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4 Police Response to Gender-Based Violence (GBV) During the COVID-19 Pandemic

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Abstract

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GBV intensifies during the covid-19 pandemic. To effectively handle the GBV cases, immediate and proper responses from the government are imperative. This study examines Jakarta police responsiveness to GBV during the COVID-19 pandemic, explicitly focusing on services provided to GBV victims and challenges faced in handling GBV. This study employs qualitative approaches, including a review of peer-reviewed articles, relevant documents, and a focus group discussion with relevant key informants. Findings were analyzed using content analysis. The study finds that GBV cases increased during the COVID-19 pandemic, thus posing police departments with multi-layered challenges. The police departments provided services to GBV victims, implementing a new standard of operations. However, infrastructure, human resources, facilities, coordination, and collaboration were lacking. This study emphasizes the need to strengthen the collaboration among stakeholders. This analysis of police responsiveness to GBV during the COVID-19 pandemic might allow stakeholders to reflect on better practices and design appropriate policies for tackling GBV.

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Keywords: Gender-Based Violence; domestic violence; police response; COVID-19

INTRODUCTION

GBV is a pervasive issue on a global scale. GBV is a term used to describe violence directed at particular groups or persons based on gender or sex (United Nations, 1979). Gender-based violence involves any form of physical, psychological, or sexual violence against women (Rodriguez-Jimenez, Fares-Otero, & García-Fernández, 2020). It adversely impacts women and girls and is most frequently perpetrated by partners in their homes (Polischuk & Fay, 2020). GBV's public health effects span from physical to social issue. Many physical and mental health issues might be linked to societal problems associated with GBV, such as victim-blaming and community stigma. GBV can also result in additional socio-economic impairment affecting employment and healthcare participation (Ei & Chuemchit, 2021).

The current COVID-19 pandemic has intensified GBV. It has taken attention away from the lives and risks of vulnerable people, particularly women, who are subject to violence (Ashraf, Ali, & Ullah, 2021). In the fight against COVID-19, many governments have imposed strategies to combat the pandemic, such as lockdown, mobility limitations, and social distancing. These strategies, however, make women more vulnerable and give perpetrators more power (Ashraf et al., 2021). During a lockdown, women are forced to stay inside the house living with perpetrators and have little to no freedom to leave, leading to a rise in domestic GBV (Lundin et al., 2020; Murhula, Singh, & Myende, 2021; Nabukeera, 2020).

The mandatory stay-at-home orders keep the perpetrators and victims of gender-based violence together, limiting victims' ability to report abuse and seek help (Bradbury-Jones & Isham, 2020; Chandan et al., 2020). In short, while stay-at-home policies have effectively reduced the COVID-19 outbreak, they have imposed a tremendous burden on GBV victims (Polischuk & Fay, 2020). The COVID-19 pandemic also exacerbates economic vulnerabilities by increasing unemployment and causing economic insecurity, which leads to an increase in domestic violence (Ashraf et al., 2021; Mittal & Singh, 2020; Ruiz-Pérez & Pastor-Moreno, 2021).

The COVID-19 pandemic has had a disastrous effect on Indonesia (Sevindik, Tosun, & Yilmaz, 2021). The high amount of employment terminations and the loss of community livelihoods increase the potential emergence of GBV experienced by women. The COVID-19 pandemic has additionally increased the burden on women. Women must stay at home to take care of the household, accompany children studying online, and work to help the family economy. This double burden of work inside and

outside of the home triggers domestic conflicts, leading to domestic violence (Suswandari, Hanita, & Aprilia, 2021).

The increase in cases of GBV during the COVID-19 pandemic has made handling and providing services for GBV cases increasingly tricky. The pandemic conditions make GBV victims more reluctant to report abuse and create more difficulty in writing the abuse they experience. More of the government's budget and human resources are mobilized to respond to COVID-19, causing services for GBV victims to suffer. Given these conditions, the government must respond and provide services to cases of GBV quickly and appropriately so that victims can be adequately treated. Out of the various services offered to victims of GBV, such as legal, medical, and psychological services, victims of GBV usually choose to seek help in health centers, such as hospitals, and the police are their primary choice for assistance (Ei & Chuemchit, 2021).

This paper explores the Jakarta Police Department's response to GBV during the COVID-19 pandemic. We investigate the variety of services provided and the challenges faced in handling GBV cases. During the pandemic, the government at the national and local levels implemented various programs to deal with GBV. Several studies have discussed the government's response to COVID-19 in general. Still, not many studies have examined law enforcement—in this case, police response to GBV during the pandemic at the local police department level. Therefore, it is essential to investigate the response of police as one of the first responders to GBV cases. The findings can help police departments and other relevant institutions provide better-integrated services and produce and implement appropriate policies.

METHODS

Focus group discussion (FGD), literature review, and document study were employed to gather data. Due to the Large-Scale Social Restrictions (PSBB), the FGD was done only one time with just 10 participants. The key staff members from the Jakarta Regional Police Department, the police-based hospital, and the Women Empowerment and Children Protection Unit were invited to participate in FGD to learn how the respective departments respond to and handle GBV. The participants were informed that their participation was voluntary. Their identity would be kept confidential in any publication of this study. They were free to withdraw from the study at any time. The FGD was semi-structured and conducted face to face by local COVID-19 protocols. Questions asked included experiences in responding to GBV cases, services provided to GBV victims by the respective institution, and challenges faced. Documents related to the government and police response to GBV during the COVID-19 pandemic were also reviewed. Content analysis of FGD transcripts, relevant literature, and documents was conducted.

RESULT AND DISCUSSION

There is a general expectation for the police to play a critical role as the initial people responding to violence cases, including GBV (McPhedran, Gover, & Mazerolle, 2017). The National Police Department has been an active player in responding to and handling GBV. The National Police Department has issued several policies that act as legal frameworks, such as The Chief of the Indonesian National Police Regulation Number 1 of 2007, regarding Procedures for Developing Psychological Profile of Suspected in Criminal Action; The Chief of the Indonesian National Police Regulation Number 10 of 2007, concerning the Organization and Work Procedure of the Women and Children Protection Unit at the Police Department; and the Chief of the Indonesian National Police Regulation Number 3 of 2008 establishing unique service rooms and procedures for witnesses and victims of criminal acts.

As part of the efforts in handling GBV, the Indonesian national police established an integrated service center in 2003, which is attached to the police-based hospital. This designation was determined by the Chief of Police Decree No. Pol: SKEP / 759 / III / 2003 concerning the Integrated Service Centre for Victims of Violence against Women and Children. The hospital is the primary resource for GBV victims seeking legal advice and health recovery. The integrated service center provides medicolegal and psychological services and medical examinations (including visum et reported). These services are offered at any time and are conducted in a unit separate from the emergency unit to ensure the victims' privacy rights and protections are honored.

During the COVID-19 pandemic, providing services to GBV victims proved to be even more challenging. The police department faces many problems, including determining operations standards for delivering services to GBV victims. The police department has developed a prototype of operations

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to respond to GBV according to the Ministry of Health and Ministry of Women Empowerment and Children Protection. Nonetheless, the standard must be adjusted to the circumstances of the COVID-19 pandemic. Given these conditions, the Jakarta Police Department prioritized strengthening service lines and revising its standard of operations for handling GBV. The referral pathway was developed with a local private university and the United Nations Development Program (Suswandari et al., 2021). This referral pathway provides stakeholders with a mechanism for how to respond to cases of GBV and directs victims to appropriate referral locations and services.

The government established a COVID-19 Task Force, and the Police Department of Republic Indonesia subsequently issued a policy mandating work-from-home and forbidding large gatherings in public (Lele, 2021). This policy has impacted the handling of GBV, including the reporting of cases. Reducing people's movement becomes a barrier for victims to report issues immediately and access the needed services. In cases where there is a delay in reporting the GBV case, police have difficulties processing the case correctly as some physical evidence might have been lost. Previous studies confirmed that restrictions related to COVID-19 are impeding access to legal and medical care and documentation for GBV victims (Nabukeera, 2020; Norbu & Zam, 2021; Rodriguez-Jimenez et al., 2020).

Although the GBV service center at the Jakarta police department and the police-based hospital provide integrated services, victims of GBV may choose not to go to the center as they fear contracting COVID-19. The staff at the police-based hospital asserted, "People view the hospital as a dangerous place as they avoid visiting the hospital during COVID-19 as they are worried of catching Coronavirus." Additionally, findings from the focus group discussion showed that it is common for victims not to report GBV cases because they are under threat from the perpetrators. There is an unbalanced power relation between the perpetrators and victims, and victims feel intimidated by the perpetrators (Rauhaus, Sibila, & Johnson, 2020). This is especially true when the perpetrators are close to the victims, such as immediate family members. There are various other reasons that victims do not report GBV acts to the authorities. The underreporting of GBV cases might be due to the belief that GBV is a private matter triggered by minor misunderstandings (Nashabe, 2018a), so women do not consider themselves victims (Ei & Chuemchit, 2021; Rauhaus et al., 2020).

The COVID-19 pandemic has worsened access to GBV services. The government gives priority to allocating resources and services to COVID-19 response efforts. As resources and staff were reallocated, the GBV services system was affected significantly (Ayuningtyas, Haq, Utami, & Susilia, 2021). As a staff member at the integrated service unit for women and children (P2TP2A), DKI Jakarta, asserted, the number of health personnel on duty had decreased, and they were busy attending to COVID-19 patients, thus unable to provide necessary services to GBV victims because of restrictions on in-person medical care. Similarly, the Chief of the Women Empowerment and Child Protection Unit of the Jakarta Police Department argued that during the pandemic, the police department was at the front-line handling COVID-19. Police and justice systems were overcrowded. Therefore, the emergence of the COVID-19 pandemic has provided extraordinary challenges for the police in responding to GBV cases.

Infrastructure availability has always been an issue in handling GBV. This is especially true during the COVID-19 pandemic when facilities must meet stringent health protocols and accommodate pandemic conditions (Carvajal, 2020). The police service unit needs fitting rooms to carry out investigations and counseling. No temporary shelters for GBV victims are available at the police service unit, and budgets are not readily available to support this much-needed infrastructure.

The availability of human resources to handle GBV cases is also a challenge faced by the police department. There is also an imbalanced ratio between the number of GBV cases dealt with and the number of police officers in charge, and an imbalanced number of male and female officers. Male and female police officers differ in their beliefs and approaches toward people involved in GBV (McPhedran et al., 2017). Past studies have suggested that police departments should have a gender-balanced police force and engage more female officers to handle GBV (Nashabe, 2018b; Wang, Wu, Li, & Xue, 2021). Moreover, there are shortages of trained officers in dealing with women and children. Yet, strengthening police officers' competence is crucial to ensure an appropriate response to GBV (Nashabe, 2018b).

The police department has established cross-sector cooperation to overcome the shortage of human resources. In general, however, the outcomes of the collaboration are not optimal. This indicates a lack of synchronization and integration between government institutions and sectors in responding to the

crisis (Ayuningtyas et al., 2021). The multifaceted challenges of GBV necessitate cooperation, alliances, and coordination among governmental and non-governmental institutions and agencies (Rauhaus et al., 2020). There is one collaboration, in the form of a Memorandum of Understanding (MoU), that was made in 2020 between the Jakarta Police Department and the Jakarta government, synergizing integrated services to prevent and handle violence against women and children, which has run quite effectively (Suswandari et al., 2021).

The coordination between institutions and agencies should also be extended to integrate the GBV database. Currently, there are differences in GBV data in various women and children's service institutions, including data held by police and the local governments. The availability, transparency, and data integration are significant for developing strategic plans and actions to respond to GBV. The availability of sufficient data and information reflects government readiness in dealing with crises and is a basis for the government to decide on appropriate actions (Januraga & Harjana, 2020).

CONCLUSION

The emergence of COVID-19 has generated challenging problems for the public. Indonesian government strategies to implement lockdown have increased GBV cases. These conditions have created multiple challenges for the police department in handling GBV. This paper explored police responses to GBV during the COVID-19 pandemic. As the first responders to GBV cases, the police department has taken several necessary steps to appropriately and adequately provide services to GBV victims, including developing a new standard of operations. However, challenges such as lack of infrastructure, human resources, facilities, and coordination were evident.

As GBV has multi-layered dimensions, police cannot effectively handle GBV alone. Efforts to fight GBV should use multiple approaches involving cross-sectoral coordination, collaborations, and partnerships. Strengthening coordination and cooperation between national and local governmental and non-governmental institutions and agencies is the key to ensuring services are provided that fulfill the rights of GBV victims. As slow and fragmented responses to GBV cases might be due to a lack of awareness about the nature and urgency of GBV, coordination and collaboration might also involve human training resources to handle GBV and other awareness-raising activities. Thus, the appropriate institutions could design and implement effective policies and other preventive actions to mitigate the causes of GBV (Ayuningtyas et al., 2021; Murhula et al., 2021; Rauhaus et al., 2020; Sevindik et al., 2021).

In Indonesia, the synchronization of data, agendas, and strategies between the police department and other institutions in combatting GBV are entirely in line with the Indonesian government's priority stated in the Medium-Term Development Plan (RPJMN) of 2020–2024. The development plan is centered on maximizing the quality and potential of women and children to participate in national development. This design is expressed by providing vital services and social protection and enhancing the quality of life for children, women, and youth.

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