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ARTICLE

NETWORK GOVERNANCE OF MENTAL HEALTH SERVICES FOR SEXUAL VIOLENCE VICTIMS IN SURAKARTA

Jacika Pifi Nugraheni[1)*], Joko Pramono[1)] & Wirid Winduro[1)]
Universitas Slamet Riyadi, Surakarta, Indonesia
Email: jpn.fisipunisri@gmail.com[*]

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Abstract

Sexual violence has long-term consequences for victims' mental health, including post-traumatic stress disorder (PTSD), depression, anxiety, and a diminished sense of safety. This study analyzes the governance of mental health services for victims of sexual violence in Surakarta City using network governance and social capital perspectives. A qualitative approach was employed through in-depth interviews with survivors, community-based companions, and local service providers, supported by document review and observation.The findings show that psychosocial recovery is mainly facilitated through non-governmental networks perceived as more responsive and victim-centered, particularly via community-based counseling, peer support, and psychoeducational initiatives. In contrast, formal services provided by the local government through DP3AP2KB, including PUSPAGA and the PIK-R network, have not functioned optimally as referral hubs for mental health recovery, especially for adult victims. This condition is related to an administrative service orientation, a preventive focus, and the absence of integrated referral mechanisms linking government, community, and health services. Recovery is strongly supported by bonding and bridging social capital, while linking social capital remains weak due to limited institutionalized cross-sector collaboration. Strengthening network-based governance through the integration of PUSPAGA, PIK-R, and community companions is essential to expanding access to victim-centered mental health services.

Keywords: Mental health, Sexual violence, Network governance, Social capital, Cross-sector collaboration.

A. INTRODUCTION

Violence is an act characterized by elements of coercion, domination, and aggression that result in physical, psychological, social, and economic harm to individuals or groups (Noviana, 2015; Handayani, 2017). Violence often arises from unequal power relations, in which actors possessing authority, physical strength, or higher social status exert pressure on weaker parties, leading to direct or indirect harm (Lewoleba & Fahrozi, 2020). Conceptually, violence is not always physical in nature but may take the form of intimidation, threats, emotional abuse, exploitation, or repressive actions that undermine human integrity and dignity. Accordingly, violence is generally classified into several major forms: physical violence, psychological or emotional violence, sexual violence, economic violence, and neglect of victims' basic rights (Anindya, Syafira, & Oentari, 2020; Hairi, 2016). This classification illustrates that violence is a complex phenomenon that not only affects the human body but also damages victims' psychosocial structures and overall well-being.

Among the various forms of violence, sexual violence represents one of the most complex issues because it involves violations of bodily integrity, human dignity, and victims'

fundamental right to safety (Anindya, Syafira, & Oentari, 2020). Sexual violence encompasses acts of coercive sexual activity, both physical and verbal, including sexual harassment, exploitation, rape, and digital-based sexual violence (Hairi, 2016). As noted by Kasenda et al. (2023), sexual violence does not always occur through physical contact but may manifest as psychological pressure or emotional manipulation that causes victims to lose autonomy over their own bodies and decisions.

The impacts of sexual violence extend beyond physical harm to include prolonged psychological trauma, such as post-traumatic stress disorder (PTSD), depression, anxiety, excessive fear, and loss of trust in the social environment (Ramadhani & Nurwati, 2022). Social consequences in the form of stigma, discrimination, and social exclusion often exacerbate victims' psychological conditions, discouraging them from reporting incidents or seeking assistance (Wulandari & Safitri, 2023). Economically, victims may experience reduced productivity due to mental health disorders and, in some cases, school dropout or job loss (Kasenda et al., 2023). These conditions indicate that sexual violence is a multidimensional phenomenon requiring cross-sectoral responses, including sustained psychosocial support.

In Indonesia, the prevalence of sexual violence remains high and exhibits worrying fluctuations. According to data from the Ministry of Women's Empowerment and Child Protection (KemenPPPA) in 2024, a total of 31,947 cases of violence were recorded, of which 14,459 cases nearly half, were sexual violence. This report confirms that sexual violence constitutes the most dominant form of violence experienced by women and children. These findings are consistent with annual reports from the National Commission on Violence against Women (Komnas Perempuan), which show that sexual violence remains the most frequently reported form of gender-based violence each year (Komnas Perempuan, 2023).

At the local level, sexual violence cases in Surakarta City also demonstrate an alarming trend. Based on the Surakarta City BRIDA Gender Disparity Study (2023), cases of violence against women and children increased from 21 cases in 2017 to 36 cases in 2022. Data from a study conducted by Universitas Duta Bangsa (2024), referring to the Online Information System for the Protection of Women and Children (Simfoni PPA), indicate that cases of sexual violence against children rose from 5 cases in 2020 to 26 cases in 2023. In addition, annual reports by the local government in collaboration with civil society organizations recorded 162 cases of violence against women and children in Surakarta during 2023, with most cases involving domestic violence and sexual violence (Bengawanpos, 2024). These data highlight sexual violence as a persistent and serious issue requiring sustained cross-sectoral intervention.

From a regulatory perspective, the Indonesian government has established a legal framework through Law No. 12 of 2022 on the Crime of Sexual Violence (UU TPKS), which affirms victims' rights to legal protection, health services, psychological rehabilitation, legal assistance, and social reintegration. This law reinforces the role of the state as a guarantor of holistic recovery for victims of sexual violence. Its implementation is further elaborated through several derivative regulations, including Government Regulation No. 7 of 2023 on the Provision of Integrated Services for Victims of Sexual Violence; Minister of Women's Empowerment and Child Protection Regulation No. 5 of 2023 on Comprehensive Services for Victims of Violence against Women and Children; and Minister of Health Regulation No. 17 of 2023 on Health Services for Victims of Sexual Violence Crimes. These regulations emphasize the importance of cross-sector coordination among government agencies, service providers, and communities in building an integrated response system.

At the regional level, particularly in Surakarta City, the protection of women and children, including the handling of sexual violence victims is the responsibility of the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB). Based on Ministry of Home Affairs Regulation No. 84 of 2015, this agency is authorized to

provide victim protection systems, coordinate medical and psychological referrals, and ensure access to social rehabilitation. In practice, however, protection services at the local level cannot operate independently and require synergy with non-governmental actors, such as companion organizations, academics, and local communities that maintain close engagement with survivors. The complexity of sexual violence demands structured, network-based coordination mechanisms that allow each actor to contribute according to their respective capacities and mandates. Therefore, analyzing patterns of stakeholder relationships and the role of social capital within these networks is crucial to understanding how mental health services for victims of sexual violence can be governed more effectively at the local level.

This study offers novelty by examining the governance of mental health services for sexual violence victims through an integrated network governance and social capital framework at the local level. Unlike previous studies that focus primarily on legal protection, service availability, or individual psychological recovery, this research highlights how interactions among government institutions, community-based organizations, and academic actors shape access to survivor-centered mental health services. By emphasizing the imbalance between bonding, bridging, and linking social capital, this study provides new insights into structural barriers and opportunities for strengthening collaborative governance in local mental health service systems.

Based on this background, this study aims to analyze the governance of mental health services for victims of sexual violence in Surakarta City using a network governance and social capital approach. Specifically, the study seeks to identify the roles of government institutions, communities, and social networks in providing recovery services for victims, examine barriers to service implementation, and formulate recommendations to strengthen collaborative governance grounded in network structures and social capital.

B. LITERATURE REVIEW

Network Governance

In Indonesian public administration studies, network governance is understood as a governance model that emphasizes cross-actor collaboration involving government agencies, health services, law enforcement, community organizations/NGOs, academia, and the media, operating under shared rules, resource interdependence, and standardized coordination mechanisms (Triwibawanto, 2019). Unlike purely bureaucratic hierarchies, network-based governance emphasizes mutual adjustment, information transparency, and coordination instruments such as memoranda of understanding (MoUs), referral standard operating procedures (SOPs), coordination forums, and case conferences (Triwibawanto, 2019; Rofita, 2023). Rofita (2023) further argues that the essence of network governance lies in interdependent stakeholder networks that share authority, rather than a government-dominated structure, thereby creating opportunities for innovation and enhanced public service responsiveness.

Policy research in Indonesia indicates that the effectiveness of networks in public service delivery can be understood through adaptations of network governance concepts (Klijn & Koppenjan, 2016; Rahmawati & Hertati, 2023), which have been contextualized by several Indonesian studies, including Rembu (2025) and Martitah et al. (2025). These studies demonstrate that successful cross-actor collaboration depends on three main components: (a) process standardization, including referral SOPs, data protection mechanisms, and service quality indicators; (b) shared accountability mechanisms, such as routine monitoring, involvement of victims and families, and service quality evaluation; and (c) legal-institutional instruments, including inter-agency cooperation agreements or memoranda of understanding, which strengthen role clarity and collaboration sustainability. An empirical example can be

found in a study conducted in Gowa Regency on the Integrated Child Social Welfare Center (PKSAI) program, which revealed that despite the presence of multiple network actors, insufficient referral standardization, operational MoUs, and joint monitoring hindered service effectiveness (Sudirman, Thahir, & Suryadi, 2023).

In the context of gender-based violence prevention and response, the application of network governance typically involves a multi-actor structure: village or sub-district administrations serve as frontline assessment units; technical agencies (women's empowerment and health offices) function as referral coordinators; police Women and Children Protection Units (PPA) act as law enforcement institutions; and communities and NGOs provide safe spaces, initial counseling, and public education (Sudirman, Thahir, & Suryadi, 2023; Oktapiani, Hariyoko, & Wahyudi, 2024). The success of such collaboration is strongly influenced by clear role delineation among actors, secure and rapid information flow mechanisms (e.g., integrated hotlines), and standardized referral timelines of 24–48 hours (Oktapiani et al., 2024). Conversely, when referral mechanisms are not formally structured, networks tend to fall into loosely coordinated, reactive, and sporadic modes of operation (Triwibawanto, 2019; Rofita, 2023).

By understanding these key components and patterns of network implementation, this study positions network governance as the primary analytical framework for evaluating how mental health services for victims of sexual violence in Surakarta City can be governed in a more integrated and responsive manner. The analysis focuses on patterns of interaction among network actors, the functioning of referral processes, and the extent to which formal institutions facilitate or constrain network performance.

Social Capital

Social capital refers to relational resources derived from social networks, trust, and norms of reciprocity that facilitate collective action (Hall et al., 2023; Yang et al. (2025). It is conceptualized as a social force that connects individuals and groups within social structures to achieve shared goals effectively (Rosaliza, 2016; Setiaji & Wijaya, 2021). Social capital enables communities to build trust, strengthen solidarity, and reduce coordination costs among actors Chawa et al. (2023).

Conceptually, social capital comprises three primary forms: bonding, bridging, and linking (Connell et al., 2025; Okoroafor et al., 2025). Bonding social capital refers to strong ties within homogeneous groups, such as families, close friends, or identity-based groups. Bridging social capital denotes connections across heterogeneous groups that expand access to resources, information, and collaborative opportunities (Kholifah & Utami, 2019). Linking social capital relates to vertical relationships between communities and institutions with greater authority or resources, such as government agencies, hospitals, and legal institutions (Chawa, Putra, & Susanti, 2023).

The balance among these three forms of social capital determines the effectiveness of public services and the level of social participation (Setiaji & Wijaya, 2021). Kholifah and Utami (2019) demonstrate that while strong bonding capital enhances internal solidarity, communities often remain isolated from formal systems in the absence of adequate bridging and linking capital. Conversely, when linking social capital is developed through formal cooperation with government institutions, community-based social innovations can be institutionalized within public policy frameworks (Chawa, Putra, & Susanti, 2023).

Empirical studies in Indonesia highlight the critical role of social capital in strengthening social support networks. For instance, Setiaji and Wijaya (2021) found that bridging social capital between micro, small, and medium enterprise (MSME) actors and higher education institutions in Surakarta improved access to information and business innovation. In a broader social context, research by Chawa, Putra, and Susanti (2023) in Malang demonstrated that

collaboration between community groups and local authorities during the COVID-19 pandemic enhanced social resilience due to balanced synergy among bonding, bridging, and linking capital.

In relation to the recovery of sexual violence victims, social capital plays a crucial role in psychosocial healing processes. Bonding capital provides emotional support and a sense of safety for victims; bridging capital facilitates access to professional services, such as psychologists and legal advocates; and linking capital enables coordination with formal institutions, including government agencies, hospitals, and law enforcement. When linking capital is weak, recovery efforts tend to be fragmented and insufficiently integrated into official service systems. Therefore, strengthening social capital across all layers of the network is essential for delivering inclusive, equitable, and victim-centered mental health services.

C. RESEARCH METHODOLOGY

This study employs a descriptive qualitative approach aimed at gaining an in-depth understanding of the governance patterns of mental health services for victims of sexual violence through an analysis of networks and social capital in Surakarta City. This approach is selected because it allows for the exploration of meanings, processes, and social interactions among actors within complex empirical contexts (Moleong, 2017; Sugiyono, 2019).

Data collection techniques include interviews, observation, and document analysis. Interviews were conducted with survivors of sexual violence, community-based advocates, and academics involved in psychosocial therapy initiatives. Observations focused on mental health service provision in Surakarta City, while document analysis examined programs and policies implemented by the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) of Surakarta City. Informants were selected using purposive sampling based on their roles and relevance to the research objectives (Bungin, 2015).

The collected data were analyzed using thematic analysis, using thematic analysis to identify, analyze, and interpret patterns across qualitative data, following a systematic coding and theme development process Braun & Clarke (2021). The analysis specifically focused on identifying patterns of relationships among actors within the service network (network mapping) and the forms of social capital emerging in the victim recovery process. Data validity was ensured through source and method triangulation by comparing interview findings, observational data, and official documents (Moleong, 2017; Sugiyono, 2019).

D. RESULT AND DISCUSSION

Network Governance in the Handling of Sexual Violence in Surakarta

The governance of services for victims of sexual violence in Surakarta City exhibits the characteristics of a complex multi-actor network. Based on the research findings, this network involves government actors such as the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB), the Health Office, and the Women and Children Protection Unit (Unit PPA) of the Surakarta Metropolitan Police; higher education institutions; and community-based advocacy organizations. This structure aligns with the principles of network governance, which emphasize cross-actor collaboration, resource interdependence, distributed roles, and decision-making processes that are not fully hierarchical (Rembu, 2025; Martitah et al., 2025). However, the collaborative patterns that have emerged remain largely informal and reliant on personal relationships rather than standardized institutional mechanisms.

Coordination mechanisms at the city level generally operate through cross-sectoral forums facilitated by DP3AP2KB, particularly in response to high-profile cases or public awareness

campaigns. Nevertheless, these forums have not functioned optimally as spaces for policy formulation and continuous evaluation, as they are not supported by routine monitoring and evaluation systems or structured case conferences. Indonesian public policy literature emphasizes that effective networks require clear referral standard operating procedures (SOPs), confidentiality protocols, and integrated information systems to ensure sustainable coordination (Komariyah, 2025; Sudirman, Thahir, & Suryadi, 2023). The absence of these instruments has resulted in reactive coordination in Surakarta, characterized by responses to incidents rather than proactive prevention or service preparedness.

Technically, DP3AP2KB holds the formal coordination mandate as stipulated in Ministry of Home Affairs Regulation No. 84 of 2015. In addition to operating the Integrated Service Center for Women and Children Empowerment (P2TP2A), DP3AP2KB Surakarta also manages the Family Learning Center (PUSPAGA), which provides psychosocial services and family counseling aimed at violence prevention and strengthening family resilience. However, the findings indicate that PUSPAGA has not yet functioned optimally as a referral hub for victims of sexual violence, particularly adult victims. This limitation is not solely due to resource constraints but also reflects service design issues that are not fully victim-centered. Field observations reveal that PUSPAGA services tend to be passive and administrative in nature, with initial procedures requiring extensive data entry and relatively lengthy bureaucratic stages. For victims experiencing trauma, such mechanisms may pose psychological barriers to accessing services. Furthermore, PUSPAGA's service orientation remains more focused on education and family-based prevention than on intensive trauma-informed care. In this context, collaborative initiatives such as public education and companion training are more frequently driven by universities and volunteer-based community organizations that offer more flexible and empathetic approaches. This condition suggests that network governance practices in Surakarta are predominantly bottom-up driven, where interactions among actors are largely initiated by civil society organizations perceived as more responsive to victims' needs (Nahrawi, 2021).

At the policy implementation level, DP3AP2KB Surakarta has also developed community-based service networks through the Generation Planning Forum (GenRe) and Youth Information and Counseling Centers (PIK-R). As of 2023, approximately 63 PIK-R units operate across all districts, each with internal structures that include peer educators and peer counselors (PSKS) who provide education, initial counseling, and complaint mechanisms for adolescents related to mental health issues. Conceptually, PIK-R has the potential to serve as an entry point for psychosocial services that can be linked to PUSPAGA and formal health services. However, the findings show that up to 2023, no mental health cases had been referred or handled through PIK-R, indicating that its activities remain predominantly preventive and socialization-oriented. This gap highlights a mismatch between institutional design and service function, where formal government networks exist but have yet to operate as effective and integrated mental health recovery nodes.

Empirically, the study finds that case referral coordination often depends on interpersonal relationships among key actors—for example, between university-based Sexual Violence Prevention and Response Task Forces (Satgas PPKS) and DP3AP2KB officers, rather than on formal institutional systems. This condition reflects an early stage of network institutionalization, in which networks rely heavily on individual social capital and lack legal instruments such as cooperation agreements or memoranda of understanding (MoUs) between institutions (APPHI, 2025). This situation persists despite policy documents such as Government Regulation No. 7 of 2023 and Minister of Women's Empowerment and Child Protection Regulation No. 5 of 2023, which explicitly mandate integrated service provision

based on cross-sectoral coordination with clear evaluation mechanisms and data protection standards.

Beyond institutional arrangements, human resource capacity constitutes a critical enabling or constraining factor. The limited availability of trauma counselors and psychologists trained in trauma-informed care has hindered optimal recovery processes for victims. Several primary healthcare centers (puskesmas) in Surakarta do not yet have specialized units for handling sexual violence cases, prompting community-based organizations and universities to serve as alternative referral points. This condition illustrates capacity asymmetry between formal and non-formal actors, which can undermine the integrative function of the network. As emphasized by Komariyah (2025), the effectiveness of networks in addressing gender-based violence depends on role clarity, trust, and cross-node responsibility sharing.

From a public governance perspective, the network structure in Surakarta can be categorized as a loosely coupled network, meaning that actors are functionally connected but not yet fully institutionalized. To enhance effectiveness, the network requires reinforcement through standardized referral SOPs, secure data exchange mechanisms, and regular coordination forums among actors.

The local government may also develop collaborative financing mechanisms, including: (i) Psychosocial service subsidies, enabling victims to access free counseling services at partner institutions. Under this scheme, the local government does not directly allocate funds to service providers (such as community organizations or psychologists) but instead provides assistance to victims, allowing them to obtain psychosocial services at verified institutions or community organizations. Service providers then submit claims to the government for reimbursement, similar to a localized insurance-based claim system focused on psychosocial recovery. This mechanism aims to expand access to recovery services, protect victim confidentiality by minimizing administrative barriers, and empower local service providers through accountable financial support; (ii) Joint funding partnerships between the regional budget (APBD) and corporate social responsibility (CSR) programs to support the sustainability of community-based recovery initiatives. In this scheme, local governments manage regulatory and administrative aspects, while private companies contribute financial, logistical, or capacity-building support. Such partnerships may be utilized to fund community counselor training, establish safe spaces or crisis centers, and support long-term psychosocial interventions such as art therapy and survivor accompaniment programs. Through this collaborative financing model, partnerships among government, private sector, and civil society can become more structured, transparent, and oriented toward comprehensive victim recovery.

Social Capital in the Mental Health Recovery of Sexual Violence Survivors

Social capital constitutes an important dimension in explaining how the recovery processes of sexual violence victims take place beyond formal government mechanisms. Based on the research findings, most victims in Surakarta prefer to access psychological support from community groups, peer networks, or academic circles, as these sources are perceived as safer, more empathetic, and non-judgmental. This preference indicates the strong role of bonding social capital, namely emotional ties and solidarity among survivors and their companions, which serve as the initial foundation for recovery. In line with the findings of Chawa et al. (2023) and Okoroafor et al. (2025), bonding social capital plays a crucial role in fostering trust, emotional safety, and supportive environments that are essential for psychological healing.

However, strong bonding alone is insufficient without bridging social capital, which refers to connections with broader professional and institutional networks. In Surakarta, bridging capital emerges through collaboration between community-based advocacy groups and universities, particularly in art therapy programs and psychoeducational counseling. These collaborations not only expand service coverage but also provide learning platforms for

students and early-career professionals in psychology and public health. Setiaji and Wijaya (2021) describe such bridging models as "social innovation bridges" that strengthen local capacity through knowledge exchange.

Nevertheless, the dimension of linking social capital, or vertical connections between communities and authoritative institutions, remains weak. Community advocacy groups in Surakarta have not been formally integrated into the government service system, including official DP3AP2KB services such as PUSPAGA, due to limitations in legal recognition, referral SOPs, and financing mechanisms. As a result, despite their innovative approaches, community initiatives struggle to obtain institutional legitimacy. This finding is consistent with Chawa, Putra, and Susanti (2023), who argue that weak linking social capital hampers the institutionalization of community-based social innovations into public policy. In this context, strengthening linking capital is essential to transform social solidarity into collaboration recognized by the formal system.

Trust dynamics represent a core element of social capital. Victims tend to place greater trust in community organizations because of their empathetic and non-stigmatizing approaches. Conversely, some victims are reluctant to access formal services due to fears of legal exposure or social labeling. This phenomenon illustrates a trust paradox: community actors possess high levels of trust but limited capacity, while government institutions have substantial resources but lower levels of trust. Therefore, building cross-sector trust through transparency, confidentiality ethics training, and strategic public communication is a critical step in strengthening recovery networks.

When integrated with contemporary social capital perspectives, the Surakarta case indicates that social capital has not yet functioned in a balanced manner. Studies on community resilience and mental health governance show that bonding and bridging social capital tend to be stronger at the community level, while linking social capital connecting communities to formal institutions often remains fragile (Hall et al., 2023; Yang et al., 2025). This imbalance contributes to service fragmentation, in which victims receive emotional and social support but are not consistently connected to formal medical or legal rehabilitation mechanisms. Empirical evidence suggests that strengthening linking social capital requires institutionalized collaboration through capacity building for community companions, the development of shared referral standard operating procedures (SOPs), and formal recognition of community roles within public service systems (Chawa, Putra, & Susanti, 2023; Okoroafor et al., 2025).

In conclusion, the success of mental health recovery for victims of sexual violence in Surakarta is largely determined by the interaction between two dimensions, namely the effectiveness of network governance and the strength of social capital. When these dimensions are balanced, with formal networks providing structure and resources and social capital offering trust and solidarity, the service system can evolve into a collaborative, equitable, and sustainable model. Strengthening both dimensions constitutes a strategic recommendation for local governments and community actors in building a sensitive, responsive, and survivor-centered service ecosystem.

E. CONCLUSION

This study demonstrates that the handling and mental health recovery of victims of sexual violence in Surakarta City operate within a complex cross-actor network involving local government agencies, higher education institutions, and community-based advocacy organizations. The local government, through DP3AP2KB, has established several formal service instruments, including the Integrated Service Center for Women and Children Empowerment (P2TP2A), the Family Learning Center (PUSPAGA), and a network of Youth Information and Counseling Centers (PIK-R) distributed across all districts. The existence of

PUSPAGA and PIK-R reflects the government's commitment to developing psychosocial and community-based preventive services as part of the victim protection system.

However, the findings indicate that these institutional instruments have not yet been functionally integrated into a comprehensive mental health recovery system. PUSPAGA and PIK-R remain primarily oriented toward educational and preventive functions and have not operated optimally as active referral hubs for victims of sexual violence, particularly adult survivors requiring trauma-informed mental health services. In contrast, community-based advocacy organizations and universities have emerged as the primary spaces accessed by victims due to their empathetic, flexible, and low-stigma approaches. This condition highlights a persistent gap between institutional design and service practices at the implementation level.

From a network governance perspective, the service arrangement in Surakarta can be characterized as a *loosely coupled network*, in which structural connections exist but lack sufficient institutionalization through coordinated referral mechanisms, systematic monitoring and evaluation, and formal cooperation agreements. Inter-actor collaboration continues to rely heavily on individual social capital and bottom-up initiatives, while standardized referral SOPs and secure data-sharing systems remain underdeveloped. Consequently, the strategic potential of PUSPAGA and PIK-R as linkage hubs connecting community initiatives with formal health and legal services has not been fully realized.

In terms of social capital, this study reveals an imbalance in the functioning of bonding, bridging, and linking dimensions. Bonding and bridging social capital are relatively strong within community and academic networks, whereas linking social capital that connects these networks to formal government systems remains weak. This imbalance limits the translation of emotional and social support into sustained access to structured psychological rehabilitation and legal protection for survivors.

Despite these contributions, this study has several limitations. The qualitative design and limited number of participants constrain the generalizability of the findings beyond the Surakarta context. In addition, the study focuses on governance dynamics and service access rather than quantitatively measuring mental health outcomes or long-term recovery trajectories. The perspectives of frontline healthcare providers and law enforcement actors were also not explored in depth.

Future research is therefore encouraged to employ mixed-methods or quantitative approaches to assess the effectiveness of network-based governance on survivors' mental health outcomes, as well as comparative studies across different local governments to identify best practices in integrated service delivery. Longitudinal research examining survivors' recovery pathways over time would further strengthen understanding of how institutional integration and social capital interact in shaping sustainable, survivor-centered mental health service systems.

REFERENCE

Anindya, A., Syafira, Y. I., & Oentari, Z. D. (2020). Dampak psikologis dan upaya penanggulangan kekerasan seksual terhadap perempuan. *TIN: Terapan Informatika Nusantara,* 1(3), 137–140.

APPHI (2025). Policy Brief: Kolaborasi Multi-aktor dalam Penanganan Kekerasan Berbasis Gender di Indonesia. Asosiasi Praktisi dan Pemerhati Hukum Indonesia.

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.

Bungin, B. (2015). Penelitian Kualitatif: Komunikasi, Ekonomi, Kebijakan Publik, dan Ilmu Sosial Lainnya. Kencana.

Chawa, A. F., Putra, M. H., & Susanti, A. (2023). Bonding, Bridging and Linking Capital: How Social Capital was Mobilized During the PPKM Micro in Malang Raya. Jurnal Ilmu Sosial, 22(2), 67-88.

Connell, C., Smith, P., Jones, R., & Taylor, S. (2025). Relational influences on help-seeking for mental health: A qualitative study. *BMJ Open, 15*(6), e090349

Hairi, P. J. (2016). Problem Kekerasan Seksual: Menelaah Arah Kebijakan Pemerintah Dalam Penanggulangannya. Negara Hukum: *Membangun Hukum untuk Keadilan dan Kesejahteraa*n, 6(1), 1–15.

Hall, C. E., Wehling, H., Stansfield, J., South, J., Brooks, S. K., Greenberg, N., Amlôt, R., & Weston, D. (2023). Examining the role of community resilience and social capital on mental health in public health emergency and disaster response: A scoping review. *BMC Public Health, 23*, 2482.

Handayani, M. (2017). Pencegahan kasus kekerasan seksual pada anak melalui komunikasi antarpribadi orang tua dan anak. *Jurnal Ilmiah Visi*, 12(1), 67–80.

Kasenda, R. Y., Takapipi, C., Meta, J., Suryani, S., Aruperes, V., & Tarigan, Y. B. (2023). Upaya Penanganan Trauma Pelecehan Seksual Masa Lalu. Jurnal Ilmu Sosial dan Pendidikan (JISIP), 7(1), 779–784.

Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KemenPPPA). (2024). Ringkasan Data Kekerasan Terhadap Perempuan dan Anak Tahun 2024. Diakses dari https://kekerasan.kemenpppa.go.id

Kholifah, A., & Utami, D. (2019). Modal Sosial Anggota Komunitas KSPK. *Paradigma: Jurnal Filsafat, Sosiologi, dan Teologi,* 7(2).

Klijn, E. H., & Koppenjan, J. (2016). Governance networks in the public sector. Routledge.

Komariyah, N. (2025). Model jejaring kolaboratif dalam penanganan kekerasan terhadap perempuan di tingkat daerah. Jurnal Kebijakan Publik dan Gender, 10(1), 45-62

Komnas Perempuan. (2023). Catatan Tahunan Kekerasan Terhadap Perempuan di Indonesia. Jakarta: Komnas Perempuan

Lewoleba, K. K., & Fahrozi, M. H. (2020). Studi faktor-faktor terjadinya tindak kekerasan seksual pada anak-anak. *Jurnal Esensi Hukum*, 2(1), 27–48.

Martitah, Sumarto, Pujiono, et al. (2025). The Efficacy of Collaborative Governance in Waste Management Policy Implementation. Jurnal Penelitian Hukum Indonesia.

Moleong, L. J. (2017). Metodologi Penelitian Kualitatif. Remaja Rosdakarya.

Nahrawi, R. (2021). Network governance dalam kebijakan sosial di tingkat lokal. Jurnal Borneo Administrasi, 17(2), 101-116

Noviana, I. (2015). Kekerasan seksual terhadap anak: dampak dan penanganannya. Sosio Informa, 1(1), 13–28.

Okoroafor, P. I., Okafor, I. P., & Adebayo, A. M. (2025). Social capital, functional health status and quality of life among adults in rural southwest Nigeria. *BMC Public Health, 25*, 1317

Oktapiani, R., Hariyoko, Y., & Wahyudi, E. (2024). Network Governance dalam Pengadaan Barang dan Jasa Pembangunan Terowongan Pejalan Kaki Terminal Intermoda Joyoboyo – Kebun Bintang Surabaya. PRAJA Observer: Jurnal Penelitian Administrasi Publik.

Peraturan Menteri Dalam Negeri Nomor 84 Tahun 2015 tentang Struktur Organisasi Perangkat Daerah.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 17 Tahun 2023 tentang Penyelenggaraan Layanan Kesehatan bagi Korban Tindak Pidana Kekerasan Seksual. Berita Negara Republik Indonesia Tahun 2023 Nomor 721.

Peraturan Menteri Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia Nomor 5 Tahun 2023 tentang Penyelenggaraan Layanan Komprehensif bagi Korban

Kekerasan terhadap Perempuan dan Anak. Berita Negara Republik Indonesia Tahun 2023 Nomor 589.

Peraturan Pemerintah Republik Indonesia Nomor 7 Tahun 2023 tentang Penyelenggaraan Layanan Terpadu bagi Saksi dan/atau Korban Tindak Pidana Kekerasan Seksual. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 21.

Rahmawati, C. P., & Hertati, D. (2023). Collaborative governance dalam penanganan kekerasan seksual pada anak di Kota Surabaya. *Jurnal Noken: Ilmu-Ilmu Sosial, 9*(1), 1–10

Ramadhani, S. R., & Nurwati, R. N. (2022). Dampak traumatis remaja korban tindakan kekerasan seksual serta peran dukungan sosial keluarga. Share: Social Work Journal, 12(2), 131–137.

Rembu, Y. (2025). Analisis Governance Networking dalam Implementasi Kebijakan Stunting di Kabupaten Ende. Jurnal Kebijakan Publik

Rofita, R. R. (2023). Governance Networks dalam Implementasi Kebijakan Pemanfaatan Data Kependudukan Guna Mewujudkan Single Identity Number. Transparansi: Jurnal Ilmiah Ilmu Administrasi.

Rosaliza, M. (2016). Modal Sosial dan Budaya dalam Pembangunan Desa. Jurnal Ilmu Budaya, 13(1), 47–58.

Setiaji, I. P., & Wijaya, M. (2021). Modal Sosial dan Kelangsungan Industri Rumah Tangga di Kota Surakarta. Jurnal Organisasi dan Manajemen, 17(2), 175–188.

Sudirman, R., Thahir, T., & Suryadi, S. (2023). Jaringan Kebijakan Publik dalam Implementasi Program PKSAI Sikamaseang di Kabupaten Gowa. Kolaborasi: Jurnal Administrasi Publik.

Sugiyono. (2019). Metode Penelitian Kualitatif, Kuantitatif, dan R&D. Alfabeta.

Triwibawanto, G. (2019). Tinjauan Teoritis Pengelolaan Jaringan (Networking Management) dalam Studi Kebijakan Publik. Jurnal Ilmu Administrasi: Media Pengembangan Ilmu dan Praktek Administrasi.

Undang-Undang Republik Indonesia Nomor 12 Tahun 2022 tentang Tindak Pidana Kekerasan Seksual (UU TPKS).

Wulandari, N. A., & Safitri, D. S. (2023). Kesehatan mental korban kekerasan seksual: Tinjauan psikologis. Jurnal Psikologi Indonesia, 11(2), 101–109.

Yang, L., Zhang, Y., Li, X., & Chen, H. (2025). Community social capital and depressive symptoms among older relocated adults. *BMC Public Health, 25*, 21483