

Chapter 6

COVID-19 and Gender-Based Violence in Indonesia: The Urgency of Prevention and Mitigation Framework

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A. Shadow Pandemic: GBV during COVID-19

The outbreak of the COVID-19 pandemic has brought wide-ranging economic and social consequences, including the upsurge in gender-based violence (GBV). Prior to the pandemic, gender-based violence or violence against women and girls (VAWG) was already a global pestilence of its own, being the most pervasive yet least visible human rights violation in the world. According to the World Health Organization (WHO) (2021), approximately one in three women and girls worldwide have or will experience violence in their lifetime, either by their intimate partner or non-partner. This number has remained constant in the past decade. Rooted in the imbalance in power between women, men, and gender-nonconforming individuals, the existing inequalities such as crises and emergencies have strong tendencies to exacerbate and increase the risks of gender-based vio-

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lence. While GBV is known to prevail in all settings, extensive studies have demonstrated that crises disrupt existing protective structures and create multiple circumstances that can increase the risks of various forms of violence, abuse, and exploitation (Heise & Kotsadam, 2015).

Since the outbreak of COVID-19, emerging data and reports have presented substantial evidence of the increase in gender-based violence worldwide (Halim et al., 2020; Mittal & Singh, 2020). In addition to exacerbating existing inequities within the society, especially for marginalized populations, the pandemic has uncovered and furthered new societal vulnerabilities, particularly for women and girls. In recent months, high-profile advocacy on GBV has particularly highlighted the hidden epidemic of intimate partner violence (IPV) consequent of the COVID-19 outbreak. It is particularly exacerbated by the public health measures such as lockdowns and isolations to curtail the spread of the virus. The annual report by the National Commission on Violence Against Women (*Komisi Nasional Anti Kekerasan Terhadap Perempuan/Komnas Perempuan*) has shown an increase of 63% of GBV cases since the outbreak of COVID-19 (Komnas Perempuan, 2021a).

By drawing on critical reviews of various quantitative and qualitative literature and reports, this chapter explores the trend of gender-based violence during the COVID-19 pandemic in Indonesia. It utilized the various official statements from government agencies such as the National Commission on Violence Against Women (Komnas Perempuan) and data from local Non-Governmental Organizations (NGOs) to present trends of GBV during the COVID-19 outbreak. This chapter also discusses the institutional frameworks to prevent and mitigate GBV. Highlighting the importance of the third pillar of action in addressing GBV, this chapter argues that GBV risk mitigation in the context of COVID-19 is paramount alongside response services for GBV survivors and prevention efforts. Finally, the chapter investigates the role of NGOs in addressing the upsurge of GBV incidents throughout the stages of COVID-19.

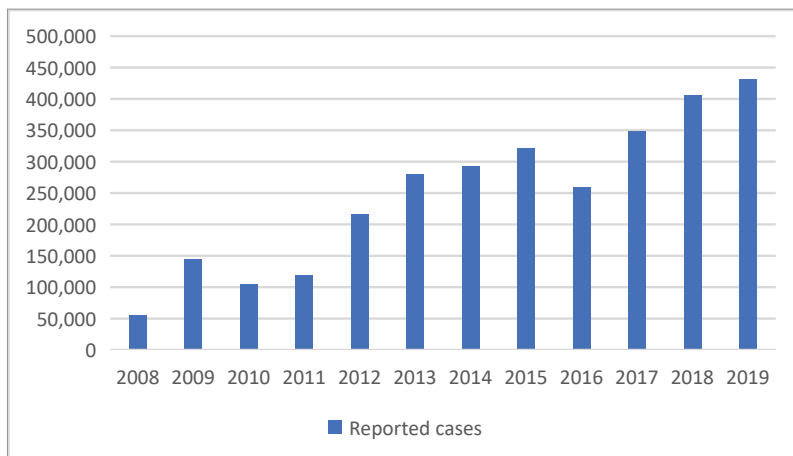
B. Gender-Based Violence in Indonesia

Many scholars have argued that the root cause of GBV is the unequal power relations in heteropatriarchy norms embedded in the society; those who fail to conform are often excluded and marginalized (Dragojlovic, 2020; Tong, 2014). It includes an objectification and normalization of physical violation of bodies and limited accessibilities to economic opportunities. Similar to the condition anywhere in the world, GBV in Indonesia also occurs in this condition. However, before we delve into the discussion of GBV in Indonesia, it is necessary to clarify what we meant by GBV in this chapter. According to the United Nations High Commissioner for Refugees (UNHCR), gender-based violence is when an individual experiences harmful acts because of gender (UNHCR, n.d.). In practice, GBV can include physical, sexual, mental, and economic harm, which causes long-time repercussions for the survivors.

Furthermore, in understanding GBV, we need to place the victims' experience and the violence's impact within a more extensive socio-political, economic, and historical condition. This approach is essential because, as Dragojlovic (2020) emphasizes, rather than perceiving GBV as a single-layered issue, we must see the interplay between gender, violence, and power behind the 'normalization' of GBV. In the Indonesian context, such a condition is inherent in its colonialism and racism history and its heteronormative structure (Dragojlovic, 2020).

Based on the 2016 study of Indonesian National Women's Life Experience, one in three Indonesian women have experienced GBV throughout their lives (BPS & KPPPA, 2017). It was also revealed that 15.3% of the respondents experienced sexual violence, 9.1% suffered from physical violence, and 9% had to share both. Despite its pervasiveness, gathering comprehensive data on GBV in Indonesia is quite challenging because there was no regular, systematic data collection. The 2016 national survey was the latest data collection done by the government. Other women's organizations, such as Komnas Perempuan (the National Commission on Violence Against Women),

regularly release an annual report on GBV in Indonesia. However, they need to rely on statements made by survivors whereby not all victims are willing to report their situation for various reasons, such as limited ability to seek safety place for an escape or, on a more fundamental basis, the cultural resistance of gender violence. According to Blackburn (2004), violence against women is often considered taboo because it has been connected to sexuality. Rape cases are often regarded as a humiliating condition, not only for the victim but also for the family. In addition, domestic violence is viewed as a private issue. Therefore, many GBV cases are unreported because the victims (and often the family) choose not to disclose them. Blackburn (2004, p. 195) argues, “there is great resistance to acknowledging structures of violence or a culture of violence, anything that appears to shift the blame from individuals to the wider society.” The reluctance to report GBV, particularly domestic violence, can be linked to the heteropatriarchy structure in which family problems should only be discussed privately, making it difficult for women to seek help for harmony in the family.



Source: Komnas Perempuan (2020)

Figure 6.1 Komnas Perempuan's Recorded Cases of Violence Against Women in Indonesia (2008–2019)¹

Nonetheless, despite the challenge of collecting data on GBV in Indonesia, we can identify the general trends based on the existing data. In Figure 6.1, we referred to Komnas Perempuan's recorded case on GBV, which shows the increase of GBV cases every year—even before the pandemic. Within 12 years, there was an increase of 792%, from 54,425 cases in 2008 to 431,471 cases in 2019 (Komnas Perempuan, 2020). Still, in the report, Komnas Perempuan also recorded a 300% increase in online gender-based violence from 97 to 281 cases throughout 2019. This trend continues with significant growth during the pandemic, further discussed in the next section. However, it is also important to note that a more thorough reporting methodology might influence the increasing number; regardless, these concerning numbers show that GBV is a pervasive issue in Indonesia.

¹ Diagram based on data from Religious Court and data on questionnaire forms received by Komnas Perempuan from year to year.

C. COVID-19 and Gender-Based Violence

There is overarching evidence that presents the immense impact the pandemic has on gender-based violence. Abundant research findings and media reports have supported this claim by highlighting the undebatable risks of gender-based violence that are exacerbated due to the COVID-19 pandemic (UN Women, 2020; Halim et al., 2020; Ghanbari et al., 2020; Myrntinen, 2021; Gulesci et al., 2021; Krishnakumar & Verma, 2021). It is not surprising given that extensive literature has demonstrated strong links between crises and surges in cases of gender violence (Enarson & Fordham, 2001; Fothergill & Peek, 2004; Palermo & Peterman, 2011). The increased numbers of gender-based violence during and after crises and disasters have been extensively recorded and observed. Pandemics are also not an exception to such links. For instance, reports have shown the rise in the cases of rape, violence against women, and sexual assault during the outbreaks of Ebola and Zika viruses in Africa (Yasmin, 2016). Similar to other disasters, infectious disease outbreaks leave particular groups — women and girls —vulnerable to violence. Currently, the COVID-19 global outbreak is an ongoing case in point. The pandemic has brought unprecedented economic and public health shocks, enticing wide-ranging social consequences, including the upsurge in GBV.

The surge in the trend of GBV can also be observed in Indonesia. Various government agencies and organizations in Indonesia have submitted and presented their data on the increase in GBV reports. According to Komnas Perempuan, throughout the year 2020, there have been 2,389 cases of VAW, with almost 90% of these cases being GBV cases. It is estimated that cases of GBV spiked by 63% during the pandemic in Indonesia. From January until October 2020, Komnas Perempuan received 1,617 complaints, with a significant increase in the number of GBV reports, particularly in domestic violence or IPV and gender-based cyber violence (Komnas Perempuan, 2021a). Presenting a similar trend obtained from an online survey, the Jakarta Feminist Association (*Perkumpulan Lintas Feminis Jakarta*) illustrated

that out of 315 survey respondents, 52.5% experienced gender-based violence during the virus outbreak. The Legal Aid Foundation of the Indonesian Women's Association for Justice (*Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan/LBH APIK*) – also presented a rise in the number of reports. In 2019 they received 798 reports and complaints, while in 2020, they received 1,178 cases with 418 domestic violence cases and 307 cases of gender-based cyber violence (Perkumpulan Lintas Feminis Jakarta, 2021).

The increase in reports of GBV during the pandemic in various countries such as Indonesia regrettably does not come as a surprise. The outbreak of the COVID-19 pandemic has intensified and exacerbated the risks to the preexisting GBV, particularly against women and girls. While the pandemic alone does not directly cause GBV or violence against women (being the most prominent), the socio-economic issues stemming and intensified from and during the outbreak exacerbate existing conditions that allow violence to exist, making it more likely to emerge. Factors ranging from psychological and emotional stress, economic uncertainty, and insecurity as the unavoidable consequences of the crisis to the double-edged sword effect of quarantine restrictions have contributed to the exponential increase in GBV records (UN Women, 2021a).

The following section mainly discusses how various dimensions of COVID-19 have directly and indirectly exacerbated the risks to GBV and led to the exponential increase in the number of GBV cases worldwide. In addition, it also discusses how the pandemic has brought a new form of gender-based violence.

1. COVID-19 and Economic Insecurity

The pandemic's severe impact has led to the dramatic loss of human life worldwide and has extended to devastating economic and social disruption. The COVID-19 pandemic's far-reaching economic consequences inflict economic shocks on households in affected areas, with the most significant effects on the already economically vulnerable population. The pandemic's economic impact is projected

to increase poverty and unemployment globally due to the widespread closure of businesses and industries. It has been reported that most jobs lost in the COVID-19 crisis have been in low-paying industries whose majority of workers are women. In Indonesia, two out of three companies have stopped working due to COVID-19, including 2.5 million garment industry workers, most of whom are women (Jackson & Judd, 2020). With the outbreak of COVID-19, women stand at an even starker disadvantage since they work more in service and informal sector jobs with low wages and no unemployment insurance (UN ESCWA, 2020). Among other factors, the economic hardship heightened during the pandemic has increased women and children's vulnerabilities to violence at home. Being unemployed makes women financially dependent and more susceptible to domestic violence and intimate partner violence (IPV). According to OECD (2020), women in developing countries such as Indonesia are more vulnerable to job and income loss, which in turn exposes them to greater risks of confinement and economic insecurity, which are high exacerbating factors to GBV. The lack of financial empowerment affected by the loss of jobs makes it even more difficult for women to prevent abusive relationships, especially during crises where many sources of income are cut loose (UN Women, 2021a).

In addition, male unemployment due to the pandemic has also increased IPV, particularly physical abuse consequent to financial and psychological stressors. A study conducted by Bhalotra et al. (2019) has demonstrated evidence showing links between increased physical violence against women associated with male unemployment. Many have suggested that such a link can be attributed to gender social norms and the household's cultural context of power dynamics in the household (Awungafac et al., 2021; Tur-Prats, 2017; Anderberg et al., 2013). In a society with strong patriarchal values like Indonesia, feelings of inadequacy and emasculation can rise from unemployment as men feel failure in their ability to fulfill the traditional role as the family's breadwinner. It often leads to violence and abuse, targeting their partners and children in response to psychological and emotional stress (Awungafac et al., 2021). For instance, among a plethora of case

studies conducted, the research was undertaken by Tur-Prats (2017) in Spain has shown that in a setting of nuclear family tradition (social norm prescribing men as the primary breadwinner of the family), male unemployment is associated with the increase in IPV.

As the pandemic continues to create and increase emotional stressors in households, the risks of IPV and domestic violence also heighten. A survey carried out by East Asia and Pacific Gender Innovation Lab in 2020 found that 83% of the Indonesian respondents reported an increase in IPV in their community due to COVID-19, with household food insecurity among the strongest predictors of exposure to GBV (Halim et al., 2020). The disruption of livelihoods and the decrease in income will reduce access to basic needs and increase food insecurity, subsequently adding more tension in the household and potentially increasing conflicts and violence. Awungafac et al. (2021) have reported that the link between food insecurity and the increase in forms of GBV such as IPV perpetration at home stems from anxiety and depression that arise from concerns about the availability of livelihoods related to poverty and unemployment, secure access to health services, which are expected to increase because of the current pandemic. Such impact is significantly worse for societies already living below the poverty line.

2. Double-Edged Sword: Quarantines and Social Isolation

The pandemic's safety measures, such as the lockdowns and movement restrictions aimed at containing the spread of the virus, are some of the significant sources exacerbating the risks of GBV. The UNFPA estimates that, globally, in every three months of lockdown, an additional 15 million cases of GBV will be expected (UNFPA, 2020). Forced quarantines and isolation measures risk increasing GBV cases by advancing women and children's daily exposure to potential perpetrators. The risk is further intensified with the economic hardship due to COVID-19. The isolation measures added with unemployment as part of the pandemic's repercussions could result in perpetrators' more violent behaviors (Usta et al., 2021). Reports worldwide have recorded emerging patterns of increased violence and women experiencing

violence for the first time from their partners (Bami et al., 2020; Taub, 2020). The survey carried out by the Jakarta Feminist Association (2021) unveiled that 22% of their respondents have reported experiencing violence for the first time during the pandemic. Not only does the crisis increase the number of GBV cases, but it also increases their frequency and intensity. The increased stress and tension the pandemic is building in households, especially during lockdowns, is causing more women to be at greater risk of augmented violence and aggression. Under lockdowns, the perpetrators are more likely to be put on edge situations and may use violence to vent frustration (Harvey et al., 2013). It is also more likely to occur given the lack of access to usual stress-relieving mechanisms as they are closed during the pandemic. Furthermore, in light of physical distancing regulations, the disruption of general services and the irregularity of service provision have made victims of GBV more restricted, particularly in their ability to seek safety—including to escape, report, or seek support.

The pandemic and the subsequent current health measures to curb the pandemic from mobility restrictions, physical distancing, lockdown, and quarantine restrictions have also disrupted the availability and accessibility of various essential services for victims of GBV. As a result, the available information on services and the means to access them are limited. It may extend the suffering of victims who are forced to accept their situation given the lack of access and information to services that are essential in supporting them. Moreover, the lack of preparedness for the pandemic response and resource shortage, particularly technological facilities, have caused operational disruption of services for survivors of violence. UN Women (2020) has reported that survivors in various countries, especially Afghanistan, Cambodia, and Indonesia, have difficulties accessing shelters, helplines, and psychosocial services as these services are either closed or operate irregularly.

The health measures such as lockdown and movement restrictions also make it more difficult for the government or organizations to provide support and reach out to survivors. Yayasan Pulih –an association providing psychological support and services for victims

of domestic violence in Indonesia– has attested that throughout the COVID-19 period, it has been challenging to offer psychological support to victims of domestic violence as they are isolated from the systems providing to help them. Komnas Perempuan (2021a) also highlighted the difficulty in the process as, during the pandemic, the victims have brought negative COVID-19 tests to come and report, which may become additional constraints for victims and survivors to report their cases. In addition to the impeding quarantine measures, the financial impact of COVID-19 also potentially affects the frequency and capacity of local organizations to provide support for victims of GBV as well as in their advocacy for policy reforms. Local civil society organizations providing services essential for victims of violence have limited capacities and resources to deliver remote or online services.

The potential risk of virus infection has also forced a few GBV prevention and response services to be suspended or even closed. Although GBV service channels have taken the means to have digital and online services, victims of GBV in rural areas or without access to technological facilities may not be able to seek support. Taking into consideration the existing gender digital divide, the magnitude of this problem is furthered as many women and girls in many developing and underdeveloped countries may not have the capacity or access to mobile phones, computers, or internet access that would facilitate them in reaching for help through online services in times quarantine (UN Women, 2021b). Women and girls in many contexts often have less access than men and boys to the internet or other forms of technology, consequently impairing their ability to access remote services. Based on this fact, the issue is even more complex as risks would be further compounded in the cases of women and girls living in households affected by GBV. Perpetrators would likely limit the victims' access to various technology forms.

3. The Pandemic and the Rise of Gender-Based Cyber Violence

As the pandemic continues to wreak havoc, the world has become increasingly reliant on the digital world. With the increased use of

digital platforms, especially during lockdowns, emerging data and reports have witnessed the rise in gender-based cyber violence (GBCV). Komnas Perempuan (2021a) presented in its annual report that during COVID-19, GBCV cases in domestic violence increased by 920%, from only 35 cases in 2019 to 329 cases in 2020. In addition, complaints and reports of GBCV on social media have risen from only 126 cases in 2019 to 510 cases in 2020. Forms of reported GBCV are diverse and are mainly carried out by people known to victims, such as partners and/or ex-partners. The breadth of access in cyberspace also allows other parties to become perpetrators of such violence, such as friends, social media followers, or strangers. Komnas Perempuan also reported that the forms of violence vary from psychological, sexual, economic, or even all at once. The surge in GBCV cases highlights the emergence of new patterns of violence, which were triggered and intensified by the pandemic and its repercussions. Despite the gender digital divide, women and girls are still subject to online violence in various forms, such as physical threats, exposure to unsolicited pornographic content, revenge porn, and zoom-bombing. The impacts of cyber violence have been widely documented, with most being associated with psychological, social, and reproductive health impacts. The victims are exposed to experiencing higher levels of anxiety, stress disorders, panic attacks, and depression. These feelings are intensified and exacerbated in the context of the pandemic with additional sources of stress elements (UN Women, 2021b).

Despite the overwhelming evidence from reports and studies worldwide that the number of GBV cases has risen during the pandemic, it is essential to highlight that the current data present are most likely underestimating the real GBV cases and the magnitude of the issue. It is to be expected that, especially with all the limitations during the pandemic, many victims and survivors of gender-based violence do not report or may not be able to report to police, helplines, or other service providers. As previously discussed, the pandemic has increased the risks of GBV and the barriers to seeking support. The annual report from Komnas Perempuan (2021b) confirms this notion.

The report shows that the number of cases reported in 2020 decreased by 31%. Such a figure does not reflect the decrease in GBV cases but illustrates how the pandemic has furthered the shadow around gender-based violence. The sudden and inevitable changes as the pandemic's repercussions have forced various changes in the service provision system, particularly in gathering reports and reaching out to victims. Furthermore, various health measures curbing the virus, such as lockdowns and mobility restrictions, lack of technological resources, lack of digital literacy, and inaccessibility to online services, have contributed to the obtainment of an inaccurate number of cases and reports. Hence, in addition to mitigating the risks of GBV, it is also imperative to enhance reporting schemes that can adapt to times of crisis, such as the COVID-19 pandemic.

D. Prevention and Mitigation Framework

The urgency to address the issue of GBV is unequivocal, and the repercussions of the pandemic have made it abundantly clear that counter policies and actions are more than ever indispensable. However, complexities may arise considering the capacity of critical stakeholders, particularly the governments, social service providers, and non-governmental organizations in crisis settings. During crises, funds are limited and are most likely not prioritized for cases of GBV. Countries severely affected by the pandemic have available sources such as the health systems and national social services diverted to respond to COVID-19 cases, which lessen resources available for addressing GBV. As discussed above, the global economic impact of the virus outbreak has also taken its toll on the provision of services for various organizations to GBV victims and survivors. Subsequently, existing approaches in responding to cases of GBV may likely be disrupted in areas severely affected by the outbreak. Therefore, it is imperative and urgent to react to the shadow pandemic — gender-based violence — amid the COVID-19 pandemic with adaptive measures.

The advocacy for GBV prevention and risk mitigation in the context of the COVID-19 pandemic has come strongly from UN

Women and various international, national, and local organizations. In general, they have focused prominently on three areas: 1) bolstering the response services system for GBV victims and survivors; 2) enhancing prevention efforts targeting root causes of violence; and finally, 3) mitigating risks of GBV. Considering the vital link between crises and surge in GBV cases, the government must ensure available — if not increased availability and accessibility of service provision and improve the quality of responses. Such services include outreach centers, response hotlines, case management, temporary shelter, urgent medical care, and other forms of support to meet the needs of the victims and survivors. The UN Women (2020) has proposed the expansion of capacities for shelters and increasing staff or temporary operations. Considering the increased risk of IPV and domestic violence within the context of COVID-19, service providers should also ensure support channel for victims whose access to support are likely to be restricted by perpetrators. Similarly, considering the unprecedented nature of COVID-19, service provisions should also reach those situated in remote areas and may not have available facilities and resources for digital services. The government and local organizations should also ensure that information regarding available services and mechanisms for seeking help during the pandemic are widely disseminated throughout relevant networks.

As the pandemic has put socio-economic inequalities in the spotlight and their gender dimensions, enhancing GBV prevention approaches are required to address the root causes of violence and discrimination. There are various substantial contributions to such preventative work. The UN has recommended strengthening the advocacy and engagement of different actors to address GBV during COVID-19. Strong advocacy on the increased GBV cases during COVID-19 can help bring the spotlight to the issue and, therefore, pressure the policymakers and authorities to act and bring awareness to society. Formal and informal education is crucial in developing and strengthening social norms against inequality, discrimination, and violence. Raising awareness and sharing information regarding GBV cases through social media is highly lucrative in the context

of the pandemic. Media plays a vital role in portraying respectful and equal relationships and gradually altering harmful social norms. Integrating programs against gender-based violence into long-term pandemic preparedness should also be considered.

Alongside response and prevention efforts, GBV risk mitigation is highly imperative. Mitigation intervention helps reduce exposure to GBV and ensures the response action and services cause no harm or even increase the risk of violence (Inter Agency Standing Committee, 2015). The unique dimensions of the COVID-19 pandemic have significantly increased the exposure of victims or potential victims to perpetrators. Lockdown and quarantine measures implemented to curb the virus have forced victims to stay at home in close range with the perpetrator and limited their options to seek safety. As the United Nations Population Fund (UNFPA) (2020) estimated that violence increases by 20% during lockdown periods, it is more than necessary to have GBV risk mitigation applied across sectors ranging from health, food security, education, and the economy. Standard risk mitigation measures should be developed to adapt and fit the COVID-19 context (Sharma et al., 2021).

The Inter Agency Standing Committee (2020) has developed GBV risk mitigation strategies adapted to the current COVID-19 pandemic. The document presents GBV risk mitigation actions based on established good practices adapted to the unprecedented COVID-19 outbreak. For instance, food distribution can be implemented as mitigation efforts considering increased food insecurity during the pandemic. Moreover, food distribution can be used as an entry point for proactively disseminating information on available GBV services. Similarly, livelihood or cash programming can also serve as an important risk mitigation strategy, particularly during economic fallout throughout the outbreak. It also serves as a medium for information dissemination on GBV response services and feedback on safe and accessible assistance. Another important mitigation strategy is the establishment of Risk Communication and Community Engagement (RCCE). Such establishments must employ women and girls at their

core, particularly in planning and conducting outbreak surveillance. Provision of information and socialization on various “red flags” that may lead up to GBV in multiple forms, including online exploitation and harassment, is also a strategy to mitigate the risks of GBV. Integrating GBV risk mitigation into COVID-19 response measures with GBV prevention and response is crucial to effectively address the double pandemic (Sharma et al., 2021).

The following will lay out the past and present development and efforts by the national government and relevant organizations in tackling the GBV cases during the pandemic. It explores and assesses the existing tools, strategies, and measures that have been put in place to prevent and mitigate the GBV in the outbreak of Covid-19.

1. Indonesia: National and Local Framework against Gender-Based Violence

Indonesia has shown its national commitment to fight against GBV. The 2020–2024 National Midterm Development Plan (*Rencana Pembangunan Jangka Menengah Nasional/RPJMN*) places gender equity as a strategic issue needing to be mainstreamed. One of the four indicators mentioned in determining the gender equality issues in Indonesia is reducing the number of GBV, especially VAW. In the context of the COVID-19 pandemic, the Indonesian government has quickly recognized the shadow pandemic of GBV and reacted to it. It is evident in the issuance of regulation from Indonesia’s Ministry of Women’s Empowerment and Children Protection (*Kementerian Pemberdayaan Perempuan dan Perlindungan Anak/KPPPA*) No. 13 in 2020, explicitly addressing women and children’s protection from gender-based violence in times of disaster such as the COVID-19. The regulation considers that women and children are particularly vulnerable to violence, including GBV, in times of crisis, and therefore the law aims to protect them. The regulation itself is based on a few principles, including 1) gender-responsive — service providers must be gender-sensitive when analyzing GBV issues in times of disaster; 2) non-discriminating — every woman and children have the right

to access GBV-related services; 3) mutual respect and equality; 4) confidential; 5) secure and comfort; 6) diversity; 7) non-judgmental; 8) sensitive to victims' background; 9) swift and straightforward in responses; and 10) empathy. The ministerial regulation is intended as a reference for relevant ministries and government agencies, local governments, and the community in protecting GBV during a disaster. While it is unclear how the regulation has been implemented, considering the lack of publication, the issuance of the regulation shows Indonesia's strong commitment to addressing the double pandemic, recognizing the issue of GBV in light of the outbreak (KPPPA, 2020).

On the other hand, the long-overdue legislative process of the Elimination of Sexual Violence Bill (*Rancangan Undang-Undang Penghapusan Kekerasan Seksual/RUU PKS*) has added another dimension to the battle against GBV in Indonesia. The bill has been proposed for almost a decade, and the fight for its legitimation as a legally binding tool to protect women in Indonesia against sexual violence has been a long tardy battle. The bill is imperative as it recognizes different types of sexual violence and protects victims by criminalizing the perpetrators. Moreover, the bill itself focuses not only on protecting the victims legally but also on supporting their healing process. Hence, with the most recent development presenting victory through the bill's enactment by Indonesia in April 2022, Indonesia has proved significant progress and accomplishment in its combat against GBV (DPR RI, 2022).

In addition to the legal tool, the KPPPA and UNFPA developed a protocol for handling cases of violence against women during the pandemic. The protocol has initially been implemented by the Integrated Service Center for Women and Children Empowerment (*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak/P2TP2A*) in the capital together with Yayasan Pulih and the Service Provider Forum (*Forum Pengada Layanan*). After the initial implementation, the protocol was modified and refined and became the national reference protocol for all service institutions at the provincial, city, and district levels, particularly in dealing with victims of GBV during the

COVID-19 pandemic with appropriate health measures and protocols (KPPPA, 2021). The protocol covers eight main areas focusing on response measures for GBV victims. For instance, within the protocol package, there is a protocol for complaints of GBV during the pandemic, a protocol regarding the provision of assistance services, protocols for referrals to health services and shelters for victims of GBV as well as protocols for psychosocial services, legal consultation, legal process assistance and finally protocols for victim rescue. The advocacy against GBV focuses on three pillars of action: response, prevention, and risk mitigation.

However, current national protocols addressing GBV during the pandemic lack the second and third pillars. Indeed, the protocol is very detailed in spelling out the guiding procedures for GBV response and service provision during COVID-19. While this is progressive and expeditious, it is insufficient. Preventive and mitigation efforts are crucial in the battle against GBV, especially during pandemics and future disasters. Furthermore, since the protocol is not legally binding to regional governments and only serves as a reference, it is either unclear or not mentioned whether it is widely implemented and correctly evaluated.

2. NGOs in Indonesia: Battling Gender-Based Violence in the Pandemic Time

The most pervasive yet least visible human rights violation globally requires collaborative work and strategies to respond, reduce, prevent, and mitigate the risk of GBV in Indonesia. In this case, NGOs play an essential role in addressing the problem of GBV, particularly in the sectors the government has failed to fulfill. NGOs have contributed to fighting against GBV through various ways such as advocacy, education and training, and direct assistance for the victims. As we have seen in the previous section, the pandemic has brought wide-ranging socio-economic consequences that exacerbate the existing conditions of gendered violence in Indonesia. The pandemic also forced people to adjust their ways of life, especially when lockdown and social

restrictions were put in place. Due to the pandemic, people's mobility is restricted, and many essential services had to shift their operational measures. The need to address the pandemic's effect on GBV is abundantly clear. However, the capacity of the actors—governments, non-government organizations, and social service providers—is much more complex. This section discusses the role of NGOs as one of the essential actors in fighting against GBV and the challenges they must face amid the pandemic.

Before the pandemic, unreported GBV cases were already an issue in Indonesia. As mentioned briefly, heteropatriarchy norms become barriers to services and resources for victims to access justice. The pandemic provides additional challenges as many countries do not recognize GBV prevention and response as essential (Oxfam, 2021). In some cases, the existing GBV programs or service provisions, such as shelters or safe spaces, were converted into COVID-19 response centers, further reducing the already limited availability of GBV services (CARE 2020). Furthermore, this condition affects the victims and the service providers—mostly women's rights organizations. A survey conducted by Oxfam (2021) of over 200 Women's Rights Organizations across 38 countries shows that 33% of these organizations had to lay off between one to ten staff members, and 9% of organizations have had to close their services. The same report revealed that pandemic provides significant challenges as they have to face significant funding cuts, operational problems, and mental health struggles for their staff (Oxfam, 2021). Such a condition is not ideal for the victim, particularly when they need help more than before.

In Indonesia, many women's organizations assist with services related to violence against women. For instance, an NGO network forum called the Forum of Service Providers for Women Victims of Violence (*Forum Pengada Layanan bagi Perempuan Korban Kekerasan/ FPL*) consists of 112 members across 32 provinces in Indonesia. FPL members work in various forms of service for victims of violence, such as case handling, referrals, legal assistance, and shelters for the victims. However, the pandemic has significantly changed their services as

they have to shift from offline to an online system. In addition, many organizations and institutions such as KPPPA, Rifka Annisa, Yayasan Pulih, and others provide a helpline number for victims of GBV. As described in the previous section, this service is vital to respond to the increase of GBV cases enabled by the pandemic. However, the online service also does not come without a cost. Rifka Annisa, an Indonesian women's crisis center working on violence against women, confirms the challenging situation of the pandemic, particularly in providing online services for victims. There are various challenges with this system, such as the questions on how to provide a safe online environment for clients/victims, ensure accessibility for clients/victims, and most importantly, how to address the increase of reports despite the limited staff or resources in the organization (Rifka Annisa, 2020). On the other hand, Rifka Annisa still provides direct assistance in the form of shelter. However, they must ensure that the shelter abides by the health protocol requirements from the government. In other words, these NGOs must adapt quickly to be operational and ensure that the victims can access immediate help when needed.

Furthermore, in response to the increase in gender-based cyber violence, many organizations also provide specific assistance to help the victims of this type of violence. For instance, SAFEnet, an organization focusing on digital rights in Southeast Asia, launched *Awas KBGO* (Beware of gender-based cyber violence) in 2018. This initiative focuses on providing services such as assistance and accompaniment if victims want to report their experience to a digital platform and a consultation service on privacy and digital rights to prevent GBCV. Unfortunately, similar to the physical violence, victims of GBCV also have to face difficulties in seeking justice. According to SAFEnet, there are few reasons behind this situation. First, Indonesia does not have a law regulating GBCV (Putri et al., 2021). Second, lack of capability from police officers and its institution infrastructure in handling GBCV, primarily when the violence is conducted by anonym accounts (SAFEnet, 2021). Therefore, these NGOs have limited capability to assist the victims as they rarely receive the justice due to the absence of regulation. Nevertheless, organizations such as SAFEnet are actively

advocating for the protection against GBCV. They also regularly publish guidelines on issues related to GBCV on their websites, such as how to respond to threats and legal aspects to sue the perpetrator to give a capacity-building for people and the public in general.

To conclude this section, it can be said that the crisis brought by the COVID-19 pandemic has increased the complexity of addressing the issue of GBV. The core problem comes from the limited availability of services that respond to GBV. The economic impact of the outbreak has pushed governments to divert their priorities to several essential sectors but neglect GBV cases. As a result, many organizations lack government funding and support, which affects their operational activities. In addition, the national and local legal framework against GBV is still far from sufficient in protecting the victims. This condition has put a significant constraint on the NGOs aiding GBV victims because, despite the limitation, they must quickly adapt internally and externally to ensure that the victims are not neglected and receive the help they need.

E. Conclusion

Gender-based violence is a human rights concern. People who experience GBV suffer from different human rights violations, from the right to freedom from torture and degrading treatment, the right to safety and security, and the right to life. The global pandemic has further worsened the situation as it brings many socio-economic issues such as loss of jobs, psychological stress, and the double-edged sword effect of quarantine restrictions in making the violence against women intensify. Furthermore, as the government must quickly respond to the outbreak to secure its healthcare system and economic situation in the country, often—if not always—GBV responses must be put aside from their focus, limiting the availability of services for victims when they suffer from violence. Women, once again, must be marginalized during a crisis.

Indonesia is not an exception to such circumstances. As presented in this chapter, various reports made by organizations working on

violence against women show concerning numbers with the increase of GBV reports since 2020. This situation has called for an improvement in the quality of responses. However, it takes a collaborative effort from all actors—state and non-state—to reduce GBV. Non-state actors such as NGOs should continue to push the authorities to fulfill their duties to protect their citizens from any form of violence. This advocacy can also serve as an education platform for the public regarding GBV and the ways to mitigate them, exemplified by SAFEnet through its advocacy of gender-based cyber violence. However, the most critical tool to provide justice for the victims of GBV is through a legal framework.

The absence of laws and regulations to protect and provide justice for the victims is a huge barrier in the fight against GBV in Indonesia. The existing law is insufficient to protect the victims because Indonesia has been charging the perpetrators under the Criminal Code, the legacy of colonial legislation, which in many cases is not sufficient to accommodate the current needs and condition of violence against women in Indonesia. In addition, without such a legal framework, many victims must suffer a humiliating experience when reporting their situation to the authorities because the law officers do not demonstrate the capability to handle GBV cases. In other words, the unavailability of a legal framework to protect victims of violence is a form of negligence and a violation of women's rights as citizens. While it has been a tremendous accomplishment and a great milestone for Indonesia that the RUU PKS has been recently issued, the need to guide its effective implementation remains more critical than ever. With its passing and implementation, the law would prevent the victims' criminalization and prohibit law enforcement from degrading the victims as they were freed from the responsibility to provide evidence for their cases. With the state's protection through legal tools and support from various non-state actors, the victims would finally be able to receive justice for themselves.

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