

The Implementation of Recovery Policy towards Women Victims of Marital Violence as to Mental Care in Central Java, Indonesia

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Abstract. Indonesia has Law No. 23 of 2004 or Marital Violence Eradication Act (MVEA) to curb the crime rate, protect the victims, and facilitate their recovery from trauma due to marital violence. The act comprises not only the penal regulations of marital violence but also regulations as to the state responsibility as to providing recovery towards the victims of their traumatic damages, both physically and mentally. The recovery includes healthcare service, counseling, spiritual guidance, resocialization, and advocacy. This paper discussed the implementation of MVEA's recovery policy on the mental care of the marital violence victims. It is based on our participatory action research in 12 cities with the highest rates of marital violence in Central Java Province in which we conduct ethnography, surveys, and focus group discussions. We found that the core of recovery policy is in the form of shelter houses in which victims can stay temporarily while undergoing recovery and legal procedures. Shelter house provides not professional medical supports but also psychological, spiritual and societal. This is important as to improving victims mental health from its trauma and dependency into a more independent person who is ready to be re-socialized.

Keywords: marital violence, recovery policy, victim's mental care, central java

INTRODUCTION

Violence against women (VAW) is a form of human rights violation that can happen to anyone, across social, economic and educational status [1], [2]. Because it starts with gender inequality experienced, often violence against women is known as gender-based violence [3], [4]. This helps explain why violence is often the result of a fear perceived by the offender rather than the actual fear. Thus violence is actually more a tool for carrying out social control and is consciously a bad impact on victims [5]–[7]. Empirical evidence has shown that women are a group that many victims of violence in various forms, including physical, psychological, sexual, neglect, exploitation and other violence [8]–[13].

A data from the Indonesian National Commission on Violence Against Women implies that the amount of reported cases of VAW is increasing exponentially from 2006 to 2017. Of the total 348,446 cases of violence against women compiled by National Commission on Violence Against Women in 2017, 335,062 cases or 96% were personal data and 13,384 cases or 3% were data

from 237 service provider partner institutions that filled out and returned Indonesian National Commission on Violence Against Women data collection forms.

The increase in the cases cannot be concluded as the increase in cases of violence against women. The National Commission on Violence Against Women saw that the increase actually showed more victims who dared to report. This shows the level of trust and needs of victims in service provider institutions. In addition, service institutions are increasingly aware of the importance of data processing. Therefore, the system and institutions that receive victims' complaints or reporting services need to be supported by both the community and the state. This is shown in chart 1 below:

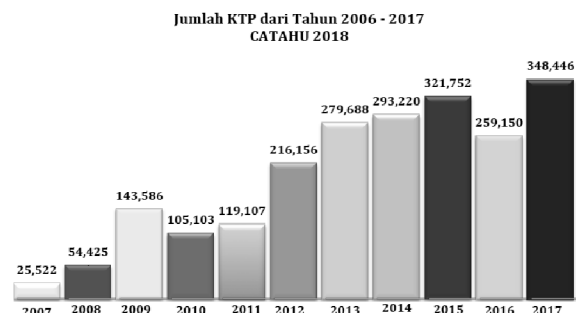


Chart 1. The Reported VAW Cases compiled by Indonesian National Commission on Violence Against Women, 2006-2017

The ratification of the Law No. 23 of 2004 or the Marital Violence Eradication Act (MVEA) was a legal breakthrough because for the first time domestic violence was regulated as a serious crime and not a private issue. Besides, this law accommodates the reality of the forms of domestic violence experienced by victims not only physically but also psychologically, sexually and economically deprived. The MVEA also incorporates the rights of the domestic violence victim. These rights include: a) protection, either as legal protection by the law enforcement, the court, and the lawyers, and also social protection by the family, neighborhood, social services, or any service that is mandated by the court; b) healthcare; c) confidentiality; d) social and legal advocacy; and 3) spiritual guidance.

The MVEA mandated the regional government, especially the provincial government, to enact immediate policies of prevention and handling of VAW along with

protection and recovery mechanisms to its victims. The province of Central Java itself has already been deemed as a warning zone of violence against women due to its high rate of occurrence. In 2015, for instance, there have been 1.971 cases of VAW reported. This article will examine as to how the victim recovery mechanism, especially regarding its mental care, as mandated in the MVEA is implemented in the province of Central Java.

METHOD

The focus of this article is regarding the recovery mechanism of VAW victims in regard to their mental health in Central Java Province, Indonesia. The article is socio-legal research as to the implementation of the Law No. 23 of 2004 or the Marital Violence Eradication Act in regional level. Therefore, the analysis will be based on our qualitative research, through observation and interviews, in Integrated Service for Women and Children which acts as a safe house for the female and children victims of marital violence in Central Java.

RESULT

The Recovery Mechanisms for Women Victims of Marital Violence in the Marital Violence Eradication Act

At the policy level, the problem of women victims of violence in Indonesia has received considerable attention since 1997. This is evidenced by the ratification of 7 (seven) laws relating to the handling of the problem of violence against women and children which includes: (a) Law No. 3 of 1997 on Juvenile Court which has been revised to Law No. 11 of 2012 concerning Child Criminal Justice System; (b) Law No. 23 of 2004 on the Elimination of Domestic Violence; (d) Law No. 13 of 2006 on the Protection of Witnesses and Victims; (e) Law No. 21 of 2007 on the Eradication of Criminal Acts on Trafficking in Persons; and (f) Law No. 36 of 2009 on Health.

The MVEA is the first law that recognizes violence against women in the domestic sphere, violence which is hidden behind cultural perceptions and religious interpretations. Through this law, a husband may not arbitrarily commit violence against his wife. The MVEA also regulates the fulfillment of the rights of women victims of violence by mandating regional governments to provide integrated services for women victims of violence. The concept of integrated services is the most commonly found is referral-based integrated services. This means that service delivery for victims is not in one roof but is referral based. But services for victims are carried out by institutions as according to the duties and authority of their respective institutions.

In this Government Regulation, it is stated that the district or city government establishes and organizes an Integrated Service Center (ISC) which is regulated in regency or city regulations. The Integrated Service Center is basically a shelter or a safehouse for victims of marital violence which are mostly women and children. The most important in this referral-based Integrated

Service Center (ISC) model is the integration of all services needed by victims in one coordination door. This Integrated Service Center model includes services such as 1) complaint service; 2) health rehabilitation; 3) social rehabilitation; 4) *pro bono* legal assistance; 5) repatriation, and; 6) reintegration. Here the victims will be provided by services and supports as mandated by the Marital Violence Eradication Act, such as healthcare, legal assistance, spiritual guidance, and social supports. Services and supports are held following the availability of expertise, human resources and existing facilities.

Integrated Service Center for Victims of Marital Violence in Central Java

The findings of this study indicate that all research areas have functions as an integrated service center for women and children victims of violence, although in its development not all run optimally in fulfilling victims' rights due to constraints of policy support and budget from local governments, but also problems coordination with law enforcement officials and other relevant agencies. Hence, services for women victims of violence, in accordance with what is needed, usually include counseling, mentoring or venturing services, legal assistance if the victim wants to process his case in litigation, or medical services that usually include emergency medical services. Different parties manage each of these services, including women's crisis center, non-governmental organizations (such as legal aid agencies) and governments such as women's empowerment agencies (eg ISCWCE), police and houses sick (eg ISC), but most importantly, all of these shelters are legitimized by government regulations or decrees.

In Central Java Province, not all districts/cities have safe houses for women victims of violence. From 35 districts/cities, only 15 districts/cities have safe houses or shelter less than 50%. Districts or cities in Central Java that have shelters are as follows: Grobogan, Kendal, Wonosobo, Banjarnegara, Pati, Semarang, Jepara, Pemalang, Kebumen, Banyumas, Pekalongan City, Sragen, Surakarta and Semarang City. Moreover, the conditions of safe houses in each city/ district also vary. There are only buildings, there are also buildings equipped with supporting facilities and infrastructure such as beds, lighting, toilets, counseling, television, etc. There is also a safe house that is very well equipped with infrastructure and officers or assistants who provide services to victims. The concept of a safe house is certainly different from a halfway house for street children or other social welfare problems. Procedurally speaking, there are no technical rules or instructions for making or designing safe houses or shelter for victims of violence. Because shelter is a new concept, thus there are not many references that discuss shelter or safe houses. Shelter or safe house is a combination of the concept of protection, handling the concept of recovery. For this reason, the provision of shelter or safe house must also pay attention to the principles of handling cases of violence against women, including officers on alert.

However, there are some hindrances as to perform these services and supports. The hindrances are: a) there is no available transportation for emergency medical transport of the victims to the hospital; b) limited budget from the government and donors; c) the assistances (supports and services) are only available if the victim was in the safehouse and thus, no further assistances post-safehouse; d) the lack of protection for the social workers of the ISC, and; e) the lack of clarity and legitimacy in ISC's standard of procedures. In general, the increase in the number of service units for women and children has not been followed by increasing service quality. Service providers in these units are "not gender-sensitive", and have not been given adequate capacity building training. Many of these service institutions do not have sufficient and representative facilities, especially shelter for victims. Existing service units are sometimes not followed by vigorous campaigns. Institutions do need to be strengthened, but at the same time, education and socialization or campaigns to combat violence against women must also be done.

Mental Care for Female Victims of Marital Violence in ISC in Central Java

The ISC in Central Java has implemented several recovery cares in regard to the mental health of female victims of marital violence. The first procedure is counseling. Counseling assistance here aims to help restore the psychological condition of victims of domestic violence because usually domestic violence victims experience anxiety, stress, fear, lack of confidence, and so forth through a process to help individuals overcome their problems in development and help achieve optimal development using their own resources [14]. In providing counseling assistance, the trauma center protection center of the Central Java Social Service cooperates with existing counselors. The victims will be doing the counseling every Wednesday with deliveries and are accompanied by social workers at trauma centers at the Central Java Social Service Center. The counseling consists of three approaches; relaxation, listening, and supportive measures.

The second procedure is the support group. Many emotional problems involve a person's difficulties relating to others, including feelings of self-closure / isolation, rejection, loneliness and inability to establish meaningful relationships. Group therapy provides an opportunity for clients to solve their problems in the presence of others, to observe how people react to their behavior, and try a new response method if the old method proves to be malfunctioning. The ICSWCE in Central Java conducts group therapy once a week accompanied by social workers in the trauma service centers. In the center, social workers would hold group therapy with 6 individuals.

The third procedure is occupation therapy. The goal of this therapy is to alleviate the traumatic damage of the victim by diverting their focus from traumatic past into meaningful and self-empowering activities or even jobs. The purpose of occupational therapy is to restore

physical and motor function both fine motor and gross motor, mental, social, and emotional, by developing it as optimally as possible and maintaining functions that are still good and directing it according to the circumstances of the individual in order to live a decent life in society. The activities would those which the victims are very passionate about such as hobbies through which the participant would be stimulated and motivated as to making their well-being better.

The fourth procedure is meditation and relaxation therapy. Relaxation is a type of therapy that is given to patients who are easily advised. Relaxation methods are usually carried out by therapists who use hypnosis, using suggestions that patients expect to be trained to do relaxation. By practicing relaxation before going to bed, the victims of domestic violence who are in the social service center trauma protection house can sleep relaxed and the nightmares they feel diminished. In addition to the victims being able to sleep relaxed, the victim feels calm in himself and can control her emotions.

CONCLUSION

Regulations related to the protection of women victims of violence in Indonesia started from the 1945 Constitution of the Republic of Indonesia to various laws which were derived, namely Law No. 7 of 1984 concerning the Ratification of CEDAW, Law No. 39 of 1999 concerning Human Rights and specifically on Law No. 23 of 2004 concerning Domestic Violence and the Witness and Victim Protection Act. In Central Java the arrangement as the basis for the presence of Shelter Houses is Regional Regulation or Decree of the Regent / Mayor and SOP related to the service of women victims of violence. There are only 7 City Districts in Central Java, namely Grobogan, Kendal, Pekalongan, Solo, Sragen, Kota Semarang and Wonosobo.

The ideal form of Shelter House is an integrated Shelter House which is a one-stop service, wherein it integrates security functions and services and handling for women victims of violence both in domestic and public areas. Thus, the integrated functions of the Police, Hospitals, Psychologists, Community or NGOs, Religious Leaders and Community Leaders are integrated so that women victims of social violence are safe and there are guarantees that the cases being faced are resolved. Care is needed from stakeholders or regional leaders so that cases that occur can be handled one service in a halfway house according to the minimum standard of operation that has been set. This concern should immediately be realized in either government regulation or regent decrees which will ensure the legality of the Shelter Houses. Communities, religious leaders and community leaders should appeal to the local government to realize the ideal integrated shelter that will handle and serve women victims of violence in both public and domestic areas.

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