Developing Anti Domestic Violence Policy during Covid-19 Pandemic in Indonesia

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Abstract: COVID-19 (a new strain of corona virus) has been declared a global pandemic. In Indonesia, the measures announced over the past few months have drastically changed people's daily lives. However, there are negative, unintended consequences. As the virus continues to spread around the world, it brings many new stresses, including physical and psychological health risks, isolation and loneliness, the closure of many schools and businesses, economic vulnerability, and job loss. Through all of this, children and their mothers are very vulnerable (End Violence against Children, 2020) to the risk of domestic violence. Currently, COVID-19 is a serious threat to the human population on earth because even though it has a health security dimension, it has an impact on other security dimensions. This article concluded that the domestic violence, in gender mainstreamed legal studies, can be included as a threat to human security (human security) which is exacerbated by the pandemic. In the context of policy, COVID-19 requires the participation of various national and cross-country actors, countries and state actors in efforts to resolve it. In that category, the state needs to work with various non-state actors to eradicate domestic violence.

Keywords: Domestic Violence, Policymaking, COVID-19 Pandemic, Indonesia

I. INTRODUCTION

The increasing number of COVID-19 cases has led the Government to issue instructions for restricting leaving the house, even since March 16 2020 all civil servants have worked at home, and some private companies have treated the same instructions. The Ministry of Manpower noted 2.8 million workers had been laid off during the COVID-19 pandemic because the companies they worked for were not operating. The high wave of layoffs, loss of community livelihoods, followed by other impacts such as the emergence of potential for gender-based violence (such as; sexual violence, domestic violence, online gender-based violence and other forms of violence) experienced by women after the issuance of the determination of COVID-19 as a National disaster in the Presidential Decree.
12/2020 concerning the Determination of the Non-Natural Disaster for the Spread of Corona Virus Disease 2019 (COVID-19) as a national disaster. This condition causes the burden of women to increase where in addition to having to take care of the household, assisting children's schoolwork, even looking for additional family economies. This double burden triggers household conflicts to get stronger, which leads to potential violence.

The Indonesian Ministry of Women and Child Empowerment data for the period March 2 - April 26 2020 shows the number of cases of violence against adult women (≥ 18 years) has reached 173 cases with an average of 3 cases per day. Meanwhile, the number of victims of violence against adult women reached 174 victims with 66% (114 people) being victims of domestic violence and 6% (11 people) being victims of trafficking in persons. Physical and mental violence against women, for example, have been included in international and regional human rights conventions which have a legally binding nature against the state that has ratified them. In this regard, the international community has created an effective legal standard and pays special attention to domestic violence.

These international human rights documents include, the Universal Declaration of Human Rights ("UDHR"), the International Covenant on Civil and Political Rights ("ICCPR"), and the International Covenant on Economic, Social and Cultural Rights ("ICESCR") which become standards general regarding human rights, where victims of domestic violence can sue their respective countries. Incidents of domestic violence have shown that the state has failed to pay attention to the complaints of victims. Then a country can be subject to sanctions if the country is a member of the international instruments as previously mentioned. The same can be done under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Protocols.

Domestic violence refers to threats or other violent behaviour within the family that may be physical, sexual, psychological, or economic, and can include child abuse and intimate partner violence. Domestic violence during a pandemic is associated with a variety of factors including economic stress, disaster-related instability, increased exposure to exploitative relationships, and reduced options for support. Due to social isolation measures being implemented around the world to help reduce the spread of COVID-19, people living in situations of volatile domestic violence are confined to their homes. Social isolation exacerbates personal and collective vulnerability while limiting accessible and recognized options for support. In many countries, including Australia, we have seen increased demand for domestic violence services and reports of an increased risk of children not attending support.

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school\(^4\), a pattern similar to previous episodes of social isolation linked to epidemics and pandemics (Body, Young & O’Leary 2020). In Australia, when stay-at-home orders came into effect, police in some parts of the country reported a 40% reduction in crime overall, but a 5% increase in calls for domestic violence\(^5\). At the same time in Australia, Google reported a 75% increase in Internet searches related to support for domestic violence\(^6\). This pattern is repeated internationally. Reports of domestic and domestic violence have increased worldwide since social isolation and quarantine measures were introduced. Recently, anecdotal evidence from the United States, China, Brazil, and Australia indicates an increase in violence against intimate partners, women and children due to isolation and quarantine.\(^7\) China, the first country to implement mass quarantine in Wuhan province, saw a threefold increase in domestic violence incidents in February 2020 compared to the previous year.\(^8\) As Europe imposed quarantine measures in an attempt to slow the tide of infection, the Italian government began tasking hotels with providing shelter for a growing number of people fleeing abusive situations.\(^9\) Likewise, France reported a 32%-36% increase in complaints of domestic violence following the implementation of self-isolation and quarantine measures.\(^10\) France has also started assigning hotels as shelters for those fleeing harassment. As quarantine measures expanded to the United States, individual states reported a similar increase in the incidence of domestic violence ranging from 21% to 35% (2020 stakes). Returning to Europe, Britain is also seeing concerns about increasing violence in families.\(^11\) There have been reports of homicides related to domestic violence in several countries.\(^12\) The UK's National Domestic Harassment Hotline has seen a 25% increase in phone calls since stay-at-home measures were implemented\(^13\), recording at least eight domestic violence-related deaths (Knowles 2020).

This article discusses the issue of domestic violence in the context of COVID-19 pandemic. The current existence of COVID-19 is included as one of the security

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\(^12\) ibid

issues from a health perspective within the framework of a domestic violence issue. The human security policy approach is used to formulate a policy for handling these problems by considering several things: Evidence Base Approach, which is an evidence-based approach to the national and international agendas for health policy and health research. In this case, it must be supported by valid evidence, starting from the origin of the person infected, the number of people who interacted with the victim, the number of victims and so on. Collaboration Method, specifically aims to increase team success when they are involved in collaborative problem solving. That in making policies related to the problem of handling domestic violence, in this case COVID-19, it requires synergy among cross-sectoral stakeholders.

II. LEGAL MATERIALS AND METHODS

The method used by this article to see the impact of COVID-19 on domestic violence is by conducting a literature study method. This literature study is drawn from secondary legal sources such as laws and several journals, books, and news related to issues of domestic violence, the COVID-19 pandemic and the relationship between the two.

III. RESULT AND DISCUSSION

State of Living during Pandemic in Indonesia

The new coronavirus outbreak has been intensifying even more globally, countries are adopting specific measures to slow the spread of the virus through mitigation and containment. Social distancing and isolation are critical to the public health strategies adopted by many countries, and in many situations penalties are imposed for anyone who violates these restrictions. Social isolation requires families to remain in their homes resulting in intense and irreversible contact and the depletion of existing support networks, such as through extended families and through social or community-based support networks for families at risk. In addition, isolation places children at greater risk for neglect as well as physical, emotional, sexual and domestic abuse. Due to imposed strategies of distance and social isolation (necessary), and due to the lack of essential resources and the economic consequences of these actions, people globally live in stressful conditions. Although social isolation is an effective infection control measure, social isolation can have significant social, economic, and psychological consequences, which can be a catalyst for stress that can lead to violence.

United Nations Secretary-General Antonio Guterres recently called on countries to prioritize support and set up an emergency warning system for people living with family violence. Pharmacies and grocery stores in France now provide emergency warning systems to help enable people to indicate they are in danger and need support, through code word recognition to alert staff they need help.

14 Van Gelder, et al above n.1; Campbell, above n.7
Domestic violence support agencies in some areas have published specific guidelines on domestic violence in COVID-19 with a focus on what friends and family can do to support people who are isolated (Australian Domestic Violence Resource Centre [DVRCA] 2020). Charities also recognize the role that neighbours can play in supporting people living with family violence, providing advice on what to listen to and look for when they are alone at home, and encouraging conversations with neighbours.

The current COVID-19 phenomenon has several impacts on society. The impacts of COVID-19 range from economic to social. This is due to the existence of several policies made by the government in an effort to reduce transmission that occurs in the community. Transmission of the COVID-19 virus through droplets or physical contact has prompted the government to issue social distancing and quarantine policies urging people to stay at home and not go anywhere. The existence of a period of quarantine has made the number of domestic violence against women and children increase globally. This occurs because many women are forced to isolate or “isolated” at home with the perpetrators of violence. Dian Kartikasari, Chairperson of the INFID Executive Board and Secretary General of the Indonesian Women's Coalition (KPI) 2009-2020 said that the period of independent isolation had an effect on creating conflicts in the household. The cases of violence experienced by women today range from physical, psychological, and sexual violence. One of the cases experienced by the female head of the household was attempted rape during the spraying of disinfectants. Isolation is also a risk where individuals will experience PTSD, depression, anxiety, and other mental health. Johnson and Ferraro (2000) states that perpetrators of domestic violence are divided into two, namely, characterological and situational. This situation can be a cause of domestic violence in the middle of a time like now due to stress caused by staying at home continuously, stress due to job loss, reduced income and other issues.

The application of social distancing and staying at home also applies in Indonesia. This is due to the increasing number of corona positive cases in Indonesia. Based on data from the Task Force (quoted from Idhom, 2020) on April 23, 2020, the number of positive cases of COVID-19 reached 4,557, of which 3,778 patients were still in the process of treatment and the total death toll reached 399. Currently, the PSBB has also begun to apply in several areas made in the context of preventing the spread of corona in Indonesia. PSBB is a Large-Scale Social Restriction. This PSBB regulation has been recorded in the Minister of Health Regulation Number 9 of 2020. PSBB causes disruption of people's daily activities because these restrictions include school and work vacations, restrictions on religious activities, restrictions on activities in places or public facilities, restrictions on socio-cultural activities, transportation, and other activity restrictions.

People also currently spend a lot of time at home. For some people, spending time at home is a fun activity because the home is a place where we feel safe but for some people it is not. The existence of

17 Davies & Batha, Above n 9
domestic violence problems makes some people dislike spending time at home, but now they have to stay at home. According to UN Secretary General Antonio Guterres that there is concern over an increase in domestic violence in several countries where this is because many people are trapped in homes with abusive partners. As said by the UN Secretary General Antonio Guterres, several countries that reportedly have increased rates of domestic violence include Australia, China, Spain and Indonesia. In China, it was recorded that 300 couples filed for divorce since February 24, 2020, where since the lockdown was implemented, this divorce was due to frequent quarrels that could lead to domestic violence. Then in Spain, there were 18 percent more complaints in the first two weeks of the lockdown. During the COVID-19 pandemic in Australia, there was an increase of one-third of cases from 40 percent of clients who were victims of domestic violence.

There are factors that cause domestic violence during the COVID-19 pandemic such as social, economic factors, etc. Economic factors are the main cause during the COVID-19 pandemic because economic activity has also decreased or even stopped. There have been many layoffs (PHK) so that the economies of the families who are laid off experience no income to finance their daily lives. From these problems, it can trigger pressure and cause excessive emotions in the breadwinner which can lead to physical violence. According to Tuani Sondang Rejeki Marpaun's statement, a member of the Legal Aid Institute for the Indonesian Women's Association for Justice (LBH Apik), from March 16 to April 12 there were 75 case complaints and the number of domestic violence in March increased when compared to two months ago, January and February. Domestic violence cases are in the second rank based on the complaints of these cases.

Isolation coupled with the psychological and economic stress that accompanies a pandemic as well as the potential for increased negative coping mechanisms (eg excessive alcohol consumption) can coincide in a storm that is perfect for igniting an unprecedented wave of family violence. In Australia, when social distancing measures were put in place, sales of alcoholic goods were up by more than 36%, and as restaurants, bars and pubs have closed, people are now drinking more within the confines of their homes. Unemployment rates worldwide are rapidly increasing to double digits, with millions registering for welfare payments and a worldwide recession expected in the near future. Substance abuse, financial hardship, and isolation are well-known risk factors for domestic abuse. During isolation, there are also fewer opportunities for people living with family violence to ask for help. Isolation also helps keep abuse hidden with physical or

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19 News Wires, above n 15
21 Van Gelder, et al above n.1
22 Campbell, above n.7
emotional signs of family violence and abuse that no one else can see.\textsuperscript{25}

Reports suggest that COVID-19 is used as a coercive control mechanism whereby offenders exercise further control in abusive relationships, particularly in the use of detention, fear and the threat of transmission as mechanisms of abuse. In Australia, charities providing support to people experiencing domestic violence have highlighted concerns specifically related to reports of people whose close partners have used COVID-19 as a form of abuse. There have been reports of misinformation being used by intimate partners regarding the extent of quarantine measures\textsuperscript{26} and other forms of abuse related to COVID-19.\textsuperscript{27} Furthermore, there are reports that those who experience domestic violence may be afraid of going to hospital for fear of contracting COVID-19.\textsuperscript{28}

Apart from being isolated, the economic conditions in the family during this pandemic are also the cause of the increase in domestic violence. The existence of the COVID-19 pandemic has made several employees in Indonesia threatened from dismissal of work rights (PHK) because of the large number of jobs that do not allow them to be done at home, such as in production activities. In addition, layoffs were also carried out due to a lack of purchases from consumers and restrictions on exports to certain countries which resulted in reduced company income followed by losses. Layoffs make Indonesian people who work and experience layoffs will experience shortages in the level of the household economy. This will trigger stress and emotions because you think about the cost of daily living. Male breadwinners can take their stress and emotions and frustration out on women and their children in the form of violence. Hence, the increased stress that occurs among parents leads to physical abuse and neglect of their children. With this situation, parents also feel pressured when dealing with children's behaviour at home and demand that they do tasks rudely or aggressively.

With the explanation above, it can be concluded that the impact of the COVID-19 pandemic disrupts the welfare of the family where the family should provide and fulfill all needs. As stated by BKKBN (2002), family welfare is a dynamic condition in which all needs are met: material physical, mental, spiritual and social, which allows the family to live naturally in accordance with their environment and allows a child to grow and obtain the necessary protection as an effort to form mental attitude and personality that are steady and mature as quality human resources. Meanwhile, the current reality that occurs in family life is that social needs are not fulfilled due to social distancing which causes them to not be able to communicate directly with others even though direct communication with others is also a social need. In addition, several families experienced termination of employment, which reduced their income to fulfil their


\textsuperscript{28} Ibid
needs and wants both materially and non-materially. Then the physical / physical needs are also difficult to fulfil in the family with the current situation because recreation areas are not operational due to the COVID-19 pandemic that has not subsided. If seen from the cases of domestic violence during this pandemic, the impact is that the welfare of the family is disturbed because they cannot meet their physical, mental, spiritual and social needs during the COVID-19 pandemic.

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The observed increase in domestic violence may partly stem from existing social and systemic problems that can be exacerbated by disaster-related stress and tension, economic downturn, displacement, and uncertainty (Parkinson, 2013). The current pandemic shares several major similarities with previous disasters. However, it also presents a unique and sad paradox for victims. If they decide or are forced by their partner to stay at home, they risk enduring or increasing violence. If they can leave, they run the risk of being exposed to a dangerous virus that is highly contagious. Coercive control is a hallmark of abusive relationships 29, and already, reports have shown disturbing accounts of offenders taking advantage of COVID-19 to instil fear and obedience in their partners. 30 Some medical professionals are concerned that this type of coercion may also result in fewer victims seeking medical care for domestic violence-related injuries or vice versa, one of the most vital avenues for screening and detecting victims.31

Domestic violence is a largely “hidden” epidemic - and never more so than the current state of isolation required and mandated. Although much uncertainty lies ahead, it is clear that the impact of the COVID-19 pandemic will weigh heavily on those facing unprecedented circumstances in isolation - indefinitely - in unsafe homes. For those who are disproportionately affected by domestic violence, it may be particularly detrimental. It is important to note that often the most dangerous and potentially deadly time for the victim or survivor of an abusive relationship is immediately after leaving the relationship.32 During this time they are at highest risk for serious bodily injury, mental breakdown, and homicide, which adding an additional level of complexity to the already difficult decision to leave the abuser. Coincidentally, some shelters, which are usually affected and under-resourced, are close to or in their capacity when they apply social distancing guidelines to ensure a safe and socially distant communal environment.33

Additionally, many shelters only have the capacity to accommodate women (and often, their children) for short periods, increasing their risk of returning to abusive partners when alternatives such as hotel

29 Stark, above n. 25
31 Loc. Cit
vouchers are not available. Across the country, doctors, researchers, advocates, policymakers and government agencies are working tirelessly to mitigate the current devastating effects. With the threat of the second wave of COVID-19, it is imperative that there is a collective effort to ensure that as much DV protection as possible continues to be integrated into the response and recovery of the COVID-19 disaster. As mentioned, DV spikes often occur long after a disaster strikes.\(^{34}\) Therefore, appropriate funds and resources should be allocated to victims and survivors, as well as front lines in a domestic violence crisis such as service centers, shelters and institutions.

Equally important is reducing the psychological sequelae of experiencing domestic violence during the collective trauma that develops. Post-traumatic stress disorder is the most common mental health disorder associated with traumatic events and disasters\(^{35}\) and domestic violence.\(^{36}\) In combination, these events can serve as additional triggers, because traumatic stress is often associated with mental health comorbidities\(^{37}\) and other negative health outcomes such as pain and gastrointestinal tracts and respiratory problems.\(^{38}\)

The increase in cases of domestic violence during the Covid pandemic is quite alarming because on the one hand the victim must still get help, on the other hand, the officer who handles the dilemma and must make careful anticipations so as not to catch the virus, that's why several protocols for handling cases of violence are needed. It is hoped that women can become a joint protocol in handling violence against women so that women who become victims are still served by their cases and service provider institutions can still provide case handling by referring to the existing protocol (Ministry of Women's Empowerment and Child Protection, United Nations Population Fund (UNFPA). The available protocols include:

1. Protocol for complaints of cases of violence against women during the COVID-19
2. Protocol for providing assistance services for violence against women during the COVID-19
3. Referral protocol to health services for violence against women during the COVID-19
4. Protocol for referral to safe houses or shelters for violence against women during the COVID-19
5. Protocol for psychosocial services for violence against women during the COVID-19 pandemic

\(^{34}\) Sety, M., James, K., & Breckenridge, J. Understanding the risk of domestic violence during and post natural disasters: (2014) 5 Literature review. In L. W. Roeder (Ed.), Issues of gender and sexual orientation in humanitarian emergencies <http://dx.doi.org/10.1007/978-3-319-05885-5> 99-111


\(^{37}\) eg, depression, anxiety; Brady, K. T., Killeen, T. K., Brewerton, T., & Lucia, S. ‘Comorbidity of psychiatric disorders and posttraumatic stress disorder’, (2000), Journal of Clinical Psychiatry, 61(Suppl. 7)

6. Protocol Legal counselling services for violence against women during the COVID-19
7. Protocol for legal process assistance for violence against women during the COVID-19

With these protocols it is expected to be able to Guidelines that can be replicated by service agencies in each region by adjusting the content and coverage to the local context, regional policies, and local resources in order to provide comprehensive services by prioritizing the safety of service agency officers and reporters. In general, the purpose of this protocol is to provide a Protocol for Handling Cases of Violence against Women who are victims in accordance with the handling procedures during the COVID-19 pandemic.

The negative impact of the steps taken by Indonesia and other countries to tackle the spread of the 2019 coronavirus disease (COVID-19) on the community has begun to be revealed. An area of concern is the impending crisis of domestic violence—gender-based violence and child abuse and neglect, due to movement restrictions, loss of income, isolation, overcrowding, and stress and anxiety, all of which place women and children at risk of a disproportionate increase in risk danger. This increased risk is not surprising. Previous epidemics, such as the Ebola virus disease outbreak in West Africa, 2 but also the cholera and Zika virus disease outbreaks, led to a regional environment in which domestic violence became more common; there is a reduction in funding for gender based violence specialist public health services; and, for survivors of gender-based violence, access to health services is reduced. Although we are not aware of any published studies to date tracking national trends in gender-based violence related to COVID-19, early reports from Indonesian support services such as the National Commission on Violence Against Women (Komnas Perempuan) helpline have shown an increase in service use, a pattern seen elsewhere (with important examples in China, Spain and France).

The above discussion clearly demands gender-based policies to address their vulnerabilities and protect them economically, psychologically and physically during and after a pandemic. Because women's vulnerability to health, domestic violence and livelihood issues are often overlooked, it is important to understand that the impact of the pandemic on women in relation to their well-being is often more severe and long-term. To tackle domestic violence, the government must make policies that initiate helplines for women and children. Emergency protection for marginalized communities is also important. However, gender gaps still exist, so there is a need to address women's mental and legal problems in the current crisis. Therefore, the government must map an action plan to counter the short and long term effects of the coronavirus on women while paying attention to their health, livelihoods and domestic violence. To this end, large-scale consultations with women's organizations especially with government, civil society and women's rights bodies need to be initiated. Women's representatives in parliament must be involved in the decision-making process to shape public policies and ensure that these policies are gender equitable. Innovative crisis counselling support services should be provided to women while social isolation and distance...
are being practiced. This can be done by leveraging technology in smartphones and the internet as an opportunity to better support mental health through apps that offer free mental health counselling. Create a blog or vlog (video blog) that encourages contacting a counsellor to talk about daily stress and how it can be reduced. National databases should be prepared immediately to register cases of violence against women reported under lockdown. There is a need to improve existing health services to the extent possible targeted specifically at women beneficiaries for example by allocating a larger budget in the health sector. By having different research and development cells in the ministry of health working on pandemic preparedness and prevention even under normal circumstances. Increase doctor-nurse rations. Invest in paramedic care and build capacity through training female health workers to reduce shocks caused by the pandemic.

Using gender lens as a foundation of policy and helping organizations at the grassroots to examine what is working; what are the delivery dynamics; the impact of women's inclusion; Dynamics of collaboration between government and civil society organizations The efficacy of civil sector organizations must be increased by giving them the reach and space to work at this level. A strong local government system is an urgent need to plan and deal with local problems and priorities at their doorstep. Health services for all, including family planning and reproductive health facilities. A fool-proof mechanism must be in place to evaluate gender justice programs run by the government and to assess whether women's needs are being addressed through policy action. Provincial and district government systems in addition to the COVID-19 response team should be used to provide safety training to women, especially medical staff, who are at the forefront of dealing with coronavirus patients. All policy-related materials must be disseminated among women and create awareness at all levels. Domestic workers need to be documented and the informal sector must be entered into a formal database. SOPs should be formulated on how respectfully the government can distribute money among women and take their dignity into account to ensure universal distribution of cash transfers or income as smoothly as possible. Additional debate is needed on the universalization of income support for all citizens who need it and must be able to get it.

In Indonesia prior to the corona virus crisis, gender-based violence was already considered very common, linked to substantial negative downstream social, psychological and physical outcomes. Therefore, any resulting increase in rates of domestic violence will not only be a further parody of human rights but also be associated with further long-term costs to society, which may not be remedied beyond the immediate threat of COVID-19.

Currently Indonesia has legislation on penalizing marital violence through the Law No. 23/2004 on the Eradication of Marital Violence. The Anti Marital Violence Act is closely related to several other prevailing laws and regulations, among others, Law Number 1 of 1946 concerning the Criminal Code and its Amendments, Law Number 8 of 1981 concerning the Criminal Procedure Code, Law Number 1 of 1974 concerning Marriage, Law Number 7 of 1984 concerning the Ratification of the Convention on the Elimination of All Forms of Discrimination Against Women, and Law Number 39 of
The birth of the Anti-Marital Violence Act is a milestone for legal protection efforts against victims of violence that occur within the scope of the household. Household, also specifically regulates violence that occurs in the household with elements of a crime that is different from the criminal act of maltreatment regulated in the Criminal Code. The Anti Marital Violence Act regulates forms of domestic violence, including physical violence, psychological violence, sexual violence, and household neglect. In addition, it also regulates the obligations for law enforcement officers, health workers, social workers, companion volunteers, or spiritual mentors to protect victims so that they are more sensitive and responsive to household interests, which from the outset are directed at household integrity and harmony, Law Number 23 of 2004 concerning the Elimination of Domestic Violence (Anti Marital Violence Act) is a legal umbrella for the community and law enforcers such as the Police, Prosecutors / Prosecutors of the Republic of Indonesia and Lawyers, especially Judges in handling and resolving cases of domestic violence. For this reason, law enforcers need to be equipped with knowledge, insight, skills, mental attitudes and professional ethics in accordance with the prevailing order in handling and resolving cases of domestic violence. However, in the circumstance of pandemic, the implementation of Anti Marital Violence Act should be in accordance to the approach of public health that is gender-conscious.

It has never been more important than now to adopt a public health approach to gender based violence in Indonesia. The principles of a public health approach should be applied to support survivors of gender based violence. The WHO public health approach consists of four steps, which we recommend adapting to help prevent domestic violence during this pandemic. Without adequate supervision, it is impossible to capture the burden of domestic violence during this pandemic. Because of selection bias, administrative data sets consistently underestimate the level of domestic violence. Potential approaches to increasing domestic violence surveillance could include routine investigations (appropriately integrated into remote primary care consultations or active syndromic surveillance of local health protection teams) and urgent implementation of linked data sets between police and health records data sets for identify individuals at risk. Increasing supervision will also provide opportunities to offer targeted support and interventions. Although formal evaluations of current interventions have not been carried out during the pandemic, national charities (such as, but not limited to, Women's Aid, Safelives, and the National Society for the Prevention of Cruelty to Children) have produced guidance on how survivors can both report violence, abuse, and neglect and keeping themselves safe, including information on remote reporting and support mechanisms. There are substantial gaps in the literature relating to monitoring and evaluating effective interventions to support those at risk of experiencing domestic violence, child abuse and neglect during this pandemic. The medical profession has a duty to provide support in addressing these problems - providing a public health approach to support the most vulnerable in society.

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The principles of a public health approach should be applied to support survivors of gender-based violence. The WHO’s public health approach consists of four steps, which we are seeing for the first time to help prevent domestic violence during this pandemic (appendix). Without adequate supervision, it is impossible to capture the burden of domestic violence during this pandemic. Because of selection bias, administrative data sets consistently underestimate the level of domestic violence. The potential for monitoring domestic violence surveillance could check for routine investigations (feasible to be integrated into remote care consultation approaches or active syndromic surveillance of local health protection teams) and the proximity of the linked data set between police and health records data sets for identification of individuals at risk. Increasing supervision will also provide opportunities to offer targeted support and interventions. Although formal evaluations of current interventions have not been carried out during the pandemic, non-governmental organizations and community organizations have produced guidance on how survivors can report violence, abuse and neglect and keep themselves safe, including information on remote reporting and support. There is substantial in the literature with regard to evaluations and evaluations that are effective in supporting those at risk of experiencing domestic violence, child abuse and neglect during this pandemic. The medical profession has a duty to provide support in addressing these problems providing a public health approach to support the least vulnerable in society.

IV. CONCLUSION AND SUGGESTION

The presence of the COVID-19 pandemic is very influential in carrying out daily activities. Besides that, it also has many impacts on society, starting from health, economic and social impacts. This impact also affects the emergence of problems, one of which occurred during the COVID-19 pandemic, which is the problem of Domestic Violence, where during the COVID-19 pandemic there has been an increase in the number of Domestic Violence. The causes of domestic violence include independent home quarantine which traps victims of domestic violence with perpetrators of domestic violence. (COVID-19) on the community has begun to be revealed. An area of concern is the impending crisis of domestic violence - gender-based violence and child abuse and neglect, due to movement, decreased income, isolation, overcrowding and stress, all of which place women and children at increased risk of disproportionate and discriminating treatments. This increased risk is not surprising. Epidemics can lead to regional environments in which domestic violence is becoming more common; there is a funding service for gender based violence specialist public health services; and, for survivors of gender-based violence, access to health services is reduced. Although we have not seen any published studies to date that monitor national trends in gender-based violence related to COVID-19, early reports from Indonesian support services such as the National Commission on Violence Against Women helpline have shown an increase in service use, patterns seen elsewhere (with important examples in China, Spain and France). In Indonesia prior to the Coronavirus Crisis, gender-based violence was very common, related to substantial negative downstream social, psychological and physical outcomes.
violence. In addition, it also triggers stress because with this pandemic the family economy is reduced which in turn can trigger family disputes that lead to violence. An increase in the number of domestic violence is not only the duty or responsibility of the government but all levels of society. The efforts in overcoming domestic violence during this pandemic which can be directly reported to the task in charge. In addition, the institution that oversees this problem must also be fast and responsive in processing reports on domestic violence and helping to solve problems.

In Indonesia, the only legislation that effectively focuses on violence against women currently is the Law No. 23/2004 on the Eradication of Marital Violence (Anti Marital Violence Act). Despite the penal scope is limited to violence within family, the Act is legitimate enough to effectively persecute perpetrators of domestic violence. However, this legislation is lacking in terms of restoration and reparation of the victim (i.e. physical and mental damage, access to justice, healthcare, child care and job). This problem is now exacerbated even worse during the pandemic. Therefore, any resulting increase in rates of domestic violence would not only be a further parody of human rights but also a surveillance at a further long-term cost to society, which may not be able to address the immediate threat of COVID-19. It has never been more important than now to adopt a public health approach to gender based violence in Indonesia.

REFERENCES

Journals


dx.doi.org/10.1177/0886260506289178


Online Sources


Boddy, J., Young, A. & O’Leary, P., ‘Cabin fever’: ‘Australia must prepare for the


