LEGAL PROTECTION FOR BULLYING VICTIMS IN MEDICAL PROFESSIONAL EDUCATION FROM A VICTIMOLOGY PERSPECTIVE

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Abstract

Bullying in medical professional education is carried out with the intent to harm, intimidate, or cause discomfort to the participants, using methods such as academic, physical, verbal, and financial bullying. These behaviors are driven by personal, interpersonal, external, and contextual factors. The aim of this study is to identify the forms and causes of bullying in medical professional education, the legal protection regulations, and the legal actions that victims can take. This research is a normative juridical study with a legislative, conceptual, and analytical approach. Legal protection against bullying victims can be preventive and repressive. Victims can seek legal action through restorative justice, complaints to the Ministry of Health, or criminal reports under the Criminal Code (KUHP) and the ITE Law.

I. Introduction

Bullying or harassment is a form of physical, verbal, and psychological violence aimed at injuring, intimidating, or causing discomfort to an individual[1]. Bullying occurs frequently around us but is often overlooked and difficult to stop because it is considered common, even ingrained in the culture. Bullying is a serious problem that happens in various environments, including in Medical Specialist Education (Pendidikan Profesi Dokter Spesialis/PPDS). Doctors play an important role in healthcare services, but bullying in

[1] Alif Muhammad Sudarmanto, Aldi Maheswara Wisnuwardhana, Ilma Mufidatul Aufa, Janice Nathania Adiwijaya, William Ricardo, Sigid Kirana Lintang Bhima, dan Kristianti Hartiana, "Tinjauan Etik dalam Pelaporan dan Penindakan Kasus Perundungan di Pendidikan Kedokteran", Jurnal Kebijakan Kesehatan Indonesia: JKKI, Volume 13 Nomor 02, Tahun 2024, hal 91.

medical professional education has been on the rise. Mental pressure, intimidation, and extortion are suspected to have become part of the educational process [2].

This bullying has a negative impact on the mental well-being of medical education participants and can affect the quality of education and medical services[3]. In March 2024, the Ministry of Health conducted a mental health screening for participants of the Medical Specialist Education Program (PPDS) in 28 Vertical Hospitals involving 12,121 respondents (94% of the total 12,883 PPDS students). The screening results indicated that 2,716 respondents, or 22.4%, experienced mild to severe depression symptoms. Additionally, within the two weeks prior to the screening, 399 respondents, or 3%, reported feeling suicidal thoughts, with 25 respondents, or 0.2%, experiencing these feelings almost daily[4]. These results reflect that PPDS is a heavy burden, even though not all respondents experience bullying.

This is further supported by information from the Ministry of Health, which reported receiving 1,500 complaints via its complaint channel as of September 3, 2024. After verification, 542 reports were found to be cases of bullying. Of these, 221 occurred at various Vertical Hospitals, which are almost exclusively used for PPDS training[5]. The data presented by the Ministry of Health is consistent with several tragic cases and testimonies from PPDS participants, highlighting the destructive impact of bullying in medical professional education. One well-known bullying case involved Dr. Aulia Risma Lestari (Dr. ARL), a participant in the Anesthesiology Specialist Program at Diponegoro University (UNDIP) at Dr. Kariadi Hospital Semarang, who died, suspected of suicide due to severe stress caused by working hours exceeding 24 hours, extortion of 20 to 40 million rupiah per month, and other forms of bullying[6]. The Central Java Police named three suspects: the Head of the Program, an administrative staff member, and a senior resident in the PPDS

[2] Bunga Meisa Rouly Siagian dan Ratumas Amaraduhita R. Arham, Perundungan Peserta Didik Program Pendidikan Dokter Spesialis (PPDS): Sejauh Mana Perlindungan Hukum terhadap Korban Perundungan?, Kartika Rouly Law Firm, hal. 1.

[3] Lisda Pradita Wardhany, M. Khoirul Huda dan Mohammad Zamroni. "Tanggung Jawab Hukum Rumah Sakit Pendidikan pada Peserta Program Pendidikan Dokter Spesialis dari Tindakan Perundungan", Yustitiabelen, Volume 10 Nomor 2, Tahun 2024, halaman 133.

[4] Hasil Skrining Kesehatan Jiwa PPDS RS Vertikal Pendidikan, (Jakarta, Kementerian Kesehatan Republik Indonesia, 2024), halaman 2.

[5] Lintang Budiyanti Prameswari, "Kemenkes Paparkan Ada 542 Laporan Terkait Perundungan", 2024, https://www.antaranews.com/berita/4306267/kemenkes-paparkan-ada-542-laporan-terkait-perundungan, diakses tanggal 17 November 2024.

[6] Jawa Pos, "Heboh! Kemenkes Temukan Bukti Baru Buntut Kasus Kematian dr. Aulia Risma: Dipaksa Setor Rp 20-40 Juta per Bulan ke Senior", https://radarlawu.jawapos.com/peristiwa/2205044958/heboh-kemenkes-temukan-bukti-baru-buntut-kasus-kematian-dr-aulia-risma-dipaksa-setor-rp-20-40-juta-per-bulan-ke-senior, diakses tanggal 2 Oktober 2024.

Anesthesiology program at UNDIP[7]. Another bullying incident occurred in the Neurosurgery PPDS at Padjadjaran University (UNPAD) at Hasan Sadikin Hospital (RSHS) Bandung in mid-2024, resulting in sanctions for 10 perpetrators, including one lecturer and nine senior residents, for acts such as demanding a certain amount of money (Rp 65 million per student) to meet senior residents' needs, physical punishment for lateness, using foul language, and assigning tasks outside the curriculum[8].

In addition to the negative impact, bullying contradicts the values of Pancasila, violates Human Rights, and constitutes a criminal act. Legal protection for victims of bullying in medical professional education is regulated under Law No. 17 of 2023 on Health (Health Law), but this regulation does not provide detailed provisions, making it necessary to adopt other regulations such as the Minister of Health's Instruction No. HK.02.01/Menkes/1512/2023 (Ministerial Instruction 1512/2023) on the Prevention and Handling of Bullying Against Medical Education Participants in Educational Hospitals under the Ministry of Health and Government Regulation No. 28 of 2024 on the Implementation of the Health Law (PP 28/2024), as well as other legal frameworks like the Criminal Code (KUHP) and Law No. 1 of 2024, which amends Law No. 11 of 2008 on Electronic Information and Transactions (ITE Law). Despite these regulations, legal protection for medical students is not optimal due to the absence of a legal framework specifically addressing bullying, as well as effective reporting and handling procedures[9]. Based on this, there is a need for focused legal protection for medical professional education participants. Bullying in medical professional education is a complex issue that requires serious attention and handling, and thus requires decisive and concrete actions as well as active cooperation from all parties involved.

Some examples of bullying cases in medical professional education in Indonesia:

1. Bullying Case in the Anesthesia Study Program, PPDS UNDIP at RSUP Dr. Kariadi
   This case involved Dr. Aulia Risma Lestari (Dr. ARL), a participant in the PPDS

[7] Haris Firdaus dan Kristi Dwi Utami, "Kronologi Perundungan Mahasiswi PPDS Undip Hingga Tiga Orang Jadi Tersangka", 2024, https://www.kompas.id/artikel/kronologi-perundungan-mahasiswi-ppds-undip-hingga-tiga-dokter-jadi-tersangka, diakses tanggal 27 Desember 2024.

[8] Fabio Maria Lopes Costa, "Mahasiswa Dokter Spesialis Unpad RSHS Alami Kekerasan Fisik dan Pemerasan", 2024, https://www.kompas.id/baca/nusantara/2024/08/17/perundungan-mahasiswa-dokter-spesialis-di-rshs-bandung-pelaku-sebanyak-10-orang, diakses tanggal 1 November 2024.

[9] Lisda Pradita Wardhany, M. Khoirul Huda dan Mohammad Zamroni, *Op. Cit*., hal 134.

Anesthesiology Program at UNDIP, who was found dead on August 12, 2024, suspected to have committed suicide due to severe stress. The family reported the incident to the Central Java Police on September 4, 2024, citing threats, intimidation, and extortion. They stated that Dr. ARL had experienced various forms of bullying during her time in the PPDS since 2022, including working hours exceeding 24 hours, using her personal funds to buy and prepare food for senior residents, and alleged demands for money ranging from Rp 20 million to Rp 40 million per month for senior residents' needs. As of the time of this research, the police had named three suspects: the Head of the Program, an administrative staff member, and a senior resident at the PPDS Anesthesiology Program at UNDIP[10].

2. Bullying Case in the Orthopedics and Traumatology Study Program, PPDS UGM at RSUP Dr. Sardjito Yogyakarta, One participant in the Orthopedics and Traumatology PPDS at Universitas Gadjah Mada (UGM) at the end of 2019, Marcelius Patria Prabaniswara (Marcel), admitted to experiencing symptoms of depression due to frequent bullying by senior residents[11]. When making mistakes that senior residents disapproved of, PPDS participants would be bullied, including being yelled at for being late in replying to WhatsApp messages, being asked to do tasks for seniors, and physical violence. Often, junior residents were forced to work extra hours to assist their senior colleagues, as seniors had the power to determine their junior colleagues' grades. The case ended with Marcel deciding to quit the PPDS at UGM, and he continued to suffer from depression even after leaving, requiring regular psychological consultations[12].
3. Bullying Case in the Neurosurgery Study Program, PPDS UNPAD at RSHS Bandung Bullying occurred in the Neurosurgery PPDS at Universitas Padjadjaran (UNPAD) at Hasan Sadikin Hospital (RSHS) in Bandung in June 2024. According to data on ethics and bullying law issued by the Ministry of Health, the bullying included demands for Rp 65 million per student to meet senior residents' personal needs, physical punishment for tardiness, the use of harsh language to address juniors, particularly females, and

[10] Haris Firdaus dan Kristi Dwi Utami, *Op. Cit.*

[11] Adhitya Ramadhan, "Perundungan dalam Pendidikan Dokter Spesialis Belum Hilang. Apa yang Sebenarnya Terjadi?", 2024, https://www.kompas.id/baca/humaniora/2024/08/16/perundungan-1, diakses tanggal 28 November 2024.

[12] Hammam Izzudin, "Mengubur Mimpi dan Depresi, Dugaan Calon Dokter Spesialis PPDS UGM Dirundung dan Alami Kekerasan Fisik di RS Sardjito", 2024, https://mojok.co/liputan/ragam/pengakuan-calon-dokter-spesialis-ugm-korban-kekerasan/, diakses tanggal 26 November 2024.

assignments outside the curriculum such as shoe polishing, pet care, and delivering laundry[13].

The impact of bullying can be categorized as follows:

1. Physical impact, which may occur directly through physical bullying or indirectly through psychological stress, which physiologically affects health such as a decrease in immunity and increased stomach acid[14].
2. Psychological impact, ranging from inferiority, stress, damaged motivation, decreased self-confidence, anxiety, anger, depression, to suicide[15].
3. Social impact, which can include reduced performance, academic achievements, and even resignation from the educational program[16].

According to Fitzgerald, the theory of legal protection stems from the natural law theory, which holds that law originates from God and that law and morality cannot be separated. The law aims to regulate various interests within society, holding the highest authority to determine what needs to be regulated and protected[17]. According to Satjipto Rahardjo, legal protection involves providing protection for human rights that have been violated by others, and this protection is granted to society so they can enjoy the rights granted by the law[18]. Essentially, legal protection is a universal concept in a rule-of-law state. Legal protection can be distinguished as follows[19]:

1. Preventive legal protection, which aims to prevent violations and provide guidelines or limits when fulfilling obligations.
2. Repressive legal protection, which involves sanctions such as fines, imprisonment, and additional penalties given after a violation has occurred.

According to Article 1, Paragraph 3 of Law No. 31 of 2014 on Amendments to Law

[13] Fabio Maria Lopes Costa, *Op. Cit.*

[14] Yuanita Mulyastuti, Tri Wahju Astuti, Diah Royani Meisani, Rachmad Sarwo Bekti, Hikmawan Wahyu Sulistomo, Zuhrotun Ulya, Nuretha Hevy Purwaningtyas, Frilya Rahma Putri, Dearisa Surya Yudhantara dan Ayunda Dewi Jayanti Jilan Putri, *Op. Cit.,* hal. 102-103.

[15] Krisna Yuarno Phatama, Ery Satriawan, Istan Irmansyah Irsan, Edy Mustamsir, Agung Riyanto Budi Santoso, *Op. Cit.*, hal. 58.

[16] Yuanita Mulyastuti, Tri Wahju Astuti, Diah Royani Meisani, Rachmad Sarwo Bekti, Hikmawan Wahyu Sulistomo, Zuhrotun Ulya, Nuretha Hevy Purwaningtyas, Frilya Rahma Putri, Dearisa Surya Yudhantara dan Ayunda Dewi Jayanti Jilan Putri, *Op. Cit.,* hal.102-103.

[17] Satjipto, Rahardjo, *Ilmu Hukum,* (Bandung: Citra Aditya Bakti, 2000), hal. 53.

[18] Febranisa Erin, 2023, "Perlindungan Hukum Terkait Pembayaran Upah yang Mengalami Penundaan Terhadap Tenaga Kerja Asing Di PT. Rana Global Cikarang Kabupaten Bekasi dalam Perspektif Hukum Ketenagakerjaan, Skripsi, Fakultas Hukum Universitas Pasundan, Bandung, hal. 22.

[19] Satjipto, Rahardjo, *Op. Cit.*

No. 13 of 2006 on Witness and Victim Protection (Law on Witness and Victim Protection), a victim is someone who suffers physical, mental, and/or economic harm due to a criminal act[20]. The existence of witnesses and victims in revealing criminal acts is vulnerable to threats that may harm them, their families, or their property. Therefore, witnesses and victims are protected from such threats. Victim and witness protection in Indonesia is regulated under the Witness and Victim Protection Law.

Based on the above explanation, it is clear that bullying is a complex problem with destructive impacts, and the existing regulations are not yet fully effective. In light of this, the author intends to conduct research on bullying in medical professional education, with the study titled "Legal Protection for Victims of Bullying in Medical Professional Education from a Victimology Perspective." This study uses a literature-based approach, case data analysis, and policy review to comprehensively examine strategies and policies implemented to provide legal protection for bullying victims in medical professional education. By evaluating current policies and identifying existing challenges, this study aims to assess their effectiveness and propose actionable improvements.

The key issues to be addressed in this study include:

1. How does bullying occur in medical professional education in Indonesia?
2. How is legal protection for victims of bullying in medical professional education regulated in Indonesia?
3. What legal actions can medical education participants take if they are victims of bullying?

II. Research Method

This research is a normative juridical study with a descriptive-analytical nature. Normative juridical research is conducted by examining legislation, theories, concepts, legal principles, and norms related to bullying in medical professional education. The descriptive-analytical nature of this research means that it describes, studies, explains, and analyzes legal regulations to obtain a comprehensive and in-depth understanding of the issues discussed. The approach used in this research includes the legislative approach, conceptual approach,

[20] Undang-Undang Nomor 31 Tahun 2014 tentang Perubahan Atas Undang-Undang Nomor 13 Tahun 2006 tentang Perlindungan Saksi dan Korban.

and analytical approach.

Data collection was carried out through a literature study. The data used is secondary data, including primary legal materials, secondary legal materials, and tertiary legal materials. Primary legal materials include laws and regulations related to the research topic. Secondary legal materials consist of books, research journals, and other literature. Tertiary legal materials include dictionaries, encyclopedias, and information sourced from the internet, among others. These legal materials were then inventoried, identified, and interpreted based on legal norms and the research approach. Conclusions were drawn using a deductive reasoning method, which involves drawing conclusions from general principles to specific cases.

III. Results and Discussion

Bullying in Medical Professional Education in Indonesia

Bullying in medical professional education occurs through various modes of operation and is caused by several factors as follows:

1. Modes of Operation of Bullying in Medical Professional Education

   Bullying in medical professional education in Indonesia includes:

   a. Academic Bullying, which includes:

      1) Overburdening with on-call duties, as seen in the bullying case involving Dr. ARL at UNDIP.
      2) PPDS participants being asked to do senior's tasks, as experienced by Marcel, a PPDS participant at UGM. For juniors, it is difficult to refuse these tasks because their grades are determined by the seniors[21].
      3) Assigning tasks outside the medical education curriculum, as occurred in the bullying case at UNPAD, where juniors were tasked with polishing shoes, taking care of pets, and delivering laundry[22].

   b. Physical Bullying, experienced by Marcel at UGM PPDS, who was beaten and had papers thrown at him for making mistakes[23]. This also occurred at UNPAD, where physical punishment was seen as a penalty for tardiness[24].

   c. Verbal Bullying, including:

[21] Adhitya Ramadhan, *Op. Cit.*
[22] Fabio Maria Lopes Costa, *Op. Cit.*
[23] Hammam Izzudin, *Op. Cit.*
[24] Fabio Maria Lopes Costa, *Op. Cit.*

1) The use of foul language in communication, experienced by Dr. ARL, who was frequently punished and verbally abused by seniors, and by Marcel and other junior residents at UGM, who were yelled at for responding late to phone calls or WhatsApp messages.
2) Using inappropriate nicknames, which occurred at UNPAD where senior residents frequently called junior female students by vulgar names.

d. Financial Bullying, where money is demanded outside the official educational costs for personal needs of seniors. Dr. ARL at UNDIP was frequently asked to buy and prepare food for seniors with her personal money, contribute money for writing senior research papers, and allegedly had to pay between Rp 20 million and Rp 40 million per month. This also occurred at UNPAD, where a demand for Rp 65 million was made for senior needs.

Factors Causing Bullying in Medical Professional Education

Bullying in medical professional education in Indonesia is caused by:

a. Personal Factors, including:

1) Lack of understanding and knowledge. Medical education participants often rationalize bullying as a functional educational tool, making them feel that there is no need to report such incidents.
2) Unresolved emotions can lead someone to become a bully. For example, a person who has been bullied but does not fight back may harbor unresolved emotions, making them more likely to become the next bully as a form of release or revenge.

b. Interpersonal Factors, including:

1) Strong hierarchy and seniority create the perception that juniors are inferior, leading seniors to feel entitled to pressure juniors. Juniors often find it difficult to resist because they fear it will affect their performance evaluations and the smooth running of their education.
2) Differences in background and emotional maturity. Intense interactions, combined with differences in social, economic, and cultural backgrounds, as well as emotional maturity, can lead to friction between seniors and juniors.
3) Poor communication. A "silent" culture makes bullying harder to stop. In everyday life, doctors and/or nurses often witness situations that do not meet proper practice standards, but these issues are rarely discussed effectively, especially regarding efforts to prevent bullying.

c. External Factors, including:

1) Psychosocial stress. Bullies typically have negative psychosocial traits caused by stress. Psychosocial stress results from changes in social situations that disrupt a person's mental balance.
2) Financial problems. PPDS participants, who do not receive remuneration for their services and struggle to meet their living expenses, may resort to

financial bullying to meet their needs.

d. Contextual Factors, including:

1) Unclear standards, such as the lack of clear guidelines on on-call times and tasks related to academic work. The absence of clear standards makes it easier for seniors to treat juniors arbitrarily.
2) High workload and pressure can lead to stress or depression. Stress or depression that is not properly managed can encourage someone to vent their emotions on others.
3) Learning environment neglecting professionalism. In medical education, the relationship between seniors and juniors should be one of teacher and student, but often seniority is abused to pressure juniors into compliance, which results in the neglect of professionalism.
4) Inadequate supervision by universities and hospitals on bullying cases makes it difficult to eradicate bullying. When bullying cases occur, universities and hospitals tend to cover them up and fail to take these cases seriously.
5) Poor role models. Bullying in medical professional education is difficult to stop because it is viewed as an attitude and behavior passed down through generations as a cultural inheritance. Tolerating and accepting such intimidating behavior will lead the next generation to imitate it.

Legal Protection for Bullying Victims in Medical Professional Education in Indonesia

Legal protection for bullying victims in medical professional education in Indonesia includes:

1. Preventive Legal Protection

This type of protection aims to prevent violations and provide guidelines or limits in fulfilling obligations. Preventive legal protection against bullying in medical professional education in Indonesia is outlined in:

a. The 1945 Constitution (Amendment). The recognition and protection of human rights are key characteristics of a rule of law state. Human rights are fundamental rights inherent in individuals from birth, granted directly by God, and cannot be revoked. They must be respected, upheld, and protected by the state, law, government, and every individual to ensure human dignity. Indonesia is also obligated to implement protection and enforcement of human rights as it has ratified international agreements related to human rights enforcement[25]. In general, legal protection for human rights is regulated under Article 28 of the 1945 Constitution (Amendment), and specifically, protection for medical

[25] Eko Hidayat, Perlindungan Hak Asasi Manusia dalam Negara Hukum Indonesia", Asas: Jurnal Hukum dan Ekonomi Islam, Volume 8 Nomor 2, Tahun 2016, hal. 80.

professional education participants is covered in Article 28G paragraph (1)[26].

b. Human Rights Law (UU HAM). Human rights protection for medical professional education participants is also regulated in Articles 30 and 33(1) of the Human Rights Law, where bullying is considered an act that degrades human dignity. The Human Rights Law serves as the umbrella for all human rights-related legislation in Indonesia. Thus, any violation of human rights, either directly or indirectly, is subject to criminal, civil, and/or administrative sanctions according to the applicable laws[27].

c. Health Law (UU Kesehatan). Legal protection for medical professional education participants is found in Article 219(1) b, d, and e, but this regulation does not provide legal certainty because[28]:

1) It does not explain in detail the concrete forms of these rights.
2) It does not provide clear guidelines on rest times as stated in Article 219(1) b of the Health Law, which makes it difficult for universities and medical faculties to set clear rules for the study, practice, and rest times when drafting PPDS curricula.
3) It fails to define physical, mental violence, and bullying as described in Article 219(1) d, leading to misinterpretations and potential loopholes for continued bullying.
4) It does not specifically define the form and amount of compensation for PPDS participants as described in Article 219(1) e.

d. PP 28/2024 regulates the supervision and development of medical education. Based on Article 587 of PP 28/2024, medical specialist education activities are supervised by the Ministry of Education and Culture (Kemendikbudristek) and the Ministry of Health (Kemenkes). While this regulation serves as the implementation regulation for the Health Law, PP 28/2024 still does not

[26] Humas Kemenkumham Banten, "Dirjen HAM Serukan Tindakan Tegas Atasi Perundungan di Program Dokter Spesialis", 2024, https://banten.kemenkum.go.id/berita-utama/dirjen-ham-serukan-tindakan-tegas-atasi-perundungan-di-program-dokter-spesialis, diakses pada tanggal 6 Desember 2024.
[27] Penjelasan Umum Undang-Undang Nomor 39 Tahun 1999 tentang Hak Asasi Manusia.
[28] Bunga Meisa Rouly Siagian dan Ratumas Amaraduhita R. Arham, *Op. Cit.,* hal. 11.

specifically address the rights of medical education participants or sanctions for bullying in medical professional education.

e. Minister of Health's Instruction No. 1512/2023 was issued with the aim of providing guidelines for leaders, educators, staff, and students to prevent and effectively handle bullying[29]. The Ministry of Health provides a complaint channel for PPDS participants who are bullying victims through the link: https://perundungan.kemkes.go.id or the phone/WhatsApp number: 0812-9979-9777. This regulation also outlines administrative sanctions for bullying perpetrators and requires all hospital staff and medical students to sign a Code of Conduct.

2. Repressive Legal Protection

This protection involves penalties such as fines, imprisonment, and additional sanctions after a violation occurs. Since there is no specific regulation on criminal sanctions for bullying in medical professional education in Indonesia, repressive legal protection for bullying victims in medical professional education is provided using existing laws that cover criminal sanctions and related elements. Repressive legal protection for bullying victims in medical professional education includes:

a. ITE Law (UU ITE). Bullying that occurs in cyberspace can be prosecuted under the ITE Law, including:

1) Article 27(1) jo. Article 45(1) for sexual harassment through electronic systems, punishable by up to 6 years in prison and/or a fine of up to IDR 1 billion.

2) Article 27A jo. Article 45(4) for defamation via electronic systems, punishable by up to 2 years in prison and/or a fine of up to IDR 400 million.

3) Article 27B(1) jo. Article 45(8) for extortion involving threats of violence through electronic systems, punishable by up to 6 years in prison and/or a fine of up to IDR 1 billion.

4) Article 29 jo. Article 45B for threats of violence and/or intimidation through

[29] Instruksi Menteri Kesehatan Nomor HK.02.01/MENKES/1512/2023 tentang Pencegahan dan Penanganan Perundungan terhadap Peserta Didik Pada Rumah Sakit Pendidikan di Lingkungan Kementerian Kesehatan.

electronic systems, punishable by up to 4 years in prison and/or a fine of up to IDR 750 million.

b. Criminal Code (KUHP). Bullying that occurs in person can be prosecuted using the Criminal Code, including:
   1) Article 170 KUHP for mobbing, punishable by up to 5 years and 6 months in prison.
   2) Article 289 KUHP for sexual harassment, punishable by up to 9 years in prison.
   3) Article 310 KUHP for defamation, punishable by up to 9 months in prison or a fine of up to IDR 4,500.
   4) Article 311 KUHP for slander, punishable by up to 4 years in prison.
   5) Article 351 KUHP for assault, punishable by up to 2 years and 8 months in prison or a fine of up to IDR 4,500.
   6) Article 368(1) for extortion involving threats of violence, punishable by up to 9 years in prison.

Legal Actions Victims of Bullying in Medical Professional Education Can Take

1. Through restorative justice, such as reaching a peace agreement between the victim and the perpetrator. Restorative justice is an approach in the criminal justice system that focuses on restoration, reconciliation, and the repair of relationships damaged by criminal actions, emphasizing efforts to address the root causes and psychological, social, and emotional impacts on the victim, perpetrator, and society.[30]

2. Reporting bullying through the reporting unit provided by the Ministry of Health, via the link https://perundungan.kemkes.go.id or WhatsApp/phone number: 0812-9979-9777. Any reports received through this channel will be followed up. If the reports are verified as bullying, administrative sanctions will be imposed on the perpetrators

[30] Info Hukum, "Restorative Justice Pengertian, Dasar Hukum, Syarat, dan Penerapan", 2025, https://fahum.umsu.ac.id/info/restorative-justice-pengertian-dasar-hukum-syarat-dan-penerapan/#:~:text=Apa%20Itu%20Restorative%20Justice?,dapat%20mengurangi%20tingkat%20pengulangan%20kejahatan., diakses tanggal 27 November 2024.

according to the Ministry of Health Instruction No. 1512/2023.

3. Filing a criminal report based on the following provisions:
    a. For bullying involving mobbing, criminal reporting can be based on Article 170 KUHP.
    b. For sexual harassment, criminal reporting can be based on Article 289 KUHP. If committed through electronic systems, reporting can be based on Article 27(1) jo. Article 45(1) ITE Law.
    c. For defamation, criminal reporting can be based on Article 310 KUHP. If committed through electronic systems, reporting can be based on Article 27A jo. Article 45(4) ITE Law.
    d. For slander, criminal reporting can be based on Article 311 KUHP.
    e. For assault, criminal reporting can be based on Article 351 KUHP. Examples of assault include physical violence.\
    f. For extortion with threats of violence, criminal reporting can be based on Article 368(1) KUHP. If committed through electronic systems, reporting can be based on Article 27B(1) jo. Article 45(8) ITE Law.
    g. For threats of violence or intimidation through electronic systems, criminal reporting can be based on Article 29 jo. Article 45B ITE Law.

IV. Conclusion

Bullying in medical professional education in Indonesia is carried out through various modes and is caused by personal, interpersonal, external, and contextual factors. Legal protection against bullying in medical professional education includes preventive and repressive legal protection. Preventive legal protection aims to prevent violations and is provided under the 1945 Constitution, the Human Rights Law, the Health Law, PP No. 28/2024, and the Ministry of Health Instruction No. 1512/2023. Repressive legal protection includes penalties such as fines, imprisonment, and additional sanctions as outlined in the Criminal Code and ITE Law.

Legal actions available for medical professional education participants who are victims of bullying include restorative justice, filing complaints through the Ministry

of Health's reporting unit, or filing criminal reports based on the Criminal Code and ITE Law.

V. Suggestions

The following are suggestions for addressing bullying in medical professional education in Indonesia:

1. Provide better training and education for all stakeholders about bullying, its impacts, how to recognize it, and how to address it.
2. Build a culture within medical professional education institutions that prioritizes fairness, respect, and support while not tolerating bullying.
3. Implement mental health programs or counseling services to provide emotional support to both bullying victims and perpetrators.
4. Provide remuneration for PPDS participants to minimize financial bullying due to financial difficulties.
5. Establish a legal framework specifically addressing bullying with clear and comprehensive regulations, including firm sanctions.
6. Enhance coordination and cooperation between the Ministry of Health and the Ministry of Education and Culture to create clear technical regulations regarding bullying in medical professional education.
7. Prioritize resolving bullying cases through restorative justice.
8. Establish protection mechanisms for witnesses and victims of bullying when reporting bullying incidents.

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