

Indonesia



COUNTRY POLICIES AND STRATEGIES FOR COMBATING GBV

Legal framework

The Government of Indonesia has undertaken a number of measures to implement the laws, and to address the problem of violence against women and gender-based Violence.

- The Law on Elimination of Domestic Violence was enacted in Indonesia in 2004. For effective implementation of this law, the Government issued a Regulation in 2006 (No.4, 2006) regarding the implementation and cooperation on the recovery of victims of domestic violence.
- Indonesia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984.
- “Zero tolerance” for violence against women is being implemented in seven sectors including law and justice, military, education, religion and culture, health care, employment and the media.

Policies/ strategies/plan of action

- The National Plan of Action on the Elimination of Violence against Women 2001-2005 has been developed for more intensive and effective actions on combating GBV.
- The Ministry of Women’s Empowerment has elaborated a Strategic Plan for the period 2005-2009 to further eliminate all forms of violence against women.
- Indonesia has made tremendous progress in combating GBV ever since 1998 when the National Commission of Violence against Women was created, followed by a National Action Plan on Elimination of Violence against Women in 2001.
- The regulation from the Ministry of Women’s Empowerment, Republic of

Indonesia No.2, 2008 about Operational Guidelines for Women Protection has formulated and issued four aspects consisting of norm, standard, procedure and criteria in the form of the Operational Guidelines of Women Empowerment and Child Protection for the provincial, district and municipality governments that covers: (i) promoting the quality of life of the Women; (ii) women protection; (iii) child Protection; and, (iv) empowerment of community institutions in the areas of women empowerment and child protection which are relevant with actions on combating GBV.

- The Ministry of Women Empowerment and Child Protection has issued a Ministry Decree No. 01, 2010, on Minimum Service Standard on Integrated Services for Women and Children Victim of Violence.

Guidelines

- Guidelines on integrated services for victims of violence against women and violence against children for use in hospitals have been developed by the Ministry of Health.
- A guideline for the prevention and management of violence against women for primary health care services has also been developed by the Ministry of Health.

COUNTRY SITUATION OF GBV

- The number of cases of violence against women (VAW) increased steadily from 2001 to 2003 and there was a sharp increase in VAW cases from 2004 to 2007¹. This could be due to increased detection of GBV victims as a result of introduction of One-Stop Crisis Centres/shelters/ facilities for victims of GBV, better data collection system at hospitals/NGOs/other centres or due to increase in GBV in the community.
- SUSENAS (National Census Survey) for the year 2006 shows that the prevalence of violence against women is 3.07%, meaning that out of 10.000 women, around 307 have experienced violence. 3.06% of the cases are in urban areas, and 3.08% are in rural.; 66% are psychological cases, and 25% are physical cases. 70% are in the domestic area and 52% of all victims experienced repeated violence.

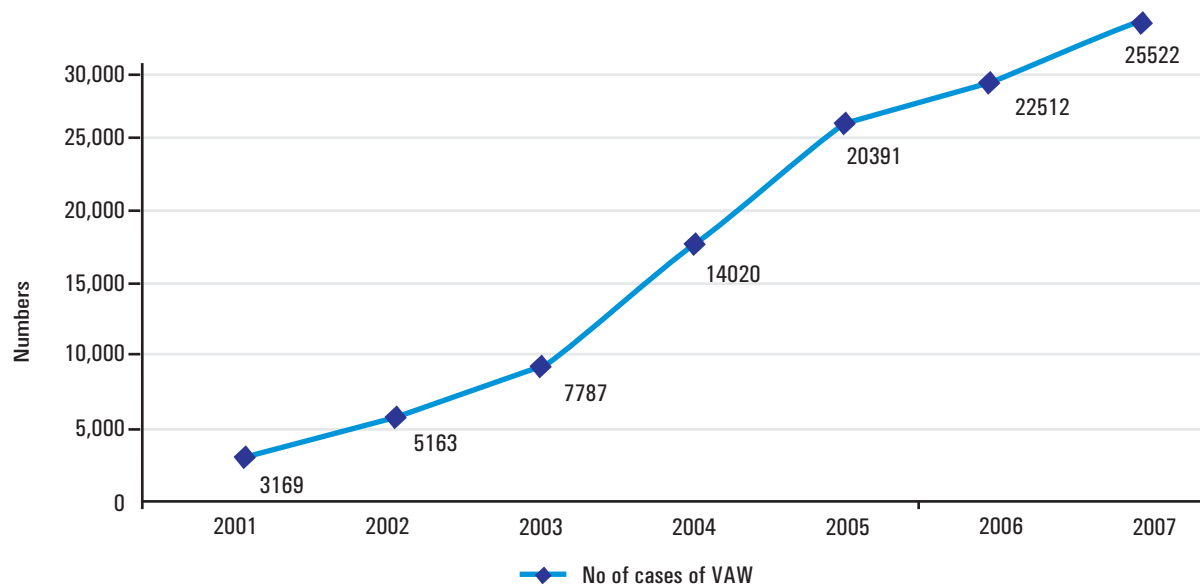


Figure 1: No. of cases of violence against women (VAW) in Indonesia, 2008

Source: Annual Report National Commission on Anti-VAW of Republic of Indonesia: 2008

The Annual Report of Komnas Perempuan also shows that during 2010 there were 4684 sexual violence cases, where 2903 cases were found in the domestic sphere and 1781 other cases were in the public sphere.

Komnas Perempuan also documented that during the year 1998-2010 there were 1503 sexual violence cases among a total of 3283 cases in the conflict areas such as Aceh, Poso, Maluku, Papua, Timor Leste, Tragedi 65, dan May 1998 (Website Komnas Perempuan)

Table 1 Case Category of – Rifka Annisa Women's Crisis Centre Jogjakarta, 1994-2011

Case Category	Years																		Total
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Jan-Oct 2011	
Wife abuse	10	55	64	116	125	225	225	234	247	210	238	226	208	242	213	201	216	146	3201
Dating violence	3	20	24	54	51	50	92	103	97	58	48	35	31	37	20	28	44	24	819
Unwanted Pregnancy	2	3	3	9	6	9	-	-	-	-	-	-	-	-	-	-	-	-	32
Rape	1	4	8	5	11	31	28	29	42	31	33	27	12	18	21	28	27	23	379
Sexual harassment	2	-	3	4	13	18	25	13	13	19	19	18	8	19	24	17	10	20	245
Child abuse	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	4
Family violence	-	-	-	-	-	12	12	16	16	17	8	6	9	11	5	6	7	5	130
Others***	-	-	-	-	-	-	-	-	-	-	3	-	-	2	1	1	6	-	13
TOTAL	18	82	102	188	206	349	382	395	415	335	349	312	268	329	284	281	310	218	4823

From 1999 to 2002 in Kalyanamitra, the main reason for women requesting assistance for violence has been domestic violence, followed by rape and sexual harassment (Figure 3)

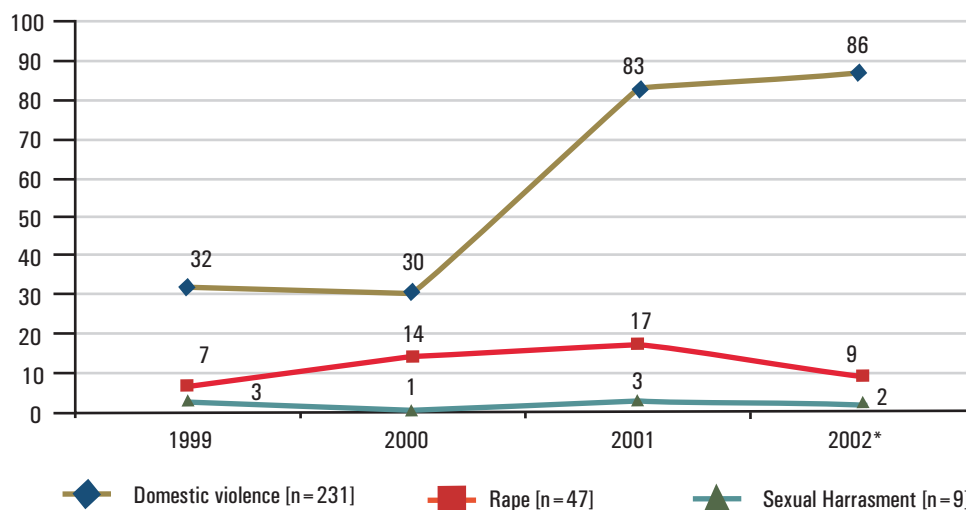


Figure 2: Number of women as victims of violence requesting assistance by type of violence, Kalyanamitra, Indonesia, 1999-2002

* Data is up to November 2002

Source: 2002 Indonesian Health Profile, CBS page 183 from the document titled: “Country Profile of Women's Health and Development in Indonesia”, WHO, 2007, Page C-84.

¹ Annual Report National Commission on Anti-VAW of Republic Indonesia: 2008

The data from Jakarta One-Stop Crisis Centre reveals that cases of domestic violence and rape increased steadily from 2000 to 2004. Rape

accounted for the maximum number of cases 2. (Figure 3)

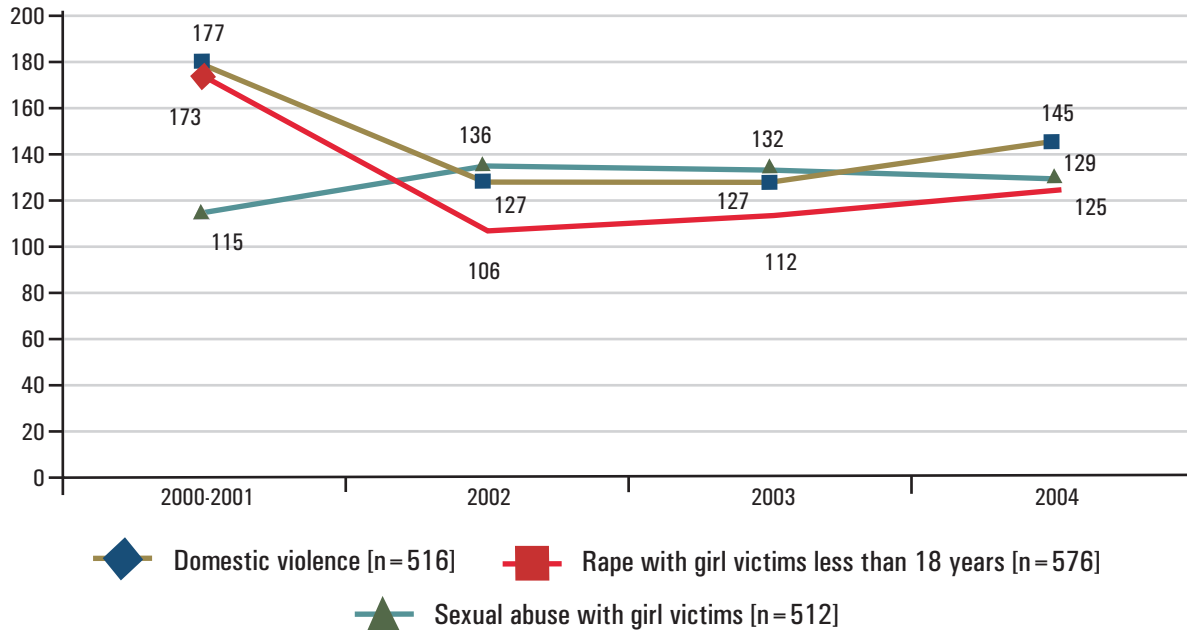


Figure 3: Distribution of women victims of violence at Jakarta One - Stop Crisis Centre, Indonesia, 2000-2004

Source: Pusat Krisis, RSCM Jakarta, 2005 from the document titled: “Country Profile of Women's Health and Development in Indonesia”, WHO, 2007, Page C-84.

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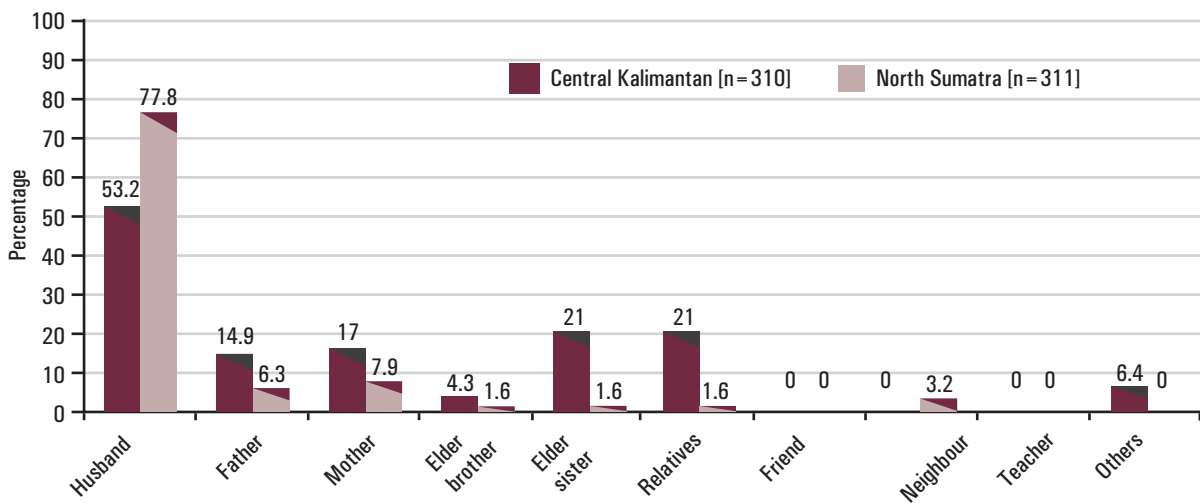


Figure 5: Perpetrators of violence against women in Central Kalimantan and North Sumatra, Indonesia, 2003

Source: Surjadi Eetal. The husband's violence against wife within household (Domestic Violence). Study Cases from Central Kalimantan & North Sumatra, victim's stories and mass media data. 2003

COUNTRY ACTIVITIES IN COMBATING GENDER-BASED VIOLENCE

GWH-SEARO conducted a survey in October 2009 among the gender focal points in the WHO country offices using a questionnaire containing

23 questions grouped under four clusters. The findings of the survey for Indonesia are listed below.

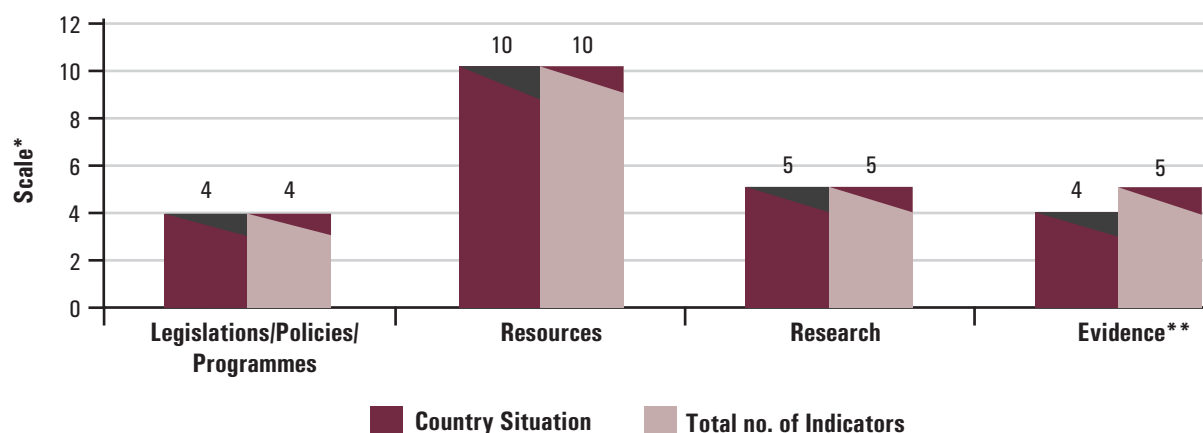


Figure 6: Country activities in Combating Gender-Based Violence in Indonesia, 2009

*The scale represents the country-specific situation plotted against the maximum rating from 4 clusters of indicators: (1) legislation /

policies / programmes (2) resource (3) research and (4) evidence.

**A lower score reflects lower evidence of GBV

Table 1: Country activities in combating GBV

No.	Category	Activities
1.	Legislation/policies and programmes on GBV	The country has legislation on GBV, a national action plan, health policy and a multisectoral action plan on GBV.
2.	Resources for combating GBV	<p>The country has the following resources for combating GBV:</p> <ul style="list-style-type: none"> • Specific guidelines, workshops and training for health providers. • Activities on gender mainstreaming for prevention of GBV. • Use of One-Stop Crisis Centre services (OSCC). • Data collection system for GBV at hospitals, NGOs, legal aid centres, social support centres and at police stations • IEC materials on GBV for health providers, schools and communities. • Facilities for helping the victims of GBV in police stations, legal aid centers, social support groups, shelter homes, counselling centres, religious leaders' groups, community leaders' groups and self-help groups. • Budget allocation for GBV.

No.	Category	Activities
3.	Research on GBV	The country has given full compliance to five typical activities (1) research on the cause, consequences, costs and effective prevention measures for GBV (2) findings on GBV (3) findings on types of GBV (4) findings related to the cause of GBV and (5) findings related to women's health due to GBV.
4.	Evidence on GBV	<ul style="list-style-type: none"> • Findings on female genital mutilation/cutting are present in the country. • GBV affects 15 year-olds and ≥ 15 year-olds. • Violence during pregnancy is present in the country.

Additional Information

Victims of GBV

- Spouse, family members and domestic helpers have been found to be the victims of GBV.

Types of GBV

- GBV is present in physical, psychological, sexual, emotional and economic forms.

Causes of GBV

- Increasing participation of women in the public arena, joblessness, jealousy, dowry-related issues, communication gap, customs and patriarchal family systems have been found to be the causes of GBV.

Findings related to women's health after GBV

- Mental disturbances, suicide, attempts at suicide, abortion and miscarriages and disability have been found to be the findings related to women's health after GBV.

Violence during pregnancy

- Violence during pregnancy is present in physical, psychological, sexual, emotional and economic forms.

Age of GBV victims

- GBV affects <15 year-olds in physical, psychological, sexual, emotional and economic forms.
- GBV affects women of ≥ 15 years of age in physical, psychological, sexual, emotional and economic forms.

Female genital mutilation/cutting

- Female genital mutilation and cutting exists in Indonesia.

PARTNERSHIP IN COMBATING GBV

Government initiatives

- Under the strategic plan for the period 2005-2009 elaborated by the Ministry of Women's Empowerment, women's empowerment bureaus have been established at the provincial level in local governors' offices nationwide.
- The government has recently made significant efforts towards eliminating the harmful practice of female genital mutilation/circumcision; the Ministry of Health issued a circular letter signed by the Director General of Community Health (dated April, 2006) and agreed that female circumcision should not be carried out by medical personnel and all practices related to FGM/C should be stopped.
- Pusat Pelayanan Terpadu (PPT) or One-Stop Crisis Centres (OSCC) in hospitals are operational in the country, especially in police hospitals.
- A manual for health workers in primary health care has been developed for the prevention and handling of violence against women and children.
- The Minister of Women's Empowerment and Child Protection has signed a collaboration agreement with the Minister of Social Affairs, Minister of Health and Head of the Police of the Republic of Indonesia and has set up a joint agreement on domestic violence handling services.
- The National Commission on Violence Against Women, or Komnas Perempuan was

established through Presidential Decree Number 181/1998 in response to a human tragedy that occurred in mid May 1998. It is an independent National Commission that promotes women's human rights by working to create an environment conducive to the elimination of all forms of violence against women in Indonesia.

- The Ministry of Women's Empowerment and Child Protection has supported the establishment of 121 P2TP2A (Pusat Pelayanan Terpadu untuk Perempuan dan Anak Korban Kekerasan) or integrated services for women and children Victims of violence at, both Provincial and district/municipal levels.

Civil society organization initiatives

- The existing women's crisis centres (NGOs) in Jakarta, Jogjakarta and other provinces have extended the services to hospitals, police stations (women's desk), shelters and also community and pesantren (Islamic boarding school) based crisis centres
- Training on VAW has been conducted for police officers, judges, religious court judges and health service providers.
- Public education campaigns have been carried out by NGOs.
- Men's involvement programmes, including counseling for men perpetrators, has been provided by some NGOs.



**World Health
Organization**

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