

# Report on the Forgotten People

Response To The Indonesian Government's report  
to UN Human Rights Committee on Civil and Political Rights

140TH SESSION OF THE HUMAN RIGHTS COMMITTEE ON CIVIL  
AND POLITICAL RIGHTS GENEVA, SWITZERLAND,

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## Reporting Organizations :



PERHIMPUNAN  
JIWA SEHAT  
INDONESIA

Perhimpunan Jiwa Sehat Indonesia (PJS)/Indonesian Mental Health Association (IMHA) was founded in 2008 as the first organization in Indonesia to be initiated and run by persons with psychosocial disabilities with the purpose of advocating for the fulfillment of rights of persons with psychosocial disability. PJS has succeeded in pushing the issue of psychosocial disability, which was previously a very marginal issue, to become one of the main issues in the disability movement in Indonesia. PJS is also a founding member of TCI Asia Pacific (Transforming Communities for Inclusion - Asia Pacific), a regional organization of people with psychosocial disabilities in the Asia Pacific region. In carrying out its work, apart from disability organizations, PJS also works closely with national human rights institutions in Indonesia.



The Indonesia's NGO Coalition for International Human Rights Advocacy (HRWG) was established by a the majority of NGOs working in different issues but share interest in human rights to serve the need for elaborate advocacy works already in place with the aim of maximizing the goals and putting more pressures on the Indonesian government to execute its international and constitutional obligations to protecting, fulfilling, respecting and promoting human rights in the country.

## INTRODUCTION

Persons with psychosocial disabilities (PWPD), are a forgotten group of people. They are often considered to be not fully human, and are therefore deemed not to have human rights.

Human rights violations occur, some of which are quite severe, in almost all aspects of the lives of persons with psychosocial disabilities in Indonesia. These violations take place in the everyday practices of the community and are also reaffirmed in various laws and regulations. One of the biggest problems for people with psychosocial disabilities is the placement and confinement of people with psychosocial disabilities in Indonesia in mental institutions, including, **social care mental institutions, which is a non-medical setting institution that serves as a dumping ground for people with psychosocial disabilities in Indonesia.**

Organizations of persons with disabilities in Indonesia have attempted to change the Indonesian Government's stigmatized view of persons with psychosocial disabilities, which influences the programs and regulations they create. In doing so, we have encountered many problems in changing perceptions that have been in place for decades.

**To answer the List of Issues from the ICCPR committee regarding Number 15 on Torture and other cruel, inhuman or degrading treatment or punishment, and the treatment of persons deprived of their liberty; Number 13 on the Prohibition of Torture; and 8(a) on Violence against Women and domestic violence; Number 13 on the Prohibition of Torture**

**To respond to the Government of Indonesia's second periodic report numbered 163, 172, 173, 174.**

### A. Deprivation of liberty

1. According to limited data collected by IMHA, there are at least 13,500 Persons with Psychosocial Disabilities confined in **Social Care Mental Institutions (Panti Sosial in Indonesian language) which is a non-medical setting institution that serves as a dumping ground for people with psychosocial disabilities in Indonesia**, both government-owned and private. The actual number could be much higher.
2. Private social care mental institutions operate with operational permits from local government authorities.
3. Persons with Psychosocial Disabilities are involuntarily placed and confined in these institutions without committing any criminal acts and without a court order at the request of the family, social services, health services, police, or public order enforcer units.
4. Worse than convicted Persons, those with psychosocial disabilities forcibly placed in institutions are unaware of how long they will be confined.
5. To date, there are no specific regulations governing the duration of confinement for Persons with psychosocial disabilities. IMHA found many cases where residents were confined for more than five years, and some even for a dozen or two decades.
6. One interview with an ex-resident conducted by IMHA stated that the most challenging part of being in the institution is not knowing when they will be free. It is more fortunate to be imprisoned because they know their offences and when they can be released. The ex-resident also expressed that living in the institution is like being in a dark cave with no hope.

7. Many institution residents encountered by IMHA reported being forcibly taken by individuals later identified as institution staff without specifying the reasons for the apprehension and where they would be taken. One female resident, "D," met by IMHA in November 2021 at Panti "ZB" in Bekasi, recounted being apprehended by five men, later revealed as staff, forcibly taken to the institution, and stating unequivocally that what happened to her was abduction.
8. Similar incidents occurred with "H," a Persons with Psychosocial student, forcibly taken to a social care mental institution in January 2021. Five institution administrators approached him, tied him up, took him directly to the institution, placed him in isolation, and confined him for two years.

**Recommendations:**

- The government should promptly revoke permits and close Social Care Mental Institution Institutions involved in the unlawful Deprivation of freedom.
- The government should immediately release all Persons unlawfully deprived of their freedom in these institutions.
- The government should provide all necessary support and social protection guarantees needed by institution residents to gain freedom from Social Care Mental Institution Institutions.
- The Government of Indonesia and law enforcement agencies should take administrative and legal actions against institutions proven to be involved in the unlawful Deprivation of freedom.
- The Indonesian government should promptly formulate and approve Ministerial Regulations on Rehabilitation Service Standards, Licensing, and Sanctions for Rehabilitation Institutions, and Procedures for Habilitation and Rehabilitation Services as derivative regulations from Government Regulation on Habilitation and Rehabilitation No. 75 of 2020.

**B. Other cruel, inhuman or degrading treatment: Shackling and chaining**

9. Despite the existence of rules and policies mentioned by the Government of Indonesia (GoI) to prevent shackling, there are still hundreds to thousands of Persons with Psychosocial who are shackled and chained in Social Care Mental Institutions in Indonesia. Shockingly, some of them, released from shackling in their homes or communities, are brought to institutions and shackled again.
10. The GoI has not conducted a comprehensive census regarding the number of Persons with Psychosocial subjected to shackling in Social Care Mental Institutions. From IMHA's visits to these institutions in 2020, 17 out of 25 institutions practised shackling. This was done by chaining and confining residents in cramped isolation rooms.
11. Certain institutions in Central Java, such as Panti "WS" in Kebumen and Panti "TGS" in Cilacap, employ chaining on nearly all residents. Meanwhile, Panti "KJ" in Cilacap places almost all residents in small isolation rooms measuring approximately 1x2.5 meters.
12. Most shackled residents must perform bodily functions, eat, and sleep in the same confined space.
13. Social Care Mental Institutions buildings in Indonesia often resemble prisons, using iron bars for doors, windows, and walls in their rooms, creating an environment akin to animal cages. In some institutions, a single room can accommodate dozens of people without separating

adults and children. Residents are not provided with mattresses or bedding; they sleep on the floor.

14. The provision of food and nutrition in these institutions is extremely poor; in some cases, residents are left hungry and malnourished. IMHA findings indicate that residents are only given two meals a day in some institutions, leading to severe malnutrition.
15. Sanitation and hygiene conditions in Social Care Mental Institution Institutions are also deplorable. Many lack access to clean water and residents are often left to relieve themselves in their rooms, resulting in a strong odour due to a lack of cleaning by staff. Some institutions leave trash scattered around.
16. Many institutions in Indonesia, both private and government-owned, forcibly shave the heads of Persons with Psychosocial Disabilities, whether they are existing or prospective residents. Staff justifies this act as necessary for maintaining cleanliness due to lice or boils on residents' heads.

#### **Recommendations:**

- The Indonesian government should promptly release all Persons with Psychosocial Disabilities who are shackled in Social Care Mental Institutions.
- The Indonesian government should immediately prohibit, penalize, and sanction Social Care Mental Institution using shackling and chaining on Persons with psychosocial disabilities.
- The Indonesian government should expand anti-shackling policies to include Social Care Mental Institution.
- The Indonesian government should conduct a census on the number of Persons with psychosocial disabilities in Social Care Mental Institution.
- The Indonesian government must provide compensation and ensure compensation for damages caused by Social Care Mental Institution to Persons with Psychosocial who were shackled.

#### **C. Other cruel and degrading treatment: Access to Justice for Women with Psychosocial \*\***

17. Persons with Psychosocial Disabilities, especially Women with Psychosocial treated in mental hospitals, lack access to justice, including avenues for complaint in cases of violence during their treatment.
18. IMHA findings include the case of "N" ,a Women with Psychosocial treated in a Mental Assylum in Yogyakarta Province in 2017, who was tied up, put in a straitjacket, and confined in isolation for approximately seven days due to being deemed a danger to herself and her family.
19. "A," a Women with Psychosocial treated in a Mental Assylum in Jakarta Province in May 2020, was tied up and confined in isolation for several hours because she was considered disturbing to other patients.
20. "S," Women with Psychosocial treated in a General Hospital in Yogyakarta Province in 2020, was confined in isolation for five days during a relapse.
21. To date, there is no reporting mechanism available for "N," "A," and "S" to report incidents of binding, straitjacket use, and isolation they experienced. This is further complicated because

no actions taken by the hospital are recorded in medical records, making it difficult for "N," "A," and "S" to seek justice. Practices of binding, straitjacket use, and isolation have been prohibited by the World Health Organization (WHO) in the treatment of Persons with Psychosocial Disabilities in hospitals.

**Recommendations:**

- The government must evaluate mental asylums that violate WHO guidelines on the treatment and care of Persons with Psychosocial Disabilities.
- The government must immediately prohibit, penalize, and sanction mental asylums that perform treatments that have been prohibited by the WHO in handling Persons With Psychosocial Disabilities
- The Indonesian government should promptly formulate and approve Ministerial Regulations on Rehabilitation Service Standards, Licensing, and Sanctions for Rehabilitation Institutions, and Procedures for Habilitation and Rehabilitation Services as derivative regulations from Government Regulation on Habilitation and Rehabilitation No. 75 of 2020.

**D. Lack of measures taken to address and prevent torture and other cruel, inhuman or degrading treatment or punishment, including information:**

22. Until now, there has been no policy or serious effort to stop various forms of torture and other cruel, inhuman, or degrading treatment or punishment occurring in social care mental institutions.
23. There is no complaint mechanism in any form that residents of these institutions can use to report acts of violence, including sexual violence.
24. Residents of the institutions are prohibited from possessing any form of communication tools, such as cell phones, which could be used to report acts of violence.
25. There is no periodic monitoring of these institutions by the government.
26. There are no Standard Operating Procedures (SOP) for the prevention of acts of violence, including sexual violence, within these institutions.
27. Residents are prohibited from leaving the institutions, closing off the possibility of communicating with the surrounding community and reporting to local law enforcement/village officials.
28. There are no efforts to change the closed system of the institutions. There is no external access to enter the rooms, which should be an opportunity to prevent and report acts of violence experienced by residents of the institutions.

**Recommendations:**

- The government must take serious measures to stop torture and other cruel, inhuman, or degrading treatment or punishment. This includes establishing a complaint mechanism, conducting periodic monitoring, and imposing administrative and legal sanctions on institutions that violate these standards.
- Develop Standard Operating Procedures (SOP) for preventing all forms of violence in the institutions.

- Grant residents the right to communicate freely, providing access to communication tools, including allowing them to have cell phones and ensuring the availability of secure public telephones.
- Transform the closed and restricted system of the institutions into an open system accessible freely by external Persons.
- These recommendations aim to ensure transparency, accountability, and the protection of the rights and well-being of residents in social care institutions. The implementation of these measures will contribute to the prevention of torture and inhumane treatment while fostering a culture of openness and communication within these facilities.

**To answers to the List of Issues from the ICCPR Committee regarding the Right to Life,**

**To respond to the Government of Indonesia's second periodic report numbered 9, 137**

29. Many residents in Social Care Mental Institutions are left sick without any medical treatment, ultimately leading to death. For instance, during IMHA's visit in November 2021 to Panti "ZB" in Bekasi, West Java, a female resident in her twenties passed away unnoticed by fellow residents, as no one was aware of her demise.
30. When IMHA inquired about the cause of her death, the institution's staff stated that she had been suffering from diarrhoea for several days. When asked about the efforts made to treat her, the staff mentioned only wiping her without providing any medical treatment or fluids or attempting to take her to a hospital.
31. According to residents, such deaths are commonplace. It is alarming that the death of a resident in their midst elicits no reaction from both fellow residents and staff. Reports from other residents in similar institutions also confirm frequent deaths.
32. IMHA's findings included the case of "M," a male Panti "WS" resident in Kebumen, Central Java. "M" was chained in an open space without shelter from the sun and rain for decades, experiencing malnutrition due to the lack of proper food and having no access to clean water, decent sanitation, or clean clothes. Despite complaining about pain and requesting medication and hospitalization, the institution's staff did not provide the necessary medical treatment. In June 2023, "M" passed away after being sent home in severe condition.
33. The mortality rate in these institutions is extremely high, aggravated by the lack of reported deaths by the institution owners. The absence of life expectancy and mortality rate data from the government, coupled with a failure to evaluate institutions with high mortality rates, leads to residents dying silently without any inquiry or accountability from the institution and the state.
34. Article 99, paragraph (4) of the Penal Code states that Persons with Psychosocial will be kept until they recover before execution. This provision indicates a medical model perspective and can be a source of stress, worsening an individual's mental state, especially considering the inadequate mental health services in prisons. This article contradicts the ones above, specifically Articles 38 and 39 of the Law, stating that the sentences for Persons with Psychosocial can be reduced or subject to other measures. The law does not clarify the criteria for the mental health recovery of a disabled person, such as when they are stable or declared recovered by a mental health expert, given that mental disorders are permanent.

**Recommendations:**

- The Indonesian government must promptly take action and impose sanctions on the owners/managers of Social Care Mental Institution that have negligently or intentionally endangered the lives of residents.
- The Indonesian government must protect and provide healthcare services to residents of these institutions.
- The Indonesian government must ensure and mandate mental and physical healthcare services for residents of Social Care Mental Institution periodically.
- The Indonesian government is obliged to ensure that all residents of these institutions receive free healthcare coverage.
- The Indonesian government must expeditiously enact ministerial regulations on rehabilitation service standards.
- The Indonesian government should repeal Article 99 paragraph (4) of the Indonesian Penal Code regarding the condition for someone not to be sentenced to death.

**To answer List of Issues dari ICCPR Committee Number 8 about Violence against women and domestic Violence****To respond to Gol second periodic report numbers 119, 120, 121,122 123, and 124****Forced Contraception and Sterilization**

35. Forced contraception and sterilization persist in Indonesia, notwithstanding various regulations mentioned by the Government of Indonesia (Gol) in its reports.
36. IMHA has discovered instances of forced contraception and sterilization imposed on Women with Psychosocial Disabilities placed in Social Care Mental Institutions.
37. Some of IMHA's findings include a joint visit with the Human Rights Respect, Protection, Promotion, Law Enforcement, and Fulfillment Working Group (POKJA P5HAM) in May 2023 to a Government-owned Social Care Mental Institution in Kudus, Central Java, where this practice has become a mandatory policy for Women with Psychosocial Disabilities residing in the facility.
38. IMHA has also found coercive contraception and sterilization practices in privately owned institutions in East Java and institutions in the DI Yogyakarta Province. The commonly cited justification for the continued practice of forced contraception and sterilization is as a measure to prevent Unintended Pregnancies (KTD).
39. During every field visit, IMHA collaborates with representatives from both the central and local governments, such as the Ministry of Women Empowerment and Child Protection (MoWECP), Ministry of Law and Human Rights (MoHLR), Ministry of Social Affairs (MoSA), Social Services, etc.
40. The practice of forced contraception and sterilization has also been previously reported by the National Commission on Violence Against Women (Komnas Perempuan) in its 2019 report titled "Hukuman Tanpa Kejahatan" ("Punishment Without Crime").
41. As of today, despite various regulations outlined by Gol in its reports, no sanctions have been imposed on institutions proven to engage in forced placement of contraception and sterilization.

**Recommendations:**

- The Indonesian Government should immediately cease forced sterilization and contraception in Social Care Mental Institutions and take preventive measures, supervision, and firm legal actions against perpetrators of the Law of Sexual Violence Crimes.
- The Indonesian Government is obliged to establish mechanisms for handling, preventing, and monitoring sterilization and contraception in Social Care Mental Institution. Given that Social Care Mental Institutions are susceptible locations for potential forced sterilization and contraception, all efforts to stop, prevent, and monitor such violations must be carried out rigorously and continuously.
- The Government must provide redress for victims of forced sterilization and contraception, including compensation and restitution for the victims.

**Reproductive Health Rights:**

42. In Social Care Mental Institution, IMHA found that the majority of these Institutions do not provide facilities and equipment related to the sexual and reproductive health needs of female and underage female residents. Residents struggle to obtain spare clothes, hygienic underwear, sanitary pads, clean water, and adequate toilets.
43. One of IMHA's findings in May 2023 at the "WS" Social Care Mental Institution in Kebumen involved a female resident named "E," a person with psychosocial disabilities who was forcibly chained and had to allow menstrual blood to flow freely from her vagina, scattering everywhere. To contain her menstrual blood, "E" resorted to collecting dry leaves within the reach of her chained steps. "E" also mentioned experiencing itching in the genital area but never receiving any treatment.
44. "E" and several female residents in the Social Care Mental Institution also suffered wounds with holes and lumps around their breasts.
45. The right to conceive for Persons with Psychosocial Disabilities (PDP) is hindered because most psychiatric medications are not allowed during pregnancy. Additionally, non-medical treatments that could be used as an alternative to chemical medications for women with psychosocial disabilities are not provided by the State and are not included in the social protection scheme.

**Recommendations:**

- The Indonesian government must promptly ensure and guarantee the fulfilment of sexual and reproductive health rights for women with psychosocial disabilities.
- Government-owned sexual and reproductive health services must periodically provide education and reproductive health services to women with psychosocial disabilities residing in Social Care Mental Institution.
- The Indonesian government should impose strict sanctions on the owners/managers of Social Care Mental Institution that violate the sexual and reproductive health rights of women with psychosocial disabilities.
- The Indonesian government should mandate all Social Care Mental Institution to provide sexual and reproductive health facilities for female residents as one of the conditions for obtaining establishment permits.



## **Sexual harassment**

46. Female residents in Social Care Mental Institution experience sexual harassment and abuse from Institution staff. Some findings by IMHA, including a joint visit with MoHLR and MoSA in November 2021 to "Panti ZB" in Bekasi, West Java, revealed that a female resident named D reported to IMHA that she was sexually propositioned by a Social Care Mental Institution staff member twice. D refused, and on the last occasion, the staff member threatened to chain D if she continued to refuse. Until now, the staff member continues to work at Panti ZB without facing any legal sanctions.
47. During an IMHA visit to the private Social Care Mental Institution "TGS" in Cilacap, Central Java, in December 2023, along with representatives from the Ministry of Law and Human Rights (MoHLR), Ministry of Social Affairs (MoSA), Presidential Staff Office, Social Service Office, Health Department, Regional Ministry of Law and Human Rights, and local health centres, the Social Care Mental Institution owner admitted to bathing all residents, including female residents. The Social Care Mental Institution had also claimed to provide massages to female residents.
48. In other Social Care Mental Institution, female residents are often bathed by male staff members. Moreover, many female residents bathe in open spaces where male staff or residents pass through, such as in "Panti G" in Bekasi.

### **Recommendations:**

- The Indonesian government must take action against Social Care Mental Institution owners/managers who engage in sexual harassment against female residents, following the Anti-Sexual Violence Law.
- The Indonesian government should establish mechanisms for preventing, addressing, and recovering from sexual violence against women and underage female residents with psychosocial disabilities in Social Care Mental Institution.
- The Indonesian government must ensure the existence of a complaint mechanism in Social Care Mental Institution.
- The Indonesian government should mandate Social Care Mental Institution to have sexual violence prevention equipment connected to sexual violence handling services and or law enforcement.
- The Indonesian government should tighten the requirements to establish Social Care Mental Institution.

**To Answer List of Issues raised by the ICCPR committee regarding general information on the national human rights situation, specifically number 4 on Non-Discrimination and number 8 on Violence against Women and domestic violence,**

**To respond to the Government of Indonesia's second periodic report numbers 9, 10, 17, 19, 52, 115, and 123, concerning Discrimination on Legal Capacity:**

### **Discrimination on Legal Capacity:**

49. Articles 32, 33, and 34 of Law Number 8 of 2016 regarding disabilities fundamentally state that Persons with Disabilities (PWD) can be declared legally incapacitated through a court ruling. In this determination process, there is no obligation to involve PWD, nor is there a requirement to provide legal counsel for them.

50. Discrimination against PWD is also evident in Article 433 of the Civil Code, which mandates placing Persons with Mental Disabilities under guardianship, stripping them of their legal subjectivity. The guardianship court process in Indonesia is relatively straightforward, allowing placement based on evidence like prescription medication or an outpatient card from a psychiatric clinic.
51. The Penal Code Bill, enacted on January 2, 2023, and set to be effective three years later (in 2026), contains problematic provisions. Article 26 violates the right to legal certainty, as determining guardianship often diminishes PWD's participation rights. The evidence required, such as a prescription or medical record indicating past mental health treatment, may lead to the imposition of guardianship, and guardians themselves could potentially become perpetrators of criminal acts.
52. An illustrative case is an individual with the initials "R" placed under guardianship by a relative through the District Court in Sungai Penuh, Jambi Province. "R" inherited \$36,000 from his parents but was forcibly admitted to a psychiatric hospital in West Sumatra by his sibling and sibling-in-law. His hospital card was then used as evidence for seeking guardianship. "R" only learned about his guardianship rejection by the bank when attempting to access his savings. The bank explained that "R's" sibling would handle all financial matters as the guardian. To date, "R's" entire inheritance remains withheld by his sibling.

#### **Recommendations:**

- The Indonesian government should promptly repeal and revise all discriminatory legislation against Persons with Mental Disabilities.
- The government should revoke Articles 32, 33, and 34 of Law Number 8 of 2016 concerning Persons with Disabilities.
- The government must abolish Article 433 of the Civil Code and ensure that related guardianship provisions are no longer present in the government's ongoing revision of the Civil Code.
- Eliminate the guardianship system in Indonesia, as it is no longer relevant given the availability of treatment for Persons with Mental Disabilities. What is crucial for them is support for decision-making and accessible and adequate healthcare services.

#### **Discrimination against the Right to Employment:**

53. In its second periodic report, the Indonesian Government, in point no.52, states that Indonesia guarantees its citizens the enjoyment of fundamental civil, political, economic, social, and cultural rights enshrined in the 1945 Constitution.
54. However, we found that the Indonesian Government engages in discrimination against Persons with psychosocial disabilities regarding their right to work in the form of Mental Health Certificate requirements that must be fulfilled by every job seeker in Indonesia who wishes to apply for a civil servant position.
55. A Mental Health Certificate (Surat Keterangan Sehat Rohani) is a letter issued by a health services agency to prove that the holder has no mental disorder.

56. The requirement for a mental health certificate is based on Article 75 of Government Regulation No. 17/2020 on Amendments to Government Regulation No. 11 of 2017 regarding the Management of Civil Servants, as well as Article 20 of the Regulation of the Ministry of Administrative and Bureaucratic Reform of the Republic of Indonesia No. 14 of 2023 concerning the Recruitment of Government Employees with Employment Agreements for Functional Positions.
57. Both articles state that all Persons who wish to apply to become civil servants must be physically and mentally sound by the requirements of the position being applied for.
58. This rule is then widely followed by state-owned enterprises (SOEs) and private companies, ultimately marginalizing Persons with mental disabilities from employment.
59. In Article 154A of Law No. 6 of 2023 concerning the Stipulation of Government Regulations in Lieu Law No. 2 of 2022 concerning Job Creation into Law, it is regulated that workers who become disabled due to work accidents can be terminated if they do not perform their duties after more than one year. This rule still uses ableist terminology, using the term "defect" instead of "disability."

**Recommendations:**

- The Government must immediately abolish policies related to physical and mental health in every job application and occupation requirement because a person's disability is unrelated to their ability to think and their skills.
- The Government must repeal Article 75 of Government Regulation No. 17/2020 concerning Amendments to Government Regulation No. 11 of 2017 concerning the Management of Civil Servants.
- The Government must revoke Article 20 of the Regulation of the Ministry of Administrative and Bureaucratic Reform of the Republic of Indonesia No. 14 of 2023 concerning the Recruitment of Government Employees with Employment Agreements for Functional Positions.
- The Government must ensure that disability quotas, 2% for civil servants and 1% for the private sector, are fulfilled without ableist conditions for Persons with Disabilities and ensure the availability of adequate accommodations.
- The Indonesian Government should immediately repeal Article 154A of Law No. 6 of 2023 concerning the Stipulation of Government Regulations in place of Law No. 2 of 2022 concerning Job Creation into Law.

**\*\*To address the List of Issues from the ICCPR Committee regarding Non-Discrimination, Gender Equality, Violence Against Women, Domestic Violence, and Prohibition of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment:\*\***

**To respond to the Government of Indonesia's second periodic report, particularly numbers 97, 115, 116, 119, 133, and 175:**

60. Social Care Mental Institution have a closed and limited system that denies residents the freedom to enter and leave freely, making it impossible for women with psychosocial

disabilities inside to report torture, inhuman treatment, and sexual harassment by officers to the Police or service institutions (medical, Social Care, legal aid, psychiatrists/psychologists).

61. IMHA and the Indonesian Women's Coalition's research (Voices Silenced, 2023) found that the majority of female residents in these centres are victims of domestic violence. Their husbands or other family members forcibly admit many.
62. In 2022, IMHA received a direct report from a woman named 'TS' during a visit to centre 'C' in Sleman, DI Yogyakarta. TS told of being deceived by her husband and a mental hospital collaborating with the centre to lock her up. TS sought IMHA's help to connect her with Legal Aid because she was forcibly admitted and experienced domestic violence from her husband.
63. Even if Persons with mental disabilities have access to file complaints directly with the police, their rights and protections are not guaranteed. In many cases, police officers often question the accuracy of the complaints from people with disabilities due to the prevailing legal perspective in Indonesia that does not consider them as legal subjects with guaranteed rights and perceives them as lacking legal capacity.
64. Almost all women confined in centres lose the right to care for their children. They are separated from their children and deemed incapable of raising them. Pregnant women in the centres also lose custody of their children, who are given to orphanages or adopted by others without the mother's consent.
65. Law No. 8 of 2016 on Persons with Disabilities, Article 125, mandates the provision of Information and Rapid Action Service Units for women and children with disabilities who are victims of violence, and Article 127 adds that there needs to be easily accessible Social Care Mental Institution for women and children with disabilities who are victims of violence. However, until today, these provisions have not been implemented. Violence-handling institutions and Social Care Mental Institution still reject people with disability who experience violence in rehabilitation centres. One example is the case of TS in Yogyakarta, accompanied by IMHA. TS was denied because her presence would endanger shelter staff. Instead of helping TS obtain justice, these staff members reported TS to her husband, the perpetrator of the violence, who admitted her to the centre.

#### **Recommendations:**

- The government must establish and provide a complaint mechanism to ensure the safety and security of female residents in Social Care Mental Institution.
- The government should tighten the requirements for establishing Social Care Mental Institution, considering the protection of the rights of women with psychosocial disabilities, including the right to be free from gender-based violence.
- The government must provide periodic outreach services as prevention and complaint services directly implemented in Social Care Mental Institution. This outreach service includes legal and counselling services.
- The government must ensure protection for women residents in Social Care Mental Institution who are victims of violence from threats, intimidation, and various other dangers from perpetrators.

- The government must ensure that services and personnel dealing with violence and Social Care Mental Institution have a disability perspective and do not stigmatize Persons with disabilities.