Komnas Perempuan's Submission
to the Calling for submission
on Covid-19 and the increase of domestic violence against women

*Komisi Nasional anti Kekerasan terhadap Perempuan (**Komnas Perempuan**) or National Commission on Violence Against Women is one of Indonesian national human rights institutions, focusing on building environment conducive to the elimination of all forms of violence against women and the fulfilment of women's human rights. It has the mandates of monitoring and facts finding, besides conducting research, educating public and addressing policy recommendation. Other than Indonesian Constitution, CEDAW and CAT are the two main conventions in Komnas Perempuan's statute referred to build framework in conducting its mandates.*

1. ***To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.***

   After the declaration of COVID-19 as a pandemic and Indonesia imposed a policy of *Pembatasan Sosial Berskala Besar* – PSBB (Large-scale Social Restriction), Komnas Perempuan conducted a study of the impact of COVID-19 pandemic on women's lives. The study conducted by Komnas Perempuan is divided into several aspects, namely the study of the impact of COVID-19 on the dynamics of change in the household and the study of the impact of COVID-19 on service provider institutions and women human rights defenders. Komnas Perempuan also conducted the study on the impact of COVID-19 on a larger scale which is related to the aspects of national resilience.

   - Based on Komnas Perempuan's online survey results conducted from March to April 2020, it was identified that women and children have the potential to experience violence. The potential vulnerability of women can be seen in terms of experiencing multiple workloads and violence against women is mainly faced by women with a group income of less than 5 million rupiahs per month, informal sector workers, aged between 31-40 years, with married status, with varying levels of education, have more than 3 children and settled in 10 provinces with the highest exposure to COVID-19.

Those women are the most affected groups, both in terms of physical and psychological health, social and economy in the household, and vulnerable to domestic violence[1]. The burden of domestic work during COVID-19 is generally borne by women, compared to men. Most respondents claimed to take care of the household (88% female; 83% male), of which 66% reported that the burden of household work was increasing. The number of women doing domestic work for more than 3 hours is almost four times that of men, transgender and respondents who choose not to identify their sex. There are 1 of 3 respondents who reported that the increase in household work stressed her. Psychological and economic violence dominates domestic violence. As many as 80% of female respondents earning below 5 million rupiahs per month stated that the violence they experienced tended to increase during the pandemic. Physical and sexual violence is especially increasing in households with increased expenditure.

Regarding femicides, Komnas Perempuan made observations based on the reports of reporters listed on online news sites. This is due to the absence of direct complaints received by Komnas Perempuan or service provider institutions. The monitoring result of femicide cases on news sites is known to be limited in number, which is only one case and reported to the police.

2. ***Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?***

The helplines operated by the government and/or civil society underwent several changes during the COVID-19 pandemic. This is due to the implementation of large-scale social restriction policies whose consequences are social distancing and work from home. This policy has an impact on service providers whether provided by the government or by the public, as follows:

a. Reducing face-to-face services, shifting to online services

[1] https://www.komnasperempuan.go.id/reads-siaran-pers-hasil-kajian-komnas-perempuan-tentang-perubahan-dinamika-rumah-tangga-dalam-masa-pandemi-covid-19-3-juni-2020

Face-to-face, home visit, outreach and case conference services are only limited, only for emergency cases with strict application of health protocols. Large Scale Social Restriction and social distancing policies also cause the service to be shifted online by providing telephone hotline, WhatsApp, email, text messaging and video conferencing services. In situations where assistance must be carried out directly, the caregivers coordinate with various interested parties, such as police, hospitals, and judges, to create a service schedule so that they can anticipate the crowd at one time.

As with regions that have major obstacles related to the internet connection, electricity, and digital technology, such as islands and remote areas, service institutions provide direct services even with high risk. However, the number of government and private service institutions is also limited and is still concentrated on Java island. The availability of services related to the special needs of persons with disabilities is also limited or unavailable. The institutions that still provide direct services, eventually make changes to the service by implementing a picket system alternately in the office by limiting the number of caregivers who work at one time.

The changes in the mechanism for providing these services have raised new concerns for the caregivers of women victims of violence. They felt that the assistance was less than optimal because of limited service hours and limited face-to-face services, both in the form of psychological services, outreach, and case conferences. The COVID-19 pandemic also resulted in the reduction of counsellor/caregivers in each service institution and it was feared that this would result in the accumulation of new cases that had not yet been handled. Especially when the speed of handling cases decreases due to various obstacles, while the trend of service demand continues to increase. Another difficulty, if the victim comes from out of town, is required to bring a COVID-19 free certificate whose costs are not necessarily affordable for the victim.

b. Changing the service time

Based on consultations with service providers in May 2020, in general, service hours have not changed much, except during the fasting month. In the fasting month, service hours are reduced for 3 hours. The service hotline remains open for 24 hours for emergency cases. Limitation of service hours is only carried out on face-to-face services. This is done to minimize the potential risk of virus transmission. However,

in online services, even though service hours have been set according to office hours, a trend of service hours has become erratic and tends to exceed the daily working hours limit. The caregivers of victims of violence informed that case can be reported at any time without knowing the time.

c. Meanwhile, in the first 5 months of 2020, Komnas Perempuan had received 903 complaints, of which 542 cases were in the realm of Domestic Violence / Personal Relations, and around 47% (258 cases) were cases of sexual violence. For the community realm, there are 226 cases, of which 203 cases (89%) are cases of sexual violence. In both domains, the most widely reported sexual violence is Online Gender-Based Violence whether committed by ex-boyfriends, girlfriends, even strangers, by carrying out various forms of violence including the threat of spreading sexual photos and videos, sending or showing videos of sexual nuance, exhibitionist, to sexual exploitation.

3. ***Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?***

Indonesia does not apply a lockdown policy that totally limits the mobility of everyone, meaning that everyone can still carry out activities outside the house. In other words, women victims can leave their homes if they experience domestic violence. However, there are a number of restrictions that make it difficult to leave the house, namely by implementing the large scale social restriction policy that prohibits the use of online transportation for motor vehicles (except transporting goods), while this transportation is the most practical way to do so. In some residential areas, residents independently took the initiative to restrict access in and out using the portal. Every vehicle from outside must ask permission to enter the portal guard officer, and every resident who wants to get out must ask permission also from the security officer. This is certainly rather difficult if a woman victim wants to "run away" from home to separate from the perpetrators of domestic violence.

Komnas Perempuan's findings from the online survey also noted that around 80.3 per cent of women victims of domestic violence did not report their cases to service institutions.

Nearly 69 per cent do not keep contact numbers of service institutions, it means that the households do not yet have disaster risk management.

4. ***Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?***

Based on the consultation with service providers, access to safe housing services was very limited during the pandemic. The health aspect is the main reason this service is no longer provided for women victims of violence. In areas that still provide safe housing services such as Jakarta, access to this service becomes very difficult due to the implementation of strict preconditions which require COVID-19 tests conducted by victims before accessing shelter services. On the other hand, protocols for handling violence against women, especially related to safe houses, only require independent isolation and not COVID-19 tests. The Health Office of DKI Jakarta has issued a circular related to the rapid test examination at the *Puskesmas* (the community health centre) which can be given to victims who will be referred to the safe house. However, in practice, the procedure is still complicated because the *Puskesmas* has a priority target group in implementing the rapid test. Generally, the priority groups at the *Puskesmas* are pregnant women, the elderly, and children. There is also no temporary shelter for those who are still waiting for the test results.

Obstacles in terms of health insurance. For areas that already have safe houses, the obstacle is that they are rather difficult to accept new people for fear of contracting, while there is no adequate health insurance. The unavailability of timely and disciplined health protocols is also an obstacle. Similar to the lack of availability of medical devices such as masks, PPE, sanitizers, and facilities for washing hands, plus the low awareness of all parties to implement the protocol with discipline.

In the absence of safe houses that can be easily accessed, there is an effort from service provider institutions in the area to send victims who need safe houses to the homes of their relatives.

5. ***Are protection orders available and accessible in the context of the COVID-19 pandemic?***

The Ministry of Women Empowerment and Child Protection issued 8 (eight) protocols on the handling of GBV cases during the COVID-19 pandemic consisted of a) complaints/report handling; b) providing support; c) referral to medical services; d) referral to a safe house/shelter; e) provision of psychosocial services; f) providing legal consultation; g) providing legal assistance; and h) evacuation. This Protocol 8 is discussed with service providers for women victims of violence, which are run by the government and civil society. However, these eight protocols only came out at the end of May 2020 and will only be disseminated to local governments.

6. ***What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?***

During the COVID-19 pandemic, access to legal services for women victims of violence was very limited. The shifting face-to-face services to online services are a problem for victims who have limited technology and in geographical areas that have limited access to online communication signals, such as in islands. The restrictions on access also occur when women victims are always under the supervision of the perpetrators of violence. Komnas Perempuan found that cases of outreach services for women with disabilities encountered problems because the perpetrators covered up the cases.

From consultations with the Sevice Provider Organizations Forum in April 2020, the process of enquiry and investigation during the pandemic worsened due to obstacles in the examination, and the collection of evidence. Limitation of service hours causes the disclosure of cases by law enforcement officials to be less than optimal. There were also delays in arresting, except for cases caught in the act. For the perpetrator, only the summoning is done.

In general, during the pre-pandemic situation, when dealing with legal proceedings, one of the major obstacles still faced by women victims of violence was the weak gender perspective of law enforcement officers. It was found that law enforcement officers

suggested that victims should reconcile with perpetrators in cases of domestic violence. In the COVID-19 situation, this weak perspective increasingly affected victims' access to justice. Komnas Perempuan found cases in Aceh where law enforcement officers made the COVID-19 situation as an excuse to "close" the cases of violence and not proceed to the realm of the trial.

For the trial process carried out with online media, this also brought several obstacles. First is the obstacle in terms of communication barriers, namely the non-smooth connection of electricity and the internet, especially in areas in the islands. Another obstacle is the victim's sense of justice, which the perpetrators can go through the trial process by teleconference, but the victim still must go to court as happened in Jakarta.

In the red zone area where transportation access was severely restricted, Komnas Perempuan found several rape cases which were adjourned because the victim could not reach the court location due to limited transportation. (Case on Seram Island)

From the side of the experiences of caregivers or who are commonly identified by the term Women Human Rights Defenders (WHRD), there are also impacts that they experienced due to COVID-19 which certainly has implications for women victims. This impact is related to their duties in assisting victims as well as impacts caused by economic and social changes.

- ✓ Working hours and burden are increasing

  Some of the service institutions, both those provided by civil society and the government, have changed the form of their services from face-to-face services to online services. The consequence of this online service is that there are no restrictions on working time, so complaints can be received all the time. This situation places a special burden on the caregivers, moreover online assistance requires far more energy and a longer consultation process than face-to-face counselling. This burden is still aggravated, because, in an uncertain pandemic situation, everyone increases their anxieties, not to mention if there are personal problems in the family. On the other hand, not all service institutions provide psychological support for caregivers.

- ✓ Vulnerability to virus transmission

  Even though some services have turned into online services, some service institutions continue to provide face-to-face services, especially for cases that cannot be handled through online counselling. This assistance process makes the caregiver vulnerable to contracting, even though the caregivers adhere to the recommended prevention protocol. This is because the victim and her family, as well as the officers they met, did not implement the protocol. The caregiver does not have access to run the rapid test so that from day to day the vulnerability can increase. On the other hand, some caregivers from service institutions rely on BPJS (Social Security Administrator for Health) to finance their treatment, and with the increase in BPJS fees, this makes it more difficult for caregivers to get health services related to COVID-19.

- ✓ Decreased sources of income

  The loss of a source of livelihood can also be experienced by the caregivers and their families. This situation also creates special pressure for the caregivers which causes them to not be able to work optimally.

7. ***What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.***

Based on consultations with service provider institutions, the impact of restrictive measures on access to women's health services, including reproductive health, is limited access to services. In *Puskesmas* which provides services, health workers prioritize handling COVID-19 cases. In addition to services for pregnant women, reproductive health services for adult women are not a priority and are therefore very limited.

In some places, health service hours are shorter than usual, and some are even closed and do not provide services. This is because the region is a red zone where many health workers are exposed to the COVID-19 virus.

According to the Head of BKKBN (National Family Planning Coordinating Board), there was a decrease in family planning participants in March 2020 when compared to February 2020 throughout Indonesia. The use of IUDs in February 2020 totalled 36,155 to 23,383. While implants from 81,062 to 51,536, injections from 524,989 to 341,109, pills from 251,619 to 146,767, condoms from 31,502 to 19,583, MOP from 2,283 to 1,196, and MOW from 13,571 to 8,093.

The cause of the decline in family planning participants during the COVID-19 outbreak was because family planning services had been carried out using people to people contact method through counselling by cadres who directly met with the community to conduct socialization. When there are restrictions due to COVID-19 outbreaks that are through physical distancing or social distancing policies, the services automatically go down and family planning participants decline. However, on National Family Day, June 29th, 2020 BKKBN had a program for the distribution of a million contraceptives and managed to reach 1,373,902 acceptors.

One thing related to BKAI (Mother and Child Health Clinic) services during the pandemic, at the beginning of the pandemic, there was no separation between the COVID-19 Referral Hospital and the Reproductive Health Service Hospital. As a result, many reproductive problems encountered obstacles, for fear of coming to the hospital to seek help. Besides, the procedure that requires all patients must undergo COVID-19 test also causes difficulties for mothers who will give birth. There was an incident in Jember, when the patient was ready to give birth, instead was asked whether she had run COVID-19 tests so that it became a problem. Health information and health policies are still experiencing obstacles to reach the grassroots.

8. ***Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.***

- The obstacle faced to prevent and combat domestic violence during periods of social restriction is the strong perspective in the community that domestic work is a shared affair, of women and men. The results of the Komnas Perempuan online survey showed that 96% of the 2,285 respondents in 34 provinces reported that the burden of domestic

work was higher, and women worked doubled than men. The high burden of this household then contributes to violence against women. Women experience more types of violence than men, generally psychological and economic violence. Physical and sexual violence occurs due to psychological and economic pressure. While less than 10% of respondents reported the cases of violence that occurred.

- The COVID-19 pandemic has had a significant impact on the costs incurred by service providers and victims. The Minister of Finance's policy of revising budget adjustments has led to a reduction in budget allocations in various fields, including the issue of women and children. This is widely experienced by P2TP2A (Integrated Service Centre for Empowering Women and Children), UPTD (Regional Technical Implementation Unit) and PPT (Integrated Service Centre). The budget for handling cases of violence against women has fallen dramatically since the COVID-19 pandemic. The budget disbursement process also takes longer than before. Some P2TP2A even experienced a budget rationalization of up to 75%. In Ambon City, the caregivers even had to spend Rp. 400.000,- to Rp. 600.000,- for handling cases.

  During the pandemic, service providers also need an additional budget for the procurement of personal protective equipment, such as hand sanitizers, masks, and body temperature gauges. For non-government service institutions, the cost of procuring protective equipment is an issue, due to budget constraints. To overcome this obstacle, service provider institutions work together with other parties to make donations for the procurement of personal protective equipment.

- Another financing issue revealed in consultation with service providers is the need for funds to conduct COVID-19 tests. The COVID-19 test is applied for victims of violence who access childbirth services in the hospital. The number of costs to be incurred was quite high, reaching Rp. 600.000,- per person. In general, these costs have not yet been covered by health insurance provided by the government. Only the Province of Jakarta guarantees free COVID-19 tests for women victims of violence. The Health Office of the Province of Jakarta issued a circular regarding the services of identity card (KTP) and child identity card (KTA) during the pandemic, one of which contained the waiver of the cost of rapid tests for women and children victims of violence.

9. ***Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.***

   Not yet to be found.

10. ***Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.***

    Komnas Perempuan identifies several good practices/initiatives developed by service providers provided by civil society. The practices are:

    a) Strengthening community-based services

    One good practice that is seen is the strengthening of community-based services and the mechanism of collaboration with stakeholders at the village level. The limitations in being able to reach victims, both because of mobility restrictions and the lack of communication access, encourage caregivers to look for various breakthroughs that can ensure optimal service.

    Service providers in various regions have built cooperation with the heads of village, the head of hamlet, the integrated healthcare centres (*Posyandu*) cadres, the religious leaders, and village cadres to be able to reach victims of violence and educate on issues of violence against women in pandemic situations. Service providers also strengthen networks to handle cases of violence against women at the village and sub-district levels involving *Puskesmas*, Police, and Districts.

    In the situation of limited services during a pandemic situation, community-based service institutions have a large social capital that can be utilized to provide services in the early stages of handling cases of violence that occurred during the pandemic. The location of community-based services in the village makes it easy for victims to reach services and vice versa, the caregivers to reach victims. The social security system that exists in the community can also be used to carry out supervision and

monitoring of the situation of victims of violence at any time. The community also has many resources that can function as temporary safe houses for victims of violence in need.

b) Integration of services with the economic empowerment of victims

Aside from having an impact on the health aspect, the COVID19 pandemic also had an impact on the social and economic aspects. Until April 11, more than 1.5 million employees were out of work or terminated and laid off, of which 1.2 million workers came from the formal sector, 265,000 from the informal sector. Even though social assistance to meet the economic needs of the community has been provided by the government, the social assistance data collection process is not gendered sensitive yet. Women victims of violence have not been a priority recipient of government social assistance.

A good practice that integrates advisory services for women victims of violence with efforts to empower women's economy has been carried out by Hapsari Deli Serdang and Lapan Maluku. They made an economic empowerment effort for women with the production of masks to sell. Also, these two institutions also made efforts to maintain community food security by calling on the farming movement by distributing vegetable seeds to women. Besides aiming to fulfil personal needs, this farming movement is also expected to increase the family's economic income.

This good practice is interesting to be used as a lesson learnt that may be applied in other areas according to the context of each region. The sensitivity of community facilitators in seeing opportunities in the field will encourage the emergence of new innovations that are in accordance with the needs of women, especially women victims of violence. Intervention in terms of economic empowerment during the pandemic is very strategic to do, especially considering the emergence of many economic problems because of the COVID19 pandemic.

c) Participation of religious institutions

Some religious institutions prevent violence against women, especially domestic violence, using the approach of religious language, through religious pulpits. In

addition, some *pesantren* (Islamic boarding school) even have a service centre or women's crisis centre that directly provides assistance to women victims of violence. Examples of Islamic religious institutions, some institutions that carry out these activities include *pesantren* Darut Tauhid (Ky Husein) with WCC Balqis in Arjawinangun, Cirebon and in Jepara (Nyai Hindun Anisah). Religious institutions also changed the method of carrying out religious rituals during the pandemic. Worship which is usually done together at a place of worship, then it is recommended to be done independently at home. But along with the 'new normal' situation, if religious rituals are carried out together, then restrictions are applied according to the health protocol.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

All inputs should be sent to vaw@ohchr.org as soon as possible and will be accepted until 30 June 2020. You are requested to provide your input in English, French or Spanish. Please let us know if you do NOT want your post to be publicly published.