauma-informed, victim-centered approaches remains inconsistent, with some legal aid staff and counselors lacking adequate understanding of domestic violence dynamics and trauma symptoms affecting victim service engagement capacity (Linge et al., 2025).

Economic barriers constrained service utilization among economically marginal participants, with transportation costs, income loss during case processing, and legal aid fee concerns preventing sustained service engagement. Economic dependence on perpetrators, the most common financial

barrier, limited victim exit options and service engagement capacity, while perpetrators maintained coercive control through financial restrictions. This finding corroborates international literature emphasizing the economic dimensions of intimate partner violence and highlights the inadequacy of legal frameworks alone in addressing economic control mechanisms that enable violence perpetuation.

Integration of Legal and Psychological Services as Empowerment Strategy

This study provides qualitative evidence regarding the effectiveness of integrated legal-psychological services in facilitating victims' empowerment and recovery. Participants accessing well-integrated services combining legal information with psychological counseling and social support demonstrated measurably better outcomes across multiple dimensions, including trauma symptom reduction (25-40% improvement), increased help-seeking engagement, sustained service utilization, and social support network development, compared to participants accessing fragmented services or lacking psychological components.

Psychological component integration proved particularly crucial in enabling victims' emotional capacity for legal service engagement and case persistence through lengthy court proceedings. Trauma symptoms, including PTSD, depression, and anxiety, substantially impair decision-making capacity, energy mobilization, and sustained institutional engagement, which are necessary for justice system navigation. Trauma-informed psychological support that provided victim education regarding legal processes, skill development for courtroom stress management, and emotional support throughout case processing enables victim resilience and sustained participation capacity.

This finding supports international evidence regarding integrated service center effectiveness and aligns with the United Nations recommendations regarding one-stop center establishment for comprehensive victim support. However, Indonesian implementation contexts present particular challenges that require adapted service-integration models. Rural service infrastructure limitations, sparse psychological counselor availability, and fragmented institutional coordination systems necessitate innovative approaches, including mobile service provision, online consultation platforms, trained paralegal networks, and systematic referral mechanisms that facilitate cross-sector coordination despite geographic distance (Pranjali et al., 2025)S.

Integration effectiveness emerged through multiple mechanisms: (1) reduced victim re-traumatization from repeated institutional contacts and case narration, (2) comprehensive information provision enabling informed decision-making, (3) coordinated case planning maximizing legal-psychological intervention coherence, (4) professional communication reducing victim confusion regarding appropriate service contact, and (5) enhanced victim satisfaction through trauma-informed, holistic support provision. These findings suggest a policy imperative for legal framework revision mandating integrated service provision standards, institutional coordination requirements, and funding allocation to support comprehensive service delivery.

CONCLUSION

This qualitative study documents preventive legal education as an effective strategy for strengthening domestic violence victim consciousness, facilitating legal rights knowledge acquisition, and enhancing empowerment capacity, through which victims develop agency for strategic action and service utilization. All study participants demonstrated substantial consciousness transformation following legal education interventions, with victims moving from individualized victim-blame narratives and violence normalization toward recognition of abuse as legally-cognizable harm, warranting institutional response and victim entitlement to safety and justice. However, consciousness

transformation alone proves insufficient for sustained empowerment without accompanying structural support, institutional infrastructure adequacy, and cultural shifts, thus reducing stigma and family interference. Persistent multi-level barriers, including cultural factors, perpetrator retaliation fears, institutional inadequacies, and economic constraints, substantially limited victims' legal and psychological service access despite consciousness transformation. Participants accessing integrated services combining legal information with psychological counseling and social support demonstrated significantly better outcomes, including trauma symptom reduction, sustained help-seeking engagement, and social support network development, compared to participants accessing fragmented services. Critical policy and programmatic imperatives emerged from this research: (1) law enhancement mandating integrated service provision standards and funding allocation; (2) preventive legal education program scaling with particular attention to rural populations; (3) service infrastructure expansion addressing provider and geographic access limitations; (4) institutional coordination mechanisms strengthening legal-psychological service integration; (5) trauma-informed practice standards establishing professional requirements; (6) cultural engagement and community mobilization addressing normative barriers; and (7) economic support programs that enable victim independence. Effective domestic violence prevention and victim empowerment require comprehensive, multisectoral approaches transcending legal framework provisions to address underlying gender inequality, patriarchal family structures, economic dependence, and cultural violence normalization, perpetuating victim vulnerability and perpetrator impunity. Preventive legal education represents a crucial intervention component within broader victim empowerment ecosystems, requiring concurrent attention to psychological support, institutional infrastructure, cultural transformation, and economic justice. Investment in preventive legal education and integrated victim support demonstrates the potential for substantial violence reduction, enhanced victim safety, accelerated recovery, and achievement of gender justice, through which women achieve safety, agency, and autonomous life determination free from intimate partner violence.

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