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Introducing the Relationship of Mental Disorder and Terrorism in Indonesia: A Study Case from Mentally Disorder Former Terrorist

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Abstract

Religion-motivated terrorism still substantially affected Indonesia in recent years. Whole-of-government and whole-of-society had attempted counter-terrorism efforts to combat radical-terrorism from all possible aspects. Nevertheless, analyses and studies regarding mental disorders are still neglected in Indonesian counter-terrorism policies. The current law for dealing with perpetrators of terrorism does not consider their mental disorders. The writing reviews the experiences of two former terrorism convicts in Indonesia who experience mental disorders from law and psychological perspectives. The research uses a qualitative approach with a case study model through in-depth interviews and document studies. As a result, the research prioritizes the development of studies on the issue of mental disorders in terrorism prevention policies in Indonesia while building social awareness. This paper is an initial finding in providing an overview of the correlation between countering terrorism and mental disorders. It also encourages psychological intervention as a basic need and the government, professionals, and academics to collaborate in conducting further research as a foundation for formulating mental health-based counter-terrorism policies in Indonesia.

Keywords: Counter-Terrorism Law, Mental Disorder, Former Terrorists, Psychological Interventions, Social Awareness

1. Introduction

The issue of mental disorders and mental health has not apparently been a concern in the criminal justice system implementation in Indonesia (Bukhori, 2012). The criminal justice system starts with arrest, detention, prosecution, and the trial court processes, then ends with the execution of crimes in correctional institutions (Yesmil Anwar & Adang, 2009). The New Indonesian Criminal Code (2023) has also explained mental

disorders and mental health. According to Article 38 of the new Indonesian Criminal Code, people with a mental disorder and/or intellectual disability committing a crime can get a prison sentence remitted and/or be subject to action. Then in Article 39, it is explained that every person whose a mental disorder at the time of committing a crime that is in a state of acute relapse and is accompanied by psychotic features and/or a moderate or severe degree of intellectual disability cannot be criminally charged, but can be the subject to action.

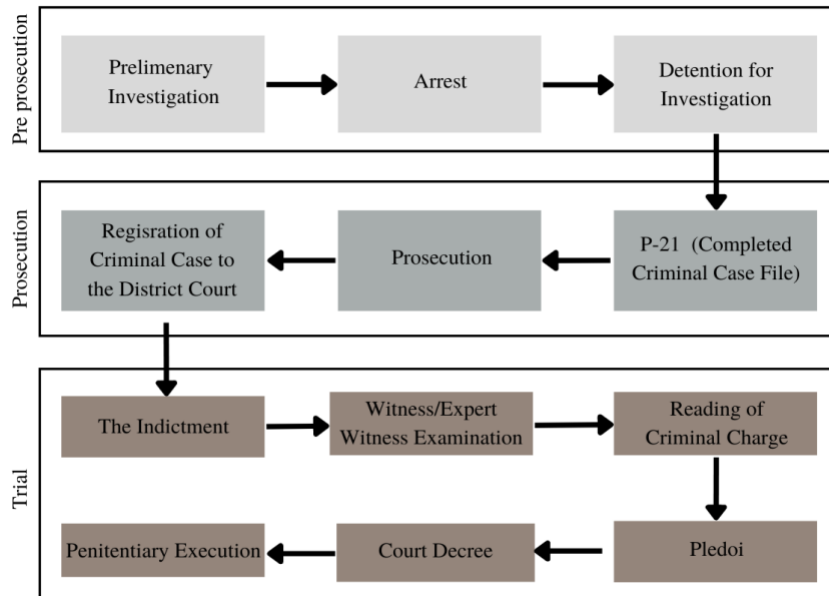


Figure 1: Indonesia's Criminal Justice System

Source: Processed by the author

In this criminal justice process, identifying mental disorders is often ruled out. In each of these stages, there are no mechanisms or expertise involved in recognizing psychotic disorders. Unfortunately, the concern had not been taken seriously in implementation. An example occurred in the case of a prisoner who experienced mental disorders yet still served his sentence in the Class IIA Prison in Pekanbaru and was convicted by the court of committing the crime of premeditated murder. The perpetrator had shown signs of a mental disorder for about two years in Prison (Manik, 2019). In addition, there were two convicts at Kedung Pane Semarang Class I Prison with the initials FE, 31 years old who had been in prison for 8 years and BSN aged 24 who had been in prison for 5 years were diagnosed with schizophrenia (Muwahidah & Sugiasih, 2019). It is different with several cases of defendants who already have mental disorders before the justice process, such as the case of religious blasphemy by SM in Bogor in 2020 (Cibinong District Court Verdict, 2019) and torture that caused injuries in North Sumatra in 2020 (Sibolga District Court Verdict, 2020), as well as the murder and mutilation committed by PB, a policeman in Melawi, West Kalimantan in 2016 (West Kalimantan High Court Verdict, 2017). Based on the court's decision and *Visum et Revertum Psychiatricum*, the three defendants experienced mental disorders with the type of acute schizophrenia disorder. On this basis, the three cases should not be accounted for and the three defendants were released from all lawsuits because they were proven to have mental disorders.

Based on WHO data in 2022, there are eleven million convicts globally experiencing mental health. Those who are in Correctional Institutions have two to sixteen times more experiencing psychosis disorder and two to six times more experiencing depression than common people. Women convicts also have two times more experience of mental disorders than common people (WHO Europe, 2022). Convicts in prisons have more mental health disorders prevalence than common people (Butler et al., 2006). There are some cases of convicts that have mental health problems before they commit the crime, but it usually appears to convicts when they are in the prison.

Not least in the case of terrorism, the neglect of the issue of mental disorders and mental health also occurs. As a crime classified as *lex specialis*, it turns out that awareness and concern for psychological aspects are still marginalized. The context of this research discusses two informants whose legal proceedings were carried out

before the new Law on Counter-Terrorism was enacted. Even though there have been changes to the criminal justice process according to the mandate of Law Number 5 of 2018 on Eradication of Criminal Acts that the identification process has been carried out since the perpetrator has the status of a suspect, nevertheless, the awareness of law enforcers is still minimal. Therefore, it is an empirical fact that the process of investigating and coaching convicts is still negligent regarding this mental impairment.

Touching on the term of imprisonment in Correctional Institutions, terrorism convicts in the period 2003 - 2018 (before the New Terror Law) were also familiar with the deradicalization process. Since the National Counter-Terrorism Agency was inaugurated in 2010, deradicalization has become the central core of counter-terrorism policies after completing the criminal justice process. The National Counter-Terrorism Agency in general has the task of formulating policies, strategies, and national programs in countering terrorism, coordinating relevant government agencies in implementing and implementing policies in the field of counter-terrorism (Article 2 paragraph 1, President Regulation Number 46 of 2010). Furthermore, Paragraph 2 of Article 2 in the President Regulation also explains one of the areas of countering terrorism namely deradicalization.

Golose (2010) defines a deradicalization program as all efforts to neutralize radical ideas through an interdisciplinary approach, such as psychology, law, religion, and socio-culture for those who are influenced or exposed to radical terrorism. In this case, they include prisoners, ex-convicts, radical militant individuals, who have been involved, their families, sympathizers, and society. However, even in this process, the two informants were not detected as having psychotic disorders during the criminal justice process or afterward. Several months after his release, the family accompanying him realized that the two informants were different and consulted professionals. Ironically, none of the information is provided to the family by the law enforcers and prisons regarding the mental health disorder experienced by the two informants during the criminal justice process.

The correlation between mental disorders and terrorism has been debated among researchers, observers, academics, and professionals. After more than 40 years, the research has also ranged from initially positioning mental disorders as the main cause of terrorist behavior to the opposite, namely terrorists are rational actors and mental health problems are not an important factor (Copeland & Marsden, 2020). In the Indonesian context, a study on mental disorders and terror convicts in the 1st Bali Bombing case in 2002 was conducted by Sarwono (2012). In this study, the potential and tendencies of mental disorders, personality disorders, and typical sadistic people were seen. Behavioral analysis was carried out through 14 videotapes of Imam Samudra, Amrozi, Gufron, and Ali Imron. The results of the study stated that the perpetrators of the Bali Bombing 1 terror did not experience mental disorders (Sarwono, 2012).

The latest development, the involvement of psychiatrists in many cases of terrorism also focuses on group aggression which affects individual psychology to the emergence of motivation. Lankford (2014, in Ho, et al., 2019) in his research stated that most terrorists who were recruited to become members of terror operation groups did not have psychopathology. Their behavior is actually more motivated by groups, group psychology, and external factors (Stoddard, 2011 in Ho, 2019). Research by Corner and Gill (2015) otherwise states that 43% of lone actors have a history of mental disorders. The three disorders with the highest prevalence were found in this group, including schizophrenia¹, delusions², and autism spectrum disorder (ASD)³ (American Psychiatric Association, 2013).

The earlier studies, although limited, show that terrorism has a clear relationship with mental states. These relationships certainly increase the urgency of the importance of psychological approach to understanding the phenomenon of terrorism. Unfortunately, research with a psychological or mental health focus in relation to terrorism in Indonesia is still limited. In fact, Indonesia is a country with a very dynamic development of terrorism, ranking 24th on the list of countries most affected by terrorism, which recorded a score of 5.5 points

¹ Schizophrenia is a chronic brain disorder with symptoms can include delusions, hallucinations, disorganized speech (alogia), trouble with thinking and lack of motivation (avolition). (DSM V)

² Delusions are fixed false beliefs held despite clear or reasonable evidence that they are not true. The use of disorganized language and speech that is chaotic and difficult to understand. (DSM V)

³ Autism Spectrum Disorder (ASD) is a pervasive developmental disorder with characteristics of delays and deviations in the development of social, language and communication skills, and behavior including in a reciprocal relationship. (DSM V)

(Global Terrorism Index, 2022). For this reason, this article will focus on discussing terrorism from a mental health perspective through in-depth interviews conducted with terrorism convicts and the families of terrorism convicts in Indonesia who are suspected of having mental disorders, namely AI and AJ. AI had the intention to be bride suicide bomber and was spreading radical content when she was still a female worker in Hong Kong. AI was also aware of making explosives in his rented house which would be used to carry out terrorist acts in 2017 (DKI Jakarta High Court Verdict, 2018). Meanwhile, AJ was assembling bombs and was involved in planning to bomb attacks on a number of police posts and churches in Central Java in 2010. This discussion will examine the possibility of further correlations between the perpetrator's mental health and acts of terrorism.

From the limited previous studies and the weak time dimension, further studies are needed along with the dynamics of the latest developments in terrorism. This article seeks to argue that ignoring mental health issues will only add to the chaos of counter-terrorism policies in Indonesia. The need to build social awareness of the correlation of these two issues will be a long step and this needs to start in the form of scientific studies and narrating empirical facts in the field. In line with this, the development of scientific studies and policies needs to be continuously elaborated so that they can become a reference in detecting and preventing early as well as applying the right treatment.

2. Methods

This research uses a qualitative approach with a case study model through literature studies and interviews. Case studies are used to explore a particular case in more depth by involving the collection of various sources of information (Raco, 2010). The strength of a case study is that it can use a variety of sources of information that enrich data and analysis within a framework of a specific investigation (Descombe, 2007), which in this context digs deeper into a relationship between mental disorders and terrorism perpetrators of terrorism. Creswell (2015) also defines a study case as an approach by exploring a bounded system or case.

The primary data in this study is an in-depth interview with a key person (Bungin, 2012). The sample selection in this study uses a purposive technique with the aim of exploring the main problems, namely subjects who have mental disorders and have undergone treatment, also assistance from family and professionals. This study also prioritizes research ethics such as using informed consent and conveying the overall research objectives so that they can be understood by the informant's family (Noaks & Wincup, 2004). The interviews were conducted in a semi-structured interview, even though they already had interview guidelines but during the interaction, the process did not rule out the possibility of improvising answers or follow-up questions (Herdiansyah, 2014). For AI informants, interviews were conducted with the mother and 2 (two) siblings. Meanwhile, for AJ an interview was conducted with AJ's wife.

To support the primary data, this study also uses secondary data such as investigation reports, court rulings from two terrorist convicts, and limited reports owned by BNPT (Noaks & Wincup, 2004). Maxfield and Babbie (2009) describe at least 3 categories of institutional data, which are published statistical data, reports, and unpublished data that collect routinely for internal uses and new data collected by institution staff for research purposes. Furthermore, this study uses written data and audio records to enter the interpretation, categorization, and verification stages (Denscombe, 2007). In a conclusion, this study uses narratives (life histories) from both families to reveal the reality of the mental disorder that occurred.

3. Result And Discussion

3.1. AI: A Female Suicide Bomber

AI is a female from Klaten, Central Java who was suspected of radical propaganda content while she was a migrant worker in Hong Kong in 2016. AI is known to be close to her father. However, her relationship with her father was not long enough due to her father dying when she was seven. AI went to Madrasah Tsanawiyah (MTs) and graduated in 2009, then she studied Islamic doctrine and jurisprudence books at the Islamic Boarding

School of Al-Husna Tangerang for two months. Nevertheless, AI decided to drop out from school for she disagreed with the school's teaching as AI stated in her police investigation report, as the following:

"I can explain in detail as follows, Education: SDN 1 Bareng Tengah Klaten Graduated in 2006, Madrasah Tsanawiyah at MTS 1 Klaten (graduated in 2009), Islamic Boarding School of Al-Husna Tangerang (dropped out from Islamic Boarding School) only 2 months studying Islamic doctrine and jurisprudence books, then left because they didn't understand."
(BAP Densus 88 AT Polri, 2017)

When she got older, AI decided to be an Indonesian migrant worker in Yemen and he moved to work in Hong Kong in 2016. While working in Hong Kong, AI followed various ISIS content till the decision to pledge allegiance to the terrorist groups by posting a video pledge to the caliph of ISIS, Abu Bakar Al Baghdadi, at Yuen Garden, Hong Kong on her Facebook account. Also, AI initiated for collecting personnel for physical training or I'dad, consequently, AI was deported from Hong Kong in 2017 because of terrorism content on social media (DKI Jakarta High Court Verdict, 2018).

In March 2017, AI did a police examination at Mako Brimob Kelapa Dua and attended the rehabilitation program in BRSAMPK Handayani by the Ministry of Social Affairs of the Republic of Indonesia for 28 days before returning to Klaten. Afterward in May 2017, AI married RAL, a fellow sympathizer who is known through social media. After marriage, AI and her husband rented a house in Bandung with somebody who was known through the telegram group, Young Farmer, which she once created. The introductions of AI and her husband developed into a meeting discussing a planned attack on the "bride" of suicide bombers. AI did not know the target and time to attack because she and her husband were caught on August 15, 2017 (DKI Jakarta High Court Verdict, 2018). In addition, based on information to the BAP, AI also knew about the bomb-making in its rented house which would be used to carry out for terrorist act in 2017 as follows:

"I find out the bomb-making plans in my rented house which is located at Jalan Mekarsari, Babakan Sari Village, Kiaracondong District, Bandung City (rented house since July, 28 2017) carried out by Young Farmer, R, S, R and AU, We will use a bomb-made later for *amaliah* purposes meanwhile have not determined the location or target." (BAP Densus 88 AT Polri, 2017)

During a police investigation process, AI had been suspected that she had abnormal behavior. It was beginning from AI's daily conversations with investigators, including during research interviews (Putra, 2020), here are some quotes from the interview:

"Yes, Allah said I am your Saint, since young I have been given a glimpse of the future, I don't understand, then about dead people, none of us knows about the unseen except Allah. After that, you are given a glimpse of the person who is going to die, for example, before a grandmother is going to die, I already get a sight, so for one sight there are nine accidents, a bleeding dog, then there are puppies, it's the God's *takwil* which is teaching it slowly, isn't it. Isabella who died after giving birth, let Isabella die after giving birth. Next, the illustration of the vision is of the Dasya goddess, the information of Isabella who died after giving birth was read by the Dasya goddess, it is what she is taught. Allah teaches about *takwil*"

"Sometimes, during sleeping after the midnight prayer, we are taken while we do the midnight prayer, suddenly the room's atmosphere changes to be like being brought to the future, the room situation is also changed. So Jibril wants to convey this, Jibril carries flowers."

"I am Al-Mahdi, the end of the day will not occur before men turn into women and before women turn into men. Thus, people are deceived, most of them are waiting for Muhammad bin Abdullah."

(AI Interview, Jakarta, 2020)

Another accident that happened when she was in prison, she often hurt herself by banging her head against a brick wall and beating herself, rampaging, and had kicked her younger sibling once when her mother and youngest sibling would take AI's child from prison. AI received a doctor's prescription to treat schizophrenia, bipolar disorder, and behavior disorders, as well as Lorazepam to treat anxiety disorders in prison (AI's Family Interview, Klaten, 8 June 2022). Her family notes AI's abnormal behavior after three years in prison. According to the AI family, that:

“AI’s behavior is normal at Mako, related to talk, AI’s abnormal behavior appeared since he was released from prison, all the prayer readings were confused, reading holy Quran was also confusing. It’s really different after being caught” (AI’s Family Interview, Klaten, 8 Juni 2022)

After she was released from prison and returned home, her psychotic disorder still continued. AI was always raving about getting proposed to by an Arabic Prince or Indonesian celebrity who was waiting for her in Jakarta. In addition, when experiencing this psychotic disorder, AI did not show her sense for raising her child, AI and her child’s relationship became like brother and sister. Also, AI misses movements and memorization of prayer as delivered by the family:

“Anyhow, AI looked confused with her prayers’ spell and movement, reading holy Quran too since released from prison. Any of that, there is brainwashing or something, how do I not know? The main point is she looks different after being detained. For instance, after praying two *rakat* of praying, back again. She consumed the medicine, tranquilizers in the prison.” (AI’s Family Interview, Klaten, 8 Juni 2022).

Moreover, AI is reluctant to wear the hijab because she wants to preach at church. In daily family conversations, AI has shown deep hatred for Densus 88 AT Polri. She once went rampage and was unwilling to meet Densus 88 AT personnel when they came to her house, as well she often told bad things about Densus 88 AT to his younger siblings (AI’s Family Interview, Klaten, June 8th 2022). The family does not give her cell phones and limits media exposure, such as television shows to prevent AI trapped again in terrorist acts. Even so, AI has secretly used a cellphone to watch ISIS videos of beheading executions.

According to family supervision, her daily activities after being released are helping with housework or taking morning exercises with her mother. In addition, AI goes to the Klaten Psychiatric Hospital every month routinely because she still has behaviors that are considered by those around her to be abnormal. In addition, she was recorded attempting to run away from the house several times. First, AI once fled on foot and got hit by a car when crossing the road, she was taken to the General Hospital by the police, afterward, she was directed to the Psychiatric Hospital. Second, AI escaped on foot and was found at the Yogyakarta Giwangan Terminal for going to Jakarta. Lastly, AI escaped on August 16, 2021, and she has yet to be found so far. Two months before escaping, AI had shown maternal behavior, such as bathing and feeding her child. The family insisted that her mental condition improved. However, after AI escaped, the family believed that AI had to get professional care consistently.

3.2. AJ: An Engineer of Bomb

Besides AI, there was a former terrorism convict, AJ from Klaten, Central Java, who was arrested for terror acts in Klaten and Solo from 2010 to 2011. AJ understood *tawhid* and *jihad qital* since he was seated on SMK. AJ participated in various religious-based student organizations as well as various studies held outside of school. Studying outside of school had made AJ to the radical terrorism meeting point. AJ attended limited studies actively, thereby he and his six friends were recruited by Abdul Ghofar to join the Ightiyalat group (AJ’s wife Interview, Klaten, 9 June 2022).

Previously, AJ had worked on a palm oil plantation in Kalimantan. However, AJ did not work seriously. Around September 2010, AJ returned from Kalimantan and participated in activities actively with the Ightiyalat group. In 2010, AJ was involved in a series of terrorism acts in Solo and Klaten with the Ightiyalat group. In this group, AJ specialized in bomb-making, which had tasks for selecting materials, producing detonators, and manufacturing Molotov cocktails (AJ’s wife Interview, Klaten, 9 June 2022).

In 2011, AJ had shown some behaviors under investigation, such as saying gibberish with a stiff body and having meals in larger portions than usual. AJ’s condition was unstable several times, thus it is impossible for him to work in the reconstruction field. However, the legal process continued until AJ pleaded guilty and obtained a court ruling on December 8, 2011, with a 5-year prison sentence (West Jakarta District Court Verdict, 2011). While under arrest for 5 years, AJ’s abnormal behavior symptoms were repeated again. AJ lost his father

when he was in prison. Also, his mother died while AJ just got out of prison (AJ's wife Interview, Klaten, 9 June 2022).

After release, AJ married a widowed terrorist member in Ambon. AJ worked on a plantation in Kalimantan to pay for his stepson's school fees but not for long. AJ returned from the plantation because his symptoms returned. The family stated that AJ would become excessively active when the disease relapsed, Also he experienced dizziness often, not being able to sleep, and being more active at night (AJ's wife Interview, Klaten, 9 June 2022). In his daily life, AJ was difficulty surviving with his job. Various colleagues and the government's support and opportunity for him were no longer. In his social life, AJ rarely told his problems to anyone and kept them to himself. Even when he was stimulated to speak, AJ answered in a language that his family could not understand. Furthermore, AJ believed himself to be Imam Mahdi (AJ's wife Interview, Klaten, 9 June 2022). Meanwhile, there were times when AJ behaved normally, even when he had become a speaker at his alma mater school regarding the dangers of radical terrorism seminar. In time, AJ was able to communicate and interact quite well with other people.

Every month, AJ receives treatment at the Klaten Psychiatric Hospital and is prescribed medications to help him deal with his mental health issues. At the Klaten Hospital, AJ has undergone multiple hospital stays. AJ is aware enough to go to a doctor on his own. His wife claims that AJ occasionally prefers living in the Klaten Hospital to his home. The family had a suspicion that AJ had a lot of friends and activities when he was in the RSJ, which made him feel more at ease. According to AJ's wife:

"I also don't know, maybe in Klaten Hospital, AJ has lots of friends and is freer. If he is at home, he is just alone, sometimes he does not go out, so he ends up staying at home all the time"
(AJ's wife Interview, Klaten, 9 June 2022)

According to his wife, it is unknown exactly when these psychotic symptoms first appeared. AJ's experience in assembling bombs has a tendency to make AJ shut himself off, and it is difficult to confront his issues. As was given by AJ's wife that:

"Everyday discussion is normal, sometimes it just digresses, if his symptoms return due to fatigue and occasionally a lot of ideas that cannot be controlled, he cannot tell it, and keeps it to himself."(AJ's wife Interview, Klaten, 9 June 2022)

Even the wife is unsure if this is caused by psychotic or non-psychotic disorder factors like trauma, life pressures, the impact of former terrorist network groups, the influence of life in prison, or possibly both. However, AJ's memories of making explosives pose a possible threat that must be taken into account because they cannot just be forgotten. Because AJ plays a significant role in his group, this could be problematic, so psychologists and psychiatrists should be consulted frequently. The origins of AJ's mental disorders still require extensive research because of the complicated history of his membership in the terrorist network and the mental health condition he is experiencing.

3.3. Mental Disorders and Law-Enforcement

Through the Indonesian Criminal Code, Indonesia's legal system defines specific circumstances or causes that, more often known as reasons for criminal elimination, might lead to an act's perpetrators being immune from prosecution. *Memorie van Toelichting (MvT)* splits the justifications for abolishing crimes into two categories: those linked to the criminal conduct or objective (*rechtsvaardigingsgronden*) and those attached to the offender (*schulduitsluitingsgronden*) (Schaffmeister, 2007). When people with mental disorders commit crimes alongside those who are in normal health, the legal repercussions will be different. As a result, individuals with mental problems are categorized as having a condition that prevents them from being deemed to be legally competent (Chazawi, 2002).

Article 44 of the Indonesian Criminal Code explains the obligations of criminal offenders with mental disorders. According to Lamintang and Samosir (1983), the Indonesian Criminal Code makes provisions for circumstances

or things that make an act irresponsible (*ontoerekenbaarheid*), specifically under Article 44 of the Indonesian Criminal Code, which reads as follows:

- 1) "Whoever commits an act for which he cannot be held liable because his soul is deformed or impaired due to illness, shall not be punished."
- 2) "If it turns out that the perpetrator cannot be held responsible for the act because his mental development is disabled or disturbed due to illness, the judge can order that person to be put in a mental hospital, for a maximum of one year as a probationary period."
- 3) "The provisions in paragraph 2 only apply to the Supreme Court, High Court and District Court."

In this regard, R. Soesilo (1996) explained that in practice if the police encounter cases with perpetrators suffering from mental disorders, the police are still required to investigate the case and to create a verbal process. The judge, as the holder of the attorney's power who is going to later decide whether or not the defendant can be held responsible for his actions, is also allowed to ask for advice from a Psychiatrist. Pompe (in Jonkers, 1987) said that the psyche is deformed in growth and is disturbed by illness because of mental disorders, not from a medical point of view, but from a legal sense. In this case, it is not solely related to the state of the perpetrator's psyche but also related to the relationship between the perpetrator's psyche and the actions committed. Therefore, it is the authority of the judge to determine whether the perpetrator can be held responsible for the actions that have been committed.

Arrangements regarding the treatment of people with mental problems (ODMK) and people with mental disorders (ODGJ) who commit criminal acts are also regulated in Indonesian Law Number 18 of 2014 concerning Mental Health. Article 71 paragraph (1) states that "*For the sake of law enforcement, a person suspected of being a person with mental disorders (ODGJ) who commits a crime must get a mental health examination*". In addition, there are technical regulations, namely Health Ministerial Regulation Number 77 of 2015 concerning Guidelines for Mental Health Examinations for Law Enforcement Interests which discusses mental health examinations for criminal offenders. The examination is carried out to ensure a person's mental capacity in criminal law in which a person who commits a violation of the law understands the character and consequences of his actions.

The regulation of the Health Minister Number 77 of 2015 explains operational concepts concerning mental disorders by taking into account disability, namely:

- 1) Inability to aim at a conscious goal (intentional disability). Unconscious goals are goals based on delusions and/or hallucinations;
- 2) Inability to direct/or to control one's will and/or action goals (volitional disability); and
- 3) Inability to understand the value and risks of one's actions. Mental health checks for offenders can be proven through *Visum et Repertum Psychiatry* (VeR) as legal evidence in accordance with Article 184 of the Indonesian Criminal Code to explain a person's mental status.

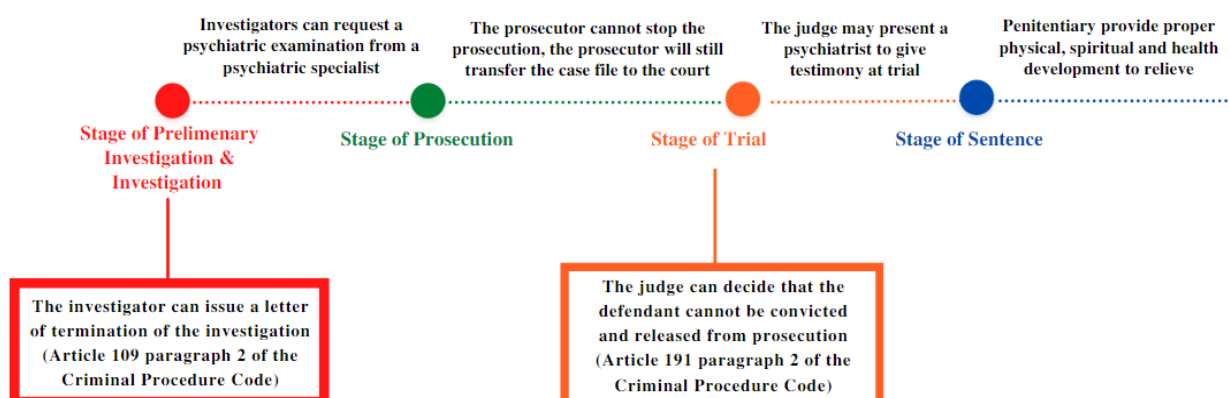


Figure 2: Stages of Recognizing Actors with Mental Disorders in the Criminal Justice System

Source: Processed by the author

In the criminal justice system, a mental disorders examination of a perpetrator of a crime can be identified from the investigation process as stipulated in Article 6 Paragraph (1) of the Indonesian Criminal Code Procedure. Furthermore, the investigator or the police can carry out screening related to the psychology of the perpetrator. If during the examination process irregularities are found in the perpetrator's behavior, the investigator may request a mental disorders examination from a Psychiatrist. When it is known that the perpetrator or suspect has a mental disorder, based on Article 109 paragraph (2) of the Indonesian Criminal Code Procedure, the investigator can issue a letter of termination of investigation (SP3) using the form specified in the Attorney General's Decree.

However, if it turns out that the mental disorder experienced by the defendant is only realized at the prosecution stage, then the prosecutor cannot terminate the prosecution (Article 140 paragraph (2) of the Indonesian Criminal Code Procedure). This is because the Judge has the authority to determine a person's mental status if he has entered the prosecution process. Furthermore, at the trial stage, the judge must order the Prosecutor to present a psychiatrist to give a statement about whether or not the defendant has a mental disorder. If a mental disorder is found in evidence in court, the judge will give the decision to release the defendant because he cannot be considered a legal subject who can be held criminally responsible. If sufficient evidence is not found to state that the defendant has a mental disorder, the defendant will be sentenced and undergo punishment according to the judge's verdict.

Meanwhile, in the stages of sentences, the prison has an important role to fulfill the rights of convicts including healthcare services for physical, spiritual, and psychological development. However, sentencing facilities are still a long way off. Thus, life imprisonment has significantly caused deep trauma and depression apart from the crimes committed by the perpetrators. Instead of regretting their criminal acts, in fact, they are driven to have mental disorders, both small to severe in scale as a result of life in prison, such as difficulties in self-control, hallucinations, delusions, changes in emotions and behavior, including perspectives that have the potential to harm themselves and/or people around them (psychosocial stressor).

In conclusion, social awareness of criminal justice in Indonesia in terms of mental disorder issues has existed. However, the implementation of human resources, equipment, facility, and technical regulation such as standard operating procedures is still neglected. This is the main focus of the findings in this study, the academic gap on these issues is still underestimated, including on legal aspects.

3.4. Terrorism Policy Perspectives: AI & AJ

Referring to the vacant role in the AI and AJ cases, Dunn (2003) explains that to analyze a policy, one must first have sensitivity to policy issues. Ultimately, counter-terrorism policies must have a mental health-based policy framework, not only because of mental disorders that can lead to terrorism, but punishment due to terrorism can also cause mental dysfunction. Policy analysis is needed in formulating problems, evaluating a policy, and reformulating it. The counter-terrorism strategy must be dynamic and open in accepting counsel based on scientific findings.

In this regard, AI and AJ experienced increasingly severe psychotic symptoms until they were serving their sentence. From the start, law enforcers should be able to recognize this in order to get treatment from professionals, such as a psychiatrist or at least a psychologist. Based on the Health Minister's Regulation of the Republic of Indonesia Number 77 of 2015, Indonesian National Police investigators are one of the agencies that can provide official requests for mental health examinations to government-owned mental hospitals for the purpose of enforcing criminal law. However, negligence occurred and the case continued until the judge's verdict was decided.

Despite their status as convicts whose freedom and independence are restricted, AI and AJ have their right to live properly, both physically and mentally without discrimination. One example of their rights is getting treatment. With the limited facilities, the new prison provides an opportunity for psychiatrists to examine AI's condition and provides drugs to treat schizophrenia, bipolar disorder, behavior disorders, and anxiety disorders, while AJ, unfortunately, does not get this because there are no clear regulations.

From the perspective of policymakers, it is also important to take into account the fact that AI pretended to be well in order to receive a lesser dosage of medication while receiving treatment in prison. It has been a crucial experience for law enforcement and guidance in prison aspects regarding sensitive situations of terrorism and the potential for mental disorders that might threaten and injure not only the convict himself but also others. Medical professionals who are not specialists are unable to spot behavioral changes, and it is obviously hard to do so. Therefore, it is necessary to periodically train technical prison officers or terrorist convicts.

There are a number of reasons why AI and AJ might not have gotten special treatment during the investigation. First, as was already mentioned, there are no regulations or professional training for executives, such as Standard Operating Procedures (SOPs) for the initial mental examination of terrorist convicts. Second, not all researchers are knowledgeable about and skilled in recognizing behavioral early symptoms of patients with psychiatric disorders. Finally, there is a chance that AI and AJ will still be able to act in self-defense and conduct inquiries in a helpful and cooperative manner, allowing the inquiry to continue until punishment is imposed.

In the two cases above, both AI and AJ, when they committed the act of terrorism, they were conscious so they could be held responsible. In AI's case, there is a legal framework accommodating the guidelines of mental health handling for convicts at the prison, although this is still limited. In addition, in practice, prison and jail officers must also receive socialization and training to implement applicable regulations in order to minimize the mental disorders experienced by AI in prison, and relapse when he is released.

As for AJ, the emergence of abnormal behavior during the investigation process can be anticipated with a request to conduct a mental disorders examination. In this case, it is the authority of the investigator to request the aid of a Psychiatrist at the local Mental Hospital, to carry out a mental examination (observation) of the convicts. It is also possible that the lack of investigator's awareness about mental disorders causes the handling of cases less than optimal. The absence of a standard operating procedure (SOP) for handling cases against convicts with mental disorders at the investigation stage is also one of the reasons which must be addressed immediately. The SOP can be used as guidelines in ensuring all decisions and actions taken by investigators run effectively, consistently, standardly, and systematically (Tambunan, 2008). There is a need for training to the law enforcers, for creating Psychiatrists or at least psychologists in the Correctional Institutions, and for making integrated regulations regarding the handling of mental disorders cases which can be carried out as a solution against the problems that occur in AI and AJ.

The formal model of the policy formulation process is basically compiling policy ideas, formalizing and legalizing policies, implementing, implementing performance, and then evaluating policy performance (Nugroho, 2009). There are two choices of steps in implementing public policy, namely through a form of a program or a derivative of the public policy. Therefore, mental health-based counter-terrorism policies need to be prioritized through regulations and technical regulations to control the potential threat of terrorism in the future.

3.5. Psychology Intervention as the Fundamental Needs

The definition of Law Number 5 of 2018 states that terrorism is a serious crime with a global scope. However, prejudice in the treatment of mental disorders remains a source of concern. Overall, mental disorders and anomalies do not significantly contribute to terrorist behavior. According to Gazi and Lutfi (2011), studies by psychologists' researchers revealed that a sample of arrested terrorists had very little or less mental disorder than the general population. However, the study's conclusions must be challenged in the Indonesian context because the two incidents discussed above show an increasing trend.

Many studies of terrorism are colored by analyzing the motivations of offenders and group connections, the process of radicalization that changes a person's worldview and behavior regarding terror operations and violent tactics (Borum, 2003; Moghadam, 2005; Kruglanski, 2017). The three studies go into the conceptualization processes and phases of people joining radical and terrorist organizations. However, this study does not particularly address the analysis of informant behavior, but the experiences of informants (AI and AJ) can

suggest the need for a psychological approach from the beginning of the terrorism criminal justice process until the terrorism sentences process is ended. The state and government are supposed to be in charge of ensuring people's physical and emotional wellbeing even while they are incarcerated. Unfortunately, factual data truly demonstrate that the state is unaware of and unconcerned about the health of the offender/convict in every circumstance.

Based on Magliano (2004), mental disorders make it impossible to predict someone's behavior, which leads to unpredictable behavior. The lack of training and socialization in mental health treatment may be the root of law enforcement's inability to detect the typical behavior of an individual with a mental disorder. According to Copeland and Marsden (2020), diagnosing mental health problems can be challenging for a variety of reasons, even after seeing a specialist. It is challenging to assess terrorists since few of them interact with medical professionals or the healthcare system for support or treatment, making it challenging to collect precise diagnostic data.

Since the investigative process, there have been signs of mental disorders in AI's case. When AI was in prison, the symptoms which included abnormal behavior and self-harm became more obvious. By kicking her younger sibling, who will pick up AI's children from prison, AI has occasionally caused harm to other people (AI's Family Interview, Klaten, 8 June 2022). Compared to adult male convicts, female and younger prisoners have a higher frequency of mental disorders (Gussak, 2009). Personality disorders, mood disorders, eating disorders, and Obsessive Compulsive Disorder (OCD) are more frequently diagnosed in female convicts. However, a regulation that addressed officers' demands to facilitate mental disorders treatments already existed the year that AI was subject to the criminal process. As a result, it is thought that AI is more effective than AJ at addressing mental disorders concerns. As aforementioned, AI had the opportunity to go through treatment and obtain a number of prescription medications for her mental disorder.

Since we are aware that mental disorders cannot be considered, A variety of social and environmental factors, including family dysfunction, relationships with radicalized friends, an unstable geopolitical environment, the socioeconomic conditions which is polarized, and neurobiology (the function and structure of the brain's nerves) are all thought to play a role in the development of mental disorders and connected to terrorist activity (Ho, et.al, 2019). Family dysfunction (Al-Ubaidi, 2017) is evident in AI's life story as well. Considering she has not had a father figure in his life since he was a youngster, AI lacks an adult male role model who can fill this void. In particular, AI is particularly responsible for supporting the household finances of her three siblings. AI is willing to leave school for her younger siblings to get a higher education than herself. Her mother works hard to support her four children alone, so she rarely gives attention to her children. It is suspected that AI's emotional needs as a child were unprovided.

Following her release, AI regularly attended outpatient therapy sessions at the Klaten Mental Hospital (RSJ) each month. Nevertheless, according to family information (AI Family Interview, Klaten, June 8, 2022), AI has a propensity to frequently act healthy thus that the medication dose is decreased. Additionally, AI has behaved in a motherly manner with her child, giving the impression to the family that AI is beginning to take parental responsibility for raising her and manipulating her mental state to appear to be getting better. Psychologically, Freud (1987) noted that when a person is under stress or has another psychological disorder, he or she tries to make an effort (coping) to get away from those issues.

In comparison to AI, AJ shows additional symptoms, including those that are indicative of mental disorders, such as delirium, eating disorders (overeating), and irregularities in sleep patterns. (Interview with AJ's wife, Klaten, 9 June 2022). Under some circumstances, AJ is abnormally more active at night than during the day. Referring to a study conducted by The Lancet Psychiatry (2020), it has been found that people who experience rhythm disorders more commonly as being more active at night than during the day or not being active of any kind demonstrate major depressive or bipolar disorder symptoms on a regular basis (Kondola et al, 2020).

According to the findings of the interviews and analysis based on self-defense mechanisms (Freud, 1987), AJ shows signs that it is difficult for him to stick with one job and that he is less focused on completing his task.

The consequences of pressure and personal life events, as well as terrorism cases like going through judicial proceedings at a young age, losing both parents, and serving as the family's financial support after the conviction is done, can be a trigger for perpetrators to escape responsibility. According to Orsillo and Batten (2005), people who have experienced trauma, believed that avoiding particular actions will keep them safe physically and psychologically. It is also mentioned that the best and only coping mechanism accessible to them is avoidance. The common thread in this situation may be stated to be the correlation between task dedication and avoidance. According to Kiesler, Roth, and Pallak (1974), delaying work has behavioral effects for people who struggle with their beliefs and seek liberation from reality. AJ frequently visits psychiatric hospitals and prefers to stay there for an extended period of time. This could be an indication of AJ's behavior, such as self-defense, coping, or denial, in other words, presumably defending himself alone while chasing liberation.

Indicators of mental problems for the two informants AI and AJ appeared while facing legal proceedings for terrorist crimes, according to their experiences and the statements of their family members. Because of the considerable environmental change, it is actually feasible for prisoners or ex-convicts to have mental disorders. If the pressure builds up, anxiety disorders, stress, sadness, and other mental problems may result. Humans, especially convicts, might get tense or stressed out due to environmental changes. Anxiety disorders and stress are defined by the ability to adjust to changes that occur physiologically, psychologically, and socially (Tyrer & Baldwin, 2006). According to Carson (in Taufik, 2004), a person's level of stress is a measure of how well they can manage with various pressures without suffering serious implications. Stress tolerance is described as the amount of stress that an individual can tolerate without becoming illogical, or as the point at which inefficient behavior and irrational thinking arise.

The strategy that is often used to deal with anxiety disorders or stress experienced is a coping strategy. Leszko, et al. (2020) assert that coping mechanisms enable more focused and successful psychological interventions, which in turn improve stress-resilience. The selection of effective coping mechanisms can increase resistance, increase vulnerability, and have a detrimental impact on the mental disorders (Diehl, Hay, & Chui, 2012).

According to Beaudry et al. (2021), effective psychological interventions are urgently needed in prisons. Prisoners with mental disorders need follow-up treatment after release and psychological intervention programs while they are in prison. In contrast to medical treatments, which generally focus more on symptom relief, psychological interventions place a greater emphasis on strengthening the individual (Harvey & Gumport, 2015). According to Wolf and Hopko (2008), psychological therapies using psychotherapy, medication, and other collaborative treatment models are effective for treating depression.

The two cases of AI and AJ show that there are mental health conditions that can impact behavior, mental functioning, and social interaction and that terrorism does not only come from ideology, religious, or economic issues. Whether it is a mental disorder, internet radicalization, or root factors that emphasize socio-demographic aspects, the stages of radicalization and the decision to carry out suicide bombings are complicated behaviors that cannot be addressed by a single component (Corner & Gill, 2017). In order to encourage the development of the criminal justice system's multidisciplinary components, particularly psychology as a constant and fundamental requirement in the field of terrorism.

Despite the small statistical numbers, the empirical results of this research should not be underestimated. The relevance of mental diseases and terrorists as hidden diseases by the mental disorder may arise from the failure to read symptoms (visible deviations caused by mental disorders). There is still a chance that many terrorist suspects, defendants, convicts, or ex-convicts in some circumstances need a Psychiatrist or consistent psychological assistance, but this is not documented and identified due to lack of education and socialization of executors, willful neglect, or self-defense mechanisms from behavior. It is important to keep an eye out for this ongoing requirement rather than just glorifying the application of unsustainable regulatory frameworks.

4. Conclusion

In Indonesia, cases of terrorist crimes committed by people who suffer from mental disorders have not caused the government, society, or even professionals and academics themselves to become particularly concerned. As a result, it is impossible to determine the precise number of terrorist crimes committed by people who have mental health issues. Because of the unpredictable nature of behavior and the complexity of the problem of terrorism, it is unlikely that mental disorders will be detected by mental health professionals, both psychologists and psychiatrists, so it is very likely that what is discovered in this research is like an iceberg phenomenon.

On the extensive list of terrorist crimes committed in Indonesia, AI and AJ are only a small part of the list. The likelihood of more occurrences like these in the future is very high. Given that there are about 500 Indonesian residents living in the Syrian conflict zone (BNPT, 2022) and it is inevitable that they will be repatriated, it goes without saying that law enforcement officers and other government officials need to be able to identify and analyze this issue. The likelihood of terrorism and environmental hazards will likely increase if we continue to disregard it. Therefore, a variety of initiatives are required to prevent and handle terrorism in Indonesia in a more thorough manner. It starts with cooperation between the government, experts, and academics in ongoing research on terrorists who commit crimes who have mental disorders. The findings of the study can be used as a base for drafting the relevant policies and programs.

Accordingly, technical regulations need to be drafted, regulations need to be harmonized, outreach has to be performed, and technical training must be carried out immediately. The National Police, which serves as the first line of defense in the criminal justice system, in particular the Special Anti-Terror Detachment 88 of the National Police, can implement policy measures, particularly in the early stages of the legal process when it comes to psychological evaluation and consultation with a psychiatrist. Early recognition of mental disorders may serve as a basis for further legal action. After the sentencing process is over, there is a requirement for training prison authorities, obtaining Psychiatrists to be employed in prisons, and developing integrated procedures for treating cases of Mental Disorder People (ODGJs) engaged in terrorist crimes. Meanwhile, academics and professionals must conduct future studies on methodological enrichment related to these two issues, whether through the compilation of academic articles, longitudinal research, or other research instruments. Several stakeholders must actively participate in order to implement this research proposal. It is obviously difficult and time-consuming. However, it is envisaged that by offering the mental health paradigm priority in the future, it would lead to a comprehensive policy on prevention and counter-terrorism by prioritizing the mental health paradigm in the future.

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