



Policy Brief 1

Fulfillment of the Constitutional Rights of Women Victims of Domestic Violence in the COVID-19 Pandemic and The New Normal

INTRODUCTION

The rapid spread of coronavirus throughout the world has led to a pandemic which impacts women and men differently. The number of new cases of COVID-19 grew very fast. In the period between 02 March 2020, when the first two cases were declared, and 31 October 2020, the number of new positive cases of COVID-19 in Indonesia reached 291,182 people, with a case fatality rate of 3.7% (The Indonesian COVID-19 Task Force, 2020). The government has issued a number of policies, including Government Regulation No. 21/2020 on Large Scale Social Restrictions (PSBB) to suppress the transmission of COVID-19. However, such policy brings negative impacts on women and children. This is particularly in the case of increased domestic violence across the globe (UN Women, 2020a). Changes to work-from-home and study-from-home arrangements as well as restrictions on crowd activities have created a sense of restraint and mental stress. COVID-19 caused women to bear multiple duties: as a wife, a mother, and a tutor for her children. Despite having a full-time job, women continue to work at home doing household chores.

Records from Komnas Perempuan, the Indonesian National Commission on Violence against Women, show that cases of violence against women in 2019 had increased by 6 per cent (431,471) compared to 2018. Domestic violence is the most common, i.e. 75% (11,105 cases) of the total 14,719 cases of violence

(Komnas Perempuan, 2020c). Data from LBH APIK (an Indonesian legal aid NGO for women) suggested that between 16 March - 20 June 2020, or within three months since the social restriction policy was enforced, as many as 110 cases of domestic violence were reported (Muna AN et al., 2020). The pandemic has the potential to cause delays in handling cases of violence for the victims, loss of access to health services due to territorial quarantine, and reduced number of facilities for grievances. This policy brief aims to provide recommendations to policy makers in fulfilling the constitutional rights of women victims of domestic violence in the COVID-19 pandemic and new normal era. This policy brief is developed based on findings from the work of Komnas Perempuan in April to June 2020, i.e. a survey on household dynamics during the COVID-19 pandemic and an impact assessment of how service providers for women victims of violence were affected from the spread of COVID-19 and its corresponding policies.

POLICY AND LEGISLATIVE BASIS

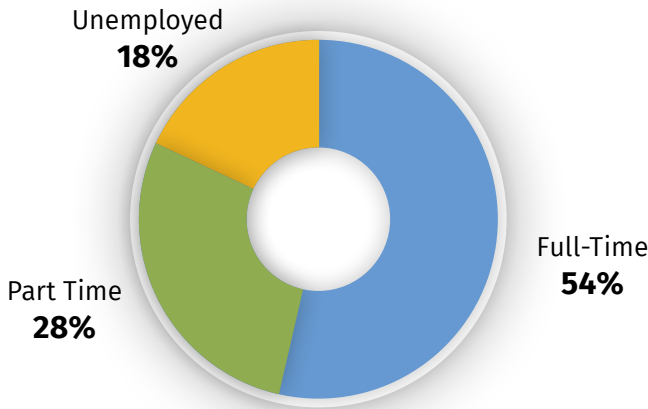
The Indonesian government has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on 24 July 1984. The convention defines the principles of women's human rights, norms and standards of obligations, including state obligation to eliminate discrimination against women. CEDAW is one of the eight human rights conventions that Indonesia has ratified, and it has been 36 years since the convention has been ratified and adopted into Law No. 7/1984. Indonesia's legislated laws that provide protection to women's human rights include: Law No. 39/1999 on Human Rights, Law No. 23/2004 on Elimination of Domestic Violence, Law No. 12/2006 on Citizenship, Law No. 21/2007 on the Eradication of Trafficking in Person, Law No. 2/2008 on Political Parties, and Law No. 42/2008 on Presidential Election. This includes also Presidential Instruction (Inpres) No. 9/2000 on Gender Mainstreaming and Presidential Decree (Keppres) No. 181/1998 on the Establishment of the National Commission on Violence against Women (Komnas Perempuan) which later was reaffirmed through Presidential Regulation No. 65/2005 as the state response to the demands of civil society, particularly the women's movement (Komnas Perempuan, 2017).

FINDINGS FROM THE SURVEY ON HOUSEHOLD DYNAMICS DURING THE COVID-19 PANDEMIC

Demand Side: Domestic Workload Increases the Risks of Health Problems.

Both employed and unemployed women are affected by the pandemic, namely increased burden of household work. The following is the findings from the survey on household dynamics during the COVID-19 pandemic among 1,885 female respondents (Komnas Perempuan, 2020b).

Figure 1. Characteristics of women by employment status

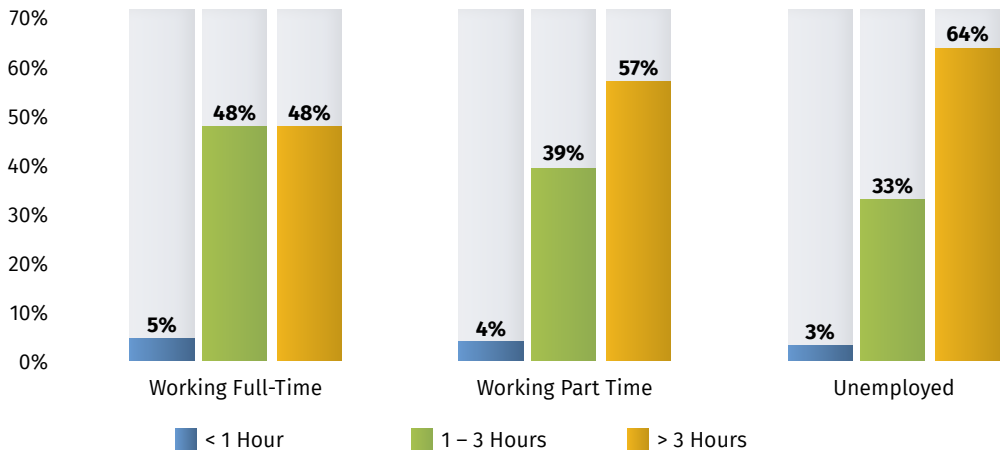


Source: Survey on changes in household dynamics

By employment status, the majority of women respondents (54%) work full-time or 8 hours per day, (28%) work part-time, and (18%) not working. Most women, working and not working, already took on additional domestic chores for more than 3 hours (see **Figure 1**).

Before the pandemic, 48% of women respondents who work full-time (n=480), 57% of those who work part-time (n=304), and 64% of those who are unemployed (n=218) had already took on domestic chores for more than 3 hours (see **Figure 2**).

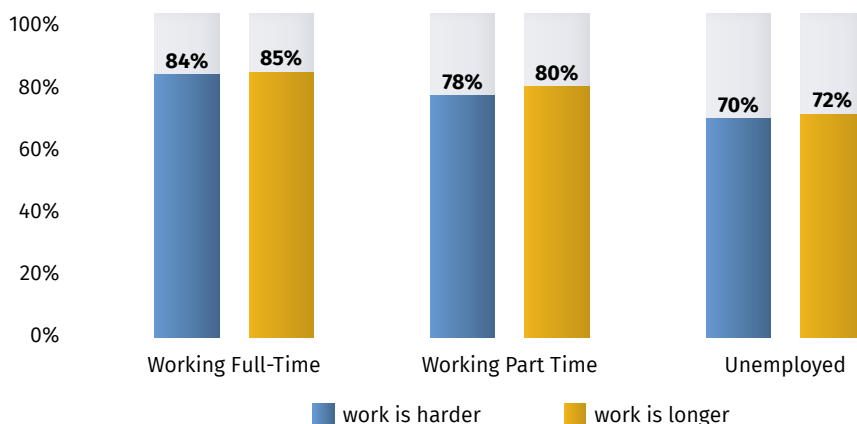
Figure 2. Women doing domestic chores before the COVID-19 pandemic, by employment status



Source: Survey on changes in household dynamics

Figure 3 shows that women who work full-time endured the biggest change in their workload, as working hours during the pandemic become longer. Among those who already had more than three hours domestic chores before the pandemic, the proportion of women who perceived that their additional workload during the pandemic is heavier is [slightly] higher among women who work full-time (84%) compared to women who work part-time or women who are unemployed.

Figure 3. Perception of additional workload during the pandemic among women who had done more than three hours domestic chores before the COVID-19 pandemic (N=1.002)



Source: Survey on changes in household dynamics

The social restrictions require women who are employed to work from home. This means that, while performing their paid work, they also have to do other domestic chores and additional work, such as to be an instant tutor. Even before the pandemic, women already took on domestic chores and unpaid work three times more than what men did (UN Women, 2020b). Thus, social restriction policy adds to the physical and psychological burden, particularly among women who work full-time.

The social restrictions are regarded to give less consideration to the risks of mental and social problems among women and girls. Limited space for movement and more people being confined in their houses could potentially increase the risk of domestic violence. The strong advice to stay-at-home to prevent the transmission of COVID-19 had many victims of domestic violence trapped in the same house with the offender. Findings from the survey indicate that the type of domestic violence that happened the most within the past six months before the pandemic was psychological abuse, followed by economic violence (see **Figure 4**).

Figure 4. Domestic violence among employed and unemployed women in the past 6 months before the COVID-19 pandemic

Source: Survey on changes in household dynamics

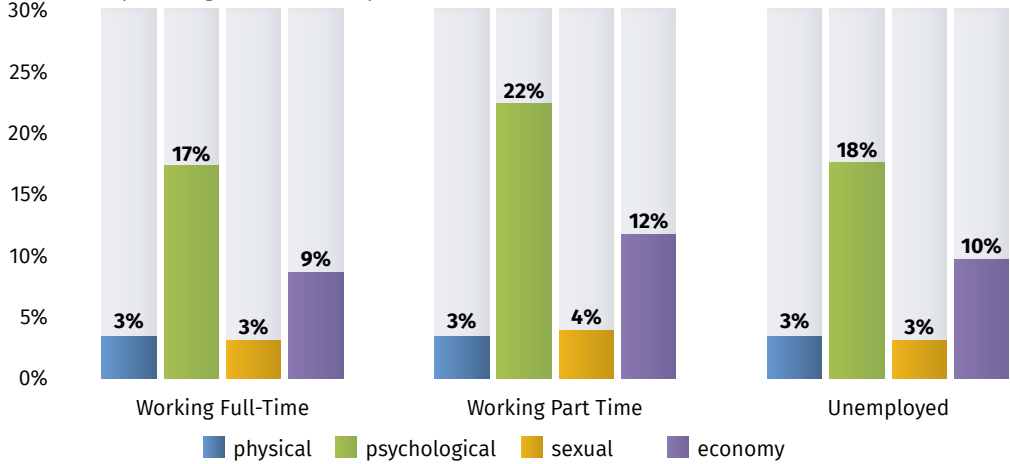
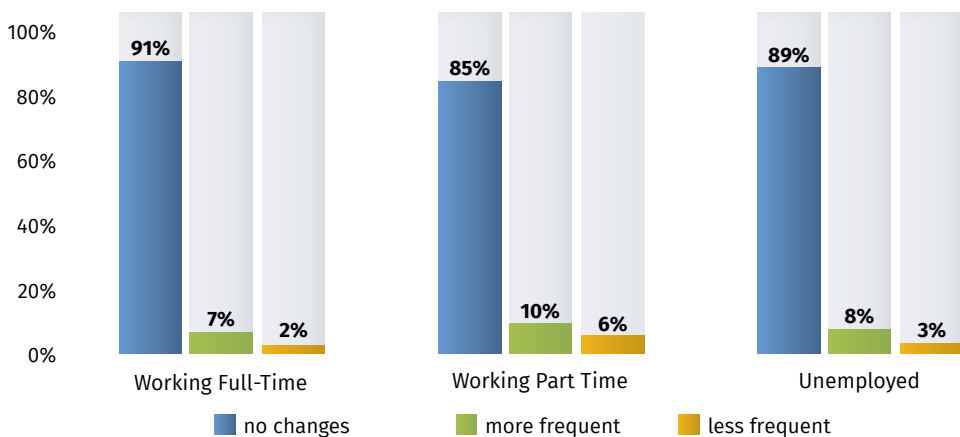


Figure 5 addresses the question “since the COVID-19 pandemic, has there been any changes in experience with violent behavior?”.

The responses, based on women’s perception, vary: women who stated that they suffered more violence among women who work part-time, women who are unemployed, and women who work full-time are 10%, 8%, and 7%, respectively. Limited data does not allow verification or elaboration to further interpret the responses of “less frequent or more frequent” violence (see **Figure 5**).

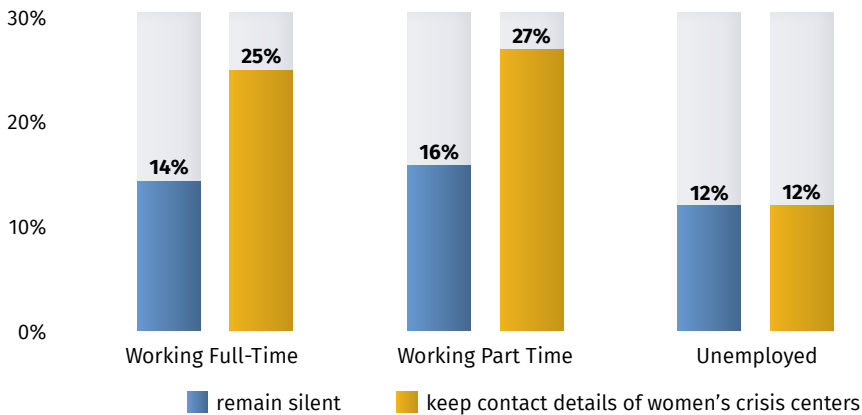
Figure 5. Perception on changes in the violent behavior by spouse during the COVID-19 pandemic



Source: Survey on changes in household dynamics

Community's proactive measures to respond to domestic violence. Many women remain silent when they suffer from domestic violence, as indicated by 16% of women who work part-time, 14% of women who work full-time, and 12% of women who do not work. Among women who work full-time, 25% of women still keep the address or the contact details of Service Providers for Women Victims of Violence – the highest percentage compared to women who work part-time and women who do not work. Women's inaction when they suffer from domestic violence indicate that violence prevention is still low (see **Figure 6**).

Figure 6. Women's response to violence and the keeping of address or contact details of women's crisis centers, by employment status



Source: Survey on changes in household dynamics

Challenges related to domestic violence data during the COVID-19 pandemic. Reports from service providers for women victims of violence show that 1,299 cases of violence against women (including girls) happened between March and May 2020. However, the lack of data before the COVID-19 pandemic makes it difficult to compare and to identify the trend of domestic violence reported to the service providers for women victims of violence before and after the pandemic. Even when comparison is made between the survey and report data, no projection can be made on the actual number of domestic violence (Komnas Perempuan, 2020d).

Supply Side: Findings from Qualitative Study on the Impact of the Covid-19 Pandemic on The Service Providers for Women Victims of Violence

Complaints went online, consuming more time of the Service Providers for Women Victims of Violence. The COVID-19 pandemic has changed the situation in providing services or support to victims of gender-based violence. Different impacts can be seen from government service providers for women victims of violence and those that are based on civil society (Komnas Perempuan, 2020e, 2020d).

Table 1. Condition of Service Providers for Women Victims of Violence during the COVID-19 Pandemic (May-June 2020)

Services Provided	Service Providers for Women Victims of Violence	
	Civil-society	Government
Time to deliver services		
Longer	31	
Shorter	4	6
No change	13	10
Grievances method		
Online	43	13
In-person	5	3
Assistance provided		
Online	28	6
In-person	20	10
Availability of support persons		
Fewer	36	7
No change	12	9
Psychological services		
Online	34	11
Referral	4	
In-person	10	5
Safe houses		
Referral	15	7
Difficult access	15	9
No response	18	
Total	48	16

Government service providers for women victims of violence remain open from 09.00-17.00, while most civil society-based service providers have longer operational hours. This happens when more women suffer from psychological effects due to the COVID-19 pandemic, with or without physical abuse. Social restriction policy, particularly one that applies in the red zone, created fear to access service providers that are based on the work of civil society (NGOs, private, and faith-based). Services continue to be provided through phones or via online means, but without in-person counseling to the victims, due to fear. This leads to more time being spent to deliver services over the phone or via online means (Komnas Perempuan, 2020d).

Most civil society-based service providers for women victims of violence have shifted their grievances method to online platforms: by phone, via short text messages, or through WhatsApp. These methods may not be accessible to victims of domestic violence who are not familiar in using online services. Some service providers offer in-person services for cases that are urgent or when victims are in danger (Komnas Perempuan, 2020d).

Not all regions have service providers for women victims of violence that handle complaints on violence against women. The referral network should expand their engagement with local NGOs working in health, economic development, and agrobusiness sectors (Komnas Perempuan, 2020d).

Territorial quarantine during social restrictions has caused transportation problems for women victims of violence when they wish to access services, or for workers from the service providers who could not travel to the service facilities (Komnas Perempuan, 2020d).

Support persons are an essential part of service facilities. The number of support persons was declining as they were afraid to get infected with COVID-19, and this happened to most service providers for women victims of violence that are based on civil society (NGOs, private, faith-based institutions) (Komnas Perempuan, 2020d).

Delivery of services via phone or online means have caused some limitations, such as: the counselor is unable to see changes in the facial expression, gesture, or body language which are important in psychological counseling; the counselor has difficulties to probe into the story to identify hidden trauma if the victim is very reserved (Komnas Perempuan, 2020d).

The case filing and trial processes for cases of domestic violence were affected by the COVID-19 pandemic. Since the police department implemented Covid-19 prevention protocols, there was a limit on the number of people that can come in-person to file a report. In the pandemic, the police do not make arrests that require the use of force, except for when someone is caught red-handed. There is a concern that such changes would benefit the offender, as they would have enough time to remove evidence or to run away (Komnas Perempuan, 2020d). Judicial proceedings can be conducted via online and court hearings can be held via virtual platforms. The court issued a policy that trials will be postponed during the pandemic, except for cases where the statutory detention period of the accused person almost ends which then requires immediate trial to be held online. Nevertheless, some courts continue to require the victims to appear before the court, increasing the likelihood of COVID-19 transmission to victims and support persons. The number of cases handled by the court was limited to only 10 cases per day. The time spent to wait for the trial to start also affects the victim's mental state. Victims need support, thus trusted family members will be involved to build a support system (Komnas Perempuan, 2020d).

Budget support from the government to sustain the work of civil society-based service providers for women victims of violence. The results from a study on service providers for

women victims of violence suggest that victims of domestic violence tend to seek help from civil society-based service providers. However, the COVID-19 pandemic significantly impacts their budget, particularly due to spending for implementing health protocols.

The government issued Government Regulation in Lieu of Law No. 01/2020 on Policies on State Finance and Financial System Stability in Response to the COVID-19 Pandemic and/or to Mitigate Threats that Endanger the National Economy and/or the Financial System Stability. The budget of the Ministry of Women's Empowerment and Child Protection (KPPPA) decreased from Rp273,641,802,000 to Rp246,289,533,000. Incentives provided for the subnational regions were also cut. This policy affects the subnational government, particularly the UPTD-P2TP2A (the local government unit function as the Centre for Integrated Services for the protection of women and children). The budget for handling cases of violence against women has dropped drastically since the COVID-19 pandemic started (Komnas Perempuan, 2020d).

In the city of Ambon, support persons must spend money out of their own pocket amounting to Rp400,000 - Rp600,000 per case. During the pandemic, more expenses were incurred because of extra costs to provide Personal Protective Equipment (PPEs). As many as 14 civil society-based service providers for women victims of violence claimed to have no or insufficient funding to support victims during the COVID-19 pandemic while as many as 8 government service providers stated that almost all funding to provide victim support was diverted for COVID-19. Service providers for women victims of violence were confronted with problems because no additional budget was given to purchase PPEs, facemasks, human thermometer, hand sanitizer, as well as soap and hand washing facilities (Komnas Perempuan, 2020d).

Implementation of the Protocols to Handle Cases of Violence against Women and Children. Safety and security are the main principles of services to victims of violence and their support persons. During the pandemic, victims and support persons potentially face higher safety risks, particularly in the health aspect. The Ministry of Women's Empowerment issued a Protocol for Handling Cases of Violence against Women while the Ministry of Health issued a Guideline for Health Services in Handling Cases of Violence against Women. The latter provides guidance on how a health worker should handle women and children victims of violence, but it does not mention anything about access and availability of free-of-charge PCR tests. The former only focuses on the victims and provides less attention to support persons. There are risks that support persons might be infected with COVID-19 due to their frequent mobility in assisting the victims in police station, court, or safe house. There has been no coordination between different services regarding referral system and the costs incurred during the coordination process. The protocol also hasn't addressed the issue of the different capacity and quality of services across Indonesia (Komnas Perempuan, 2020d).

Easier access to safe houses by providing free PCR tests. It is even more difficult to find safe houses during the pandemic; before the pandemic, not many regions provide safe houses for survivors of domestic violence. Some institutions have difficulty to access safe houses

because the facility is not operational and has no proper PPEs. This has led to the closure of safe houses (Komnas Perempuan, 2020d). The pandemic has amplified the disparity and inequality between social classes, in addition to gender, during the pandemic (Komnas Perempuan, 2020e).

Access to community shared services. The constraints to reach the victims due to lack of access or [social] restrictions have prompted support persons to find breakthrough to ensure that services can be delivered optimally. Collaboration with village heads, cadres of integrated health posts, and religious leaders was established to reach out to victims of violence and to disseminate information on violence against women. It is important for community-based service providers to consolidate their network by engaging community health centers, the police, and the subdistrict office. Under close monitoring by the local community or social scrutiny of the neighborhood, at any time services can be delivered (Komnas Perempuan, 2020d). Community-based service providers for women victims of violence can intensively interact with the local community. This is supported by Regulation of the Ministry of Village No. 13/2020 on Priority Use of Village Fund of 2021 to create safe villages where women are involved (Komnas Perempuan, 2020a).

CONCLUSION

Gap in the demand and supply. The state must be present in the response to the COVID-19 pandemic that offers protection from increased risk of domestic violence, by ensuring additional support and budget to civil-society based service facilities (NGOs, private, and faith-based organizations). The pandemic caused an increase in the demand while there was a decrease in the supply from service providers for women victims of violence (NGOs, private, and faith-based organizations) due to lack of sustainable budget. Without government support, service providers for women victims of violence would certainly face problems and be shut down in the worst scenario. Komnas Perempuan calls for state support in the form of subsidies to allow continuous access to services during the public health emergency as a fulfillment of constitutional rights of women with domestic violence in the COVID-19 pandemic era. As everyone is preparing to enter the “new normal”, service providers for women victims of violence would also need support in the form of PPEs, hotline service, and trainings from Komnas Perempuan and partner ministries on standard knowledge on health protocols. This is necessary in anticipation of the next public health emergency. Government initiatives are needed to prove the visibility of the state in protecting women in accordance with the national constitution which stipulates that the goal of the state is to protect the entire Indonesian nation. Government responses to COVID-19 must represent the fulfillment of specific needs in addressing the risks of domestic violence or other types of violence. Such responses must be transformative, acknowledging that women have limited time as well as physical and mental endurance (Azcona G et al., 2020).

POLICY RECOMMENDATIONS

Budgeting

1. In line with the provisions in Law No. 06/2019 on Quarantine, the estimated costs to implement COVID-19 health protocols should be calculated, including, among others, the costs for PCR tests, PPEs, and medical treatment for COVID-19 confirmed cases. Budget can be allocated through government funds (i.e. the Special Allocation Fund for Non-Physical Infrastructure) allocated to the Ministry of Women's Empowerment and Child Protection (KPPPA).
2. Additional budget is required to engage the community at the lowest level, i.e. village, through budget support from the relevant ministries/agencies (Ministry of Village, BKKBN (the National Population and Family Planning Agency), Ministry of Agriculture). This is done by creating Safe Villages or a combination of food security and family resilience.
3. Subsidy to civil society-based service providers for women victims of violence (NGOs, private, and faith-based organizations) for strengthening their organizations and providing human resources trainings for handling domestic violence, through Komnas Perempuan.

Service providers for Women Victims of Violence (prevention, enforcement action, and protection)

1. Support to community-based leaders (NGOs, private, and faith-based or traditional/customary organizations at the local level). For example: activities to strengthen food security in the Subdistrict of Ledokombo, Jember
2. Delivery of services that consist of health aspect, legal aspect (paralegal), and a philosophy of harmonious family.
3. Expand the networks of services and referral in collaboration with women NGOs, charitable organizations, religious leaders, academics, private sector, and health facilities as well as the Indonesian Witness and Victim Protection Agency (LPSK).
4. Safe Houses supported by ministries/agencies (Ministry of Social Affairs, Ministry of Law and Human Rights, Ministry of Health, and the Police Department)
5. Designation of agencies responsible for identification of survivors, counseling, case-filing, and trial.
6. Local human resources provided with training on how to support victims to a level where they would have the advisory capacity regarding women's rights from investigation up to court hearing.
7. Support persons provided with "paralegal" training, knowledge on obtaining *visum et repertum* (medical examination), reporting the case to the police and preparing official police report, documentation, online services, emergency contraceptive pills, and support for the offender (particularly for juvenile offender).

Record-keeping and Reporting

1. Records and reports of cases of violence against women to be made by the Ministry of Women's Empowerment and Child Protection (KPPPA), by integrating data from Komnas Perempuan.

2. Networking with government-based NGOs or civil society-based NGOs and faith-based organizations in building reporting [mechanism] for cases of violence under an agency in-charge.

Click the following link to see the list of service providers for women victims of violence in Indonesia: <https://komnasperempuan.go.id/mitra-komnas-perempuan/pengada-layanan>

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