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What Factors Exacerbate and Mitigate the Risk of Gender-Based Violence During COVID-19?

Insights From a Phone Survey in Indonesia

KEY FINDINGS

- 83% of respondents report increase in Intimate Partner Violence in their communities due to COVID-19
- Household food insecurity is among the strongest predictors of exposure to gender-based violence
- Women's access to jobs protects them from increase in exposure to gender-based violence due to COVID-19

CONTEXT

1 in 3 Indonesian women have experienced Gender-Based Violence (GBV) in their lifetime.¹ The COVID-19 pandemic may further exacerbate the risks of GBV. First, additional stress due to health risks and economic uncertainty is likely to trigger conflict within family. Second, more time spent in the same physical space with potential perpetrators due to lockdowns may also increase the likelihood of abuse. Indeed, in a study of 15 countries, UN Women found that calls to GBV hotlines surged in 12 countries, from 40% in Malaysia to 400% in Tunisia.²

Even before COVID-19, there was no regular systematic data collection on GBV in Indonesia aside from the one-off study by Statistics Indonesia in 2016,³ which makes it difficult to understand how the COVID-19 pandemic might have increased the incidence of GBV.

- 1 Statistics Indonesia (2016), 2016 Indonesian National Women's Life Experience Survey (*Survei Pengalaman Hidup Perempuan Nasional*). The survey was joint work with the Ministry of Women Empowerment and Child Protection and UNFPA.
- 2 UN Women (2020), *Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings*.
- 3 In many other countries, data on GBV often come from Demographic and Health Surveys (DHS). DHS in Indonesia has never collected data on GBV. The most recent study on GBV in Indonesia was implemented jointly by Statistics Indonesia, the Ministry of Women Empowerment and Child Protection and UNFPA in 2016, 2016 Indonesian National Women's Life Experience Survey (*Survei Pengalaman Hidup Perempuan Nasional*).

EAST ASIA AND
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INNOVATION LAB

The East Asia and Pacific Gender Innovation Lab (EAPGIL) carries out impact evaluations and inferential research to generate evidence on what works in closing gender gaps in assets, economic opportunities, and agency, and how closing these gaps can help achieve other development outcomes. Ultimately, EAPGIL seeks to increase the welfare of women and men in East Asia and the Pacific by promoting the uptake of effective policies and programs identified based on evidence.

Anecdotal evidence from one hotline in Jakarta suggested an increase in GBV, with the hotline receiving 110 calls reporting domestic violence between March and June 2020 – amounting to 50% of calls received in the entirety of 2019.⁴

We collected data on exposure to GBV through a phone survey to understand the factors that pose the greatest risk and policy interventions that may effectively protect women. In-person data collection was not possible due to health concerns associated with the COVID-19 pandemic. In order to not jeopardize the safety of the respondents through backlash from perpetrators living in the same households, we did not ask questions about violence directly. Rather, based on consultations with GBV experts, we developed a series of proxy questions, which allowed us to infer the likely exposure to violence.^{5, 6}

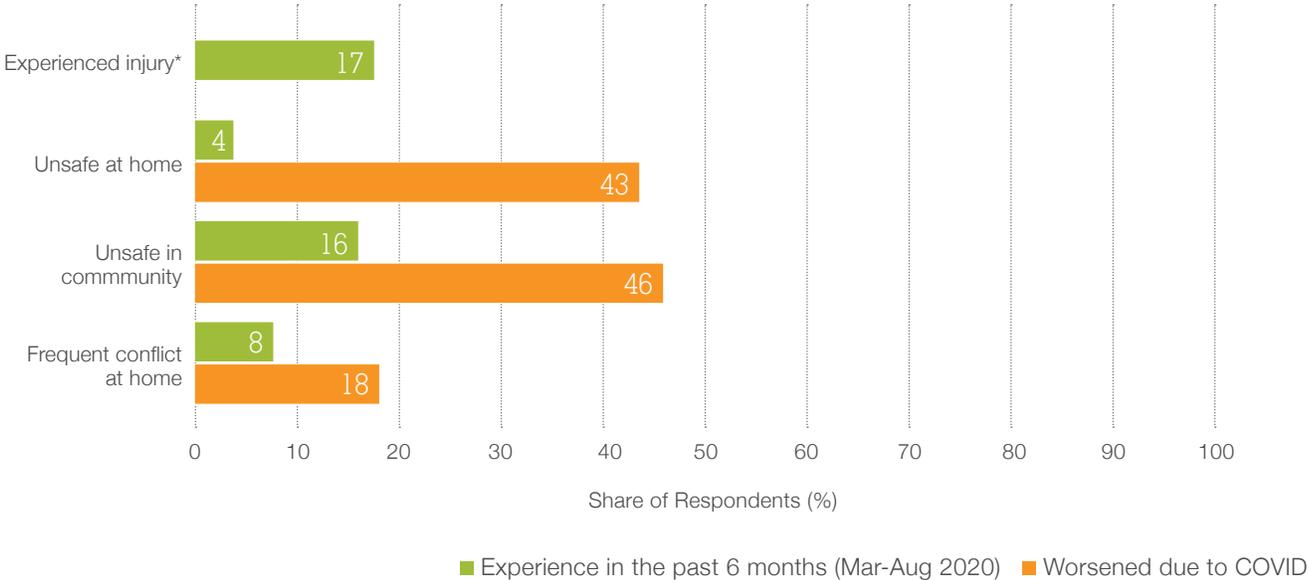
DATA

We administered interviews to 866 women in a phone survey across 6 provinces in Indonesia.⁷ We also collected data on their households.⁸ We were able to reach our respondents using phone numbers collected in August-November 2018 for an ongoing impact evaluation of the Government

of Indonesia’s *Desmigratif* program, which set up migration information centers in 400 villages across the country over a three year period (2017-2019). The program specifically targeted villages with high shares of international migrant workers. In Indonesia, international migrant workers are largely low-skilled from rural areas— with domestic, farm, construction, and factory workers comprising almost 80 percent of the migrant workers.⁹

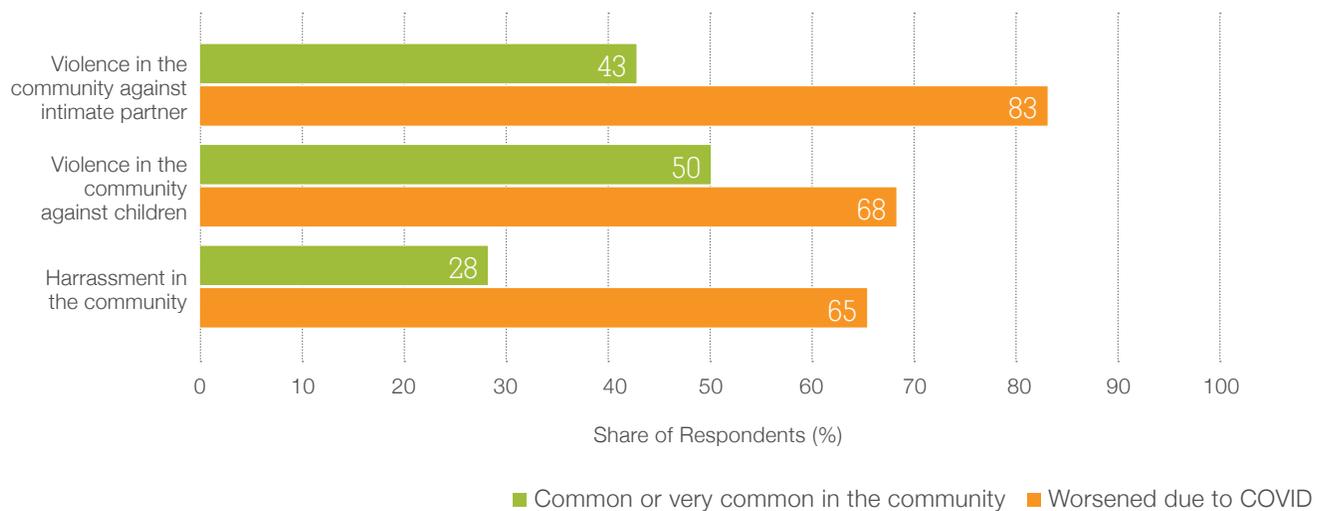
The phone survey is certainly not nationally representative and the findings should be interpreted within this sub-sample of the population. 88 percent of individuals in the phone survey lived in rural areas, compared with just 44 percent in the national population.¹⁰ The phone survey was administered to the same individuals who were interviewed in the previous 2018 survey. Thus, we could use a rich set of pre-COVID-19 characteristics from the 2018 survey in our analysis. The phone survey data was collected in late July – early September 2020, during a period of relaxed social restrictions, after stricter lockdowns, imposed between April – July 2020, had ended.¹¹

Figure 1: COVID-19 Exacerbated Women’s Perceived Risks of Violence in Indonesia



4 <https://theconversation.com/angka-kdrt-di-indonesia-meningkat-sejak-pandemi-covid-19-penyebab-dan-cara-mengatasinya-144001>
5 We are grateful to Amber Peterman (University of North Carolina at Chapel Hill) and Diana Arango (the World Bank) for insightful comments on the instrument.
6 The team has also followed protocols based on the WHO recommendations to ensure safety of the respondents, such as training of enumerators to inform respondents on certain keywords that can be used to stop the survey in case third parties start listening into the conversation.
7 We collected data in West Java, Central Java, Yogyakarta, East Java, East Nusa Tenggara, South Sulawesi, 88% of households reached are in rural areas.
8 Either from the woman, or from another sufficiently knowledgeable household member.
9 World Bank (2017), *Indonesia’s Global Workers: Juggling Opportunities and Risks*.
10 World Bank World Development Indicators. <https://databank.worldbank.org/source/world-development-indicators>
11 Lockdowns were not imposed nationally, but by individual local governments at province and district levels. Exact dates for initial lockdowns vary but for our surveyed districts are within the April-July timeframe.

Figure 2: Vignettes Similarly Showed that Risks of Violence Were Becoming More Common in the Community



EXPOSURE TO VIOLENCE

We attempt to capture exposure to violence during the 6 months preceding data collection: from the onset of COVID-19 in March 2020 until the interview. We gauge exposure to violence by asking 4 questions:

1. In the last 6 months, have you been injured in any way? For example, have you had cuts, bruises, aches, burns, sprains, dislocations, broken bones, or any other wound that limited your functioning?
2. In the last 6 months, did you feel safe in your home?
3. In the last 6 months, did you feel safe in your community?
4. When people live together in the same household, they usually share both good and bad moments. And it is normal for people who live together to have arguments. How often in the last six months would you say that people in your household have argued or have had some sort of conflict among themselves? (The answer options are: Never, once or twice, weekly, daily, don't know)

To increase the likelihood of reporting, we also administered several vignettes, where we described a hypothetical situation, involving exposure to violence, and asked how frequently such situations were likely to occur in a respondent's community. For example, the vignette aimed to capture intimate partner violence (IPV) reads as: "IRMA

and BUDI have been married for several years and have two children. BUDI works in a repair shop, but lately the business has been bad, and they are worried about money. Sometimes when BUDI gets stressed, he takes out his anger by yelling at IRMA, and sometimes he hits her. IRMA feels hurt and wants him to stop but does not know what to do." After the vignette, the respondent was asked: How common do you think it is for couples in your community to experience such a story? We also included vignettes structured to capture violence against children and harassment.¹²

For each question aimed to capture exposure to violence, except on experience of injury, we followed up with a question asking whether "COVID-19 has made the situation worse, better, or left it the same." This follow-up question was designed to capture respondent's subjective perception of changes in violence due to the COVID-19 pandemic.

We found that 17% of women in our sample experienced injury, 4% felt unsafe at home, 16% felt unsafe in the community, and 8% experienced conflicts at least once a week during 6 months prior to the interview (between March and August 2020, Figure 1)¹³. Notably, responses to the vignettes suggest higher exposure to violence in their community: 43%, 50% and 27% of the respondents agree that IPV, violence against children and harassment are common or very common in their communities (Figure 2).

12 Exact text of the vignettes is available at <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/950601606987399330/can-we-capture-exposure-to-gender-based-violence-gbv-through-phone-surveys-during-a-pandemic>

13 Ideally, we would compare these estimates with the data on GBV from a different source. However, unfortunately, the Demographic and Health Surveys in Indonesia do not include a GBV module. The EAPGIL team is exploring the possibilities of comparing the rates of GBV captured using this method to GBV rates captured through DHS surveys in other countries, such as Lao PDR.

Our data also capture the perception that violence increased due to COVID-19. Figure 1 shows that 43% and 46% of respondents feel less safe at home and outside of home, respectively; 18% reported more frequent arguments due to COVID-19. 83%, 68% and 65% shared perception that COVID-19 increased likelihood of IPV, violence against children and harassment in their communities (Figure 2).

WHAT FACTORS INCREASE AND MITIGATE THE LIKELIHOOD OF EXPOSURE TO GBV SINCE THE ONSET OF THE COVID-19 PANDEMIC?

Understanding what factors exacerbate GBV and what factors lower its likelihood is important for design of relief and recovery policies. With such insights, policy makers may adjust their response to also lower the risks of GBV, in addition to other objectives of immediate relief, protecting human capital and economic recovery.

To understand which factors are likely to trigger or mitigate GBV, we leveraged our rich datasets, collected through in-person interviews in 2018 and phone survey interviews in 2020. The datasets include information on employment, non-agricultural enterprises, remittances, food security, social assistance, knowledge of COVID-19, domestic work, and health symptoms. We constructed an index of exposure to GBV and an index of increased intensity of GBV due to COVID-19, based on all diverse proxy and vignette variables included in the survey.¹⁴

We then used a machine learning algorithm to sift through 156 variables from our rich datasets and identify which of these are important predictors of exposure to GBV and increased intensity of GBV due to COVID-19. The machine learning algorithm, however, does not detect the direction of the effect, only the strength of association.¹⁵ To understand which of the top predictors work as a protective or a risk factor, and to assess relative magnitudes, we carried out a stepwise linear regression analysis using the strongest 20 predictors. The stepwise regression analysis further dropped relatively weaker predictors and identified which had statistically significant relationship with risk of GBV and increase in this risk due to COVID-19. Several important patterns emerged.¹⁶

Economic stress increases the likelihood of violence

Food insecurity experienced by the household and the number of household members are among the most important predictors of exposure to GBV. These results are aligned with existing theoretical frameworks, which posit that economic insecurity is an important determinant of domestic violence (Ellsberg et al., 2015; Buller et al., 2018). Food insecurity increases such stress. Higher number of household members, in most cases, implies more children and elderly, likely also augmenting stress.

Having a job is among the strongest protective factors from increase in violence due to COVID-19

Having a second job is the strongest protective factor from increase in violence due to the COVID-19 pandemic. There are two theoretical explanations for this finding. On the one hand, additional income may mitigate economic stress. On the other hand, theories of intra-household bargaining predict that women's independent income is likely to reduce GBV (Manser and Brown, 1980). As a woman's potential options outside of marriage improve due to her economic empowerment, her situation within marriage is expected to get better, too. More economically empowered women have an option to leave an abusive relationship, which increases their bargaining power within the relationship, thus, decreasing violence.

Women in highly populated urban areas may be at a lower risk

We find that women in districts with higher COVID-19 risk level¹⁷ were less likely to report exposure to violence. These are likely to be urban districts with higher population density (Olivia, Gibson, Nasrudin, 2020) – two characteristics that our dataset does not allow us to include directly into our analysis. Such districts are likely to offer women better access to economic resources, institutional support, and more gender equitable social norms, which have been shown to lower the risk of GBV (McIlwaine, 2013).

¹⁴ We follow the methodology used by Kling, Katz, and Liebmann (2007), where the indices are constructed as equally weighted mean of z-scores of the components. The GBV questions administered consist of 2 types of questions, those proxying exposure, and those proxying change in exposure. We construct separate index for each group of questions, with each component of the indices oriented in such a way that higher values indicate worse/worsening GBV. We used all questions described in section 3, except for the question on violence against children.

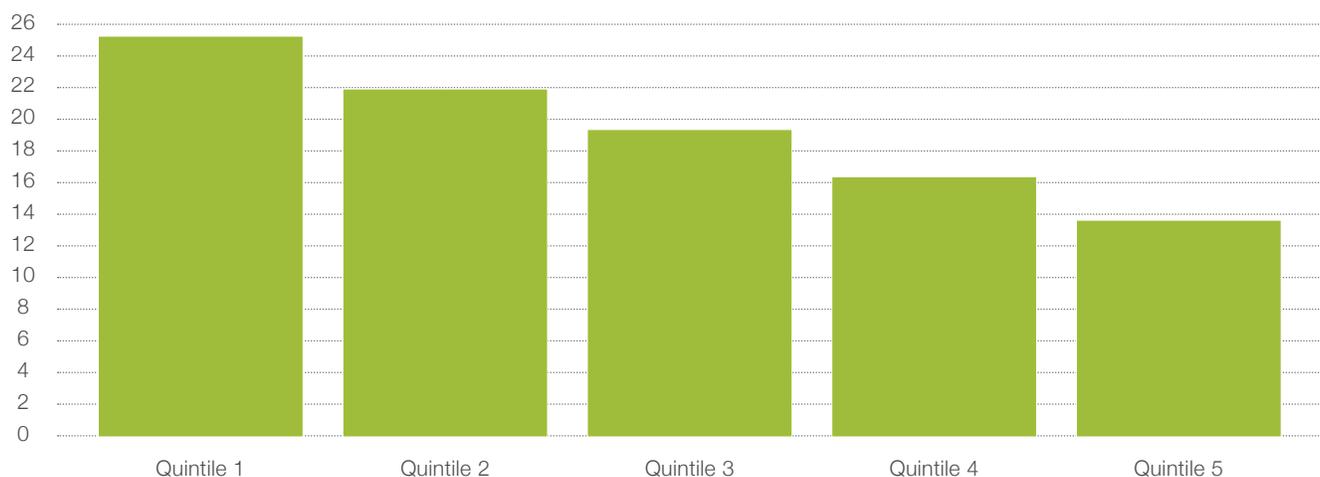
¹⁵ We use Random Forests algorithm, which allows us to detect whether food insecurity is associated with GBV more strongly than, for example, household size. However, the Random Forests algorithm does not reveal whether increase in food insecurity is associated with increase or decrease in GBV.

¹⁶ Technical details available upon request from England Rhys Can at englandrhys@worldbank.org.

¹⁷ These data were retrieved through data scraping from: <https://covid19.go.id/peta-risiko>

Figure 3: Percentage of Women Who Believe Beating by Husband is Justified for Going Out Without Permission

(by income quintile)



Source: World Bank Gender Data Portal / Data for Indonesia, 2017

The perils of the middle: women with lower and higher education and age are at lower risk than their counterparts in the middle of education and age distributions

Our results suggest that women with 11 years of education are at a higher risk of increase in violence due to COVID-19, compared to women with less or more years of education. Specifically, likelihood of increase in violence due to COVID-19 goes up as the number of years of education increases. However, once women reach 11 years of schooling, every additional year works as protective factor.

Several factors contribute to this inverted U-shape relationship. First, women may define GBV differently depending on their education level. Despite being exposed to violence, lower educated women may not necessarily view the situation as violent or abnormal. For example, the likelihood to perceive wife-being as justifiable decreases as household income increases in Indonesia (Figure 3). Thus, lower educated women may under-report their exposure to GBV. As education increases, women's perception of violence may change. At the same time, the very fact of getting more education may be perceived as "breaking the norms" and the status quo that women, for instance, should primarily be caretakers, not needing too much education; putting them at a higher risk of GBV. But after a certain level, additional years of education start

empowering women—for example, financially—which may protect them from GBV.

Similarly, the relationship between women's age and risk of worsening of violence due to COVID-19 also follows a similar inverted U pattern.

INSIGHTS FOR POLICY

We collected data on proxies of exposure to GBV between March and August 2020 and the perceived increase in the intensity of GBV due to the COVID-19 pandemic through phone interviews. We subsequently carried out exploratory analysis of a large data set with the objective of furthering the understanding of what factors may protect women or increase the risk of exposure to GBV during the pandemic. Our results suggest few implications for policy:

1. It is critical to expand and continue the provision of social protection measures during the pandemic. The Government of Indonesia rolled out various social assistance measures to mitigate socio-economic risks of the COVID-19 pandemic for the most vulnerable families, such as staple foods packages, cash transfers, electric bill subsidies, and wage subsidies. These programs not only provide immediate financial support to all family members but may also protect women from GBV. Food insecurity experienced by

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the household is among the strongest predictors of exposure to GBV. Bold measures taken by the Government of Indonesia could help mitigate some concerns related to food and economic insecurity induced by the COVID-19 pandemic, which in turn could reduce conflicts within the family and lower the likelihood of GBV.

2. Policies fostering women's economic empowerment should be implemented both during the pandemic and as recovery measures. Aside from boosting economic growth, protecting gains in women's economic empowerment also protects them from GBV. Women who had access to more jobs during the COVID-19 pandemic were less likely to perceive an increase in the exposure to GBV due to COVID-19. As women are shouldering a greater share of childcare responsibility during the pandemic, it is important to create policy responses that will protect women's gains in the labor market from the blow of the pandemic. For example, the availability of low-cost public preschools in Indonesia had been shown to increase women's work participation.¹⁸ Improving access to affordable and quality childcare services, closer to homes or workplaces with extended hours and quality assurance system, could help increase the demand for childcare services, allowing women to work and as evidence shows – reducing the risk of GBV. In addition, the Government of Indonesia may consider extending paid maternity and paternity leave benefits.¹⁹ Maternity leave benefits could help women transition better to motherhood without necessarily exiting the workforce, while non-existent or minimal paternity leave benefits risks discouraging firms from hiring more female employees.

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¹⁸ Halim, Johnson, Perova (2019). Preschool Availability and Female Labor Force Participation: Evidence from Indonesia.

¹⁹ In 2019, the laws in Indonesia mandated 90 days of paid maternity leave and 2 days of paternity leave (Women, Business, and the Law 2020). These are lower than the global average of 109 days and 8 days of maternity and paternity leave benefits, respectively.