

Mental Health Services in Safe House for Women and Children Victims of Violence

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Keywords: Mental health services, safe house, victims of violence

Abstract: The large number of abandoned children as well as violence against women and children shows that Indonesia is in an emergency. Women and children who become victims are experiencing security and safety issues. Protection of women and children is done by various parties including the government. One way that is done as a commitment to handle, pay attention, and provide assistance to women and children who are victims is to build a Safe House. The Safe House should have a proper standard that ensure woman and children in this location feeling safe, especially in maintaining the quality of their mental health. The problem is the lack of government supervision, so the service quality is below standard. The study was conducted on 12 people, including 9 residents of Safe House and 3 members of Safe House management. Data collection was done by observation and interview method. The analysis is done qualitatively to get the conclusion that match with the problem under study. This study found that there is a discrepancy between the purpose of constructing a Safe House with the implementation of the handling of victims of violence and abandonment, and also found that the quality of mental health services are substandard.

1 INTRODUCTION

The large number of abandoned children as well as violence against women and children shows that Indonesia is in an emergency. Cases of child abuse in Indonesia have increased significantly since 2011 (Suyanto, 2010). The evidence is from the number of child abuse cases that received by Commission for The Protection of Children Indonesia in that year were 2,637 cases and 1,634 cases of them included as sexual crimes. Meanwhile in 2013, the number of child abuse reports received by Commission for The Protection of Children Indonesia increased to 3,339, while 52 percent of them were sexual crimes. The increasing number of cases is very visible in 2014, that only from January until September 2,626 cases occurred. This also happens in cases of violence against women. Annual notes launched by National Commission on Violence Against Women show that the amount of violence against women in 2016 is really high (Suryakusuma, 2017). In that year there were nearly 260,000 cases. The data of violence experienced by women is partly obtained from related parties such as Religious Courts (359 cases) and service provider partners found in 34 provinces in Indonesia.

Violence against children can be defined as physical, mental, or sexual violence. Some of which include sexual assault, improper or undernourished feeding, and neglect of education and health (Gelles, 1985). Children whose nutritional, educational, and health needs are not adequately met can be interpreted as abandoned children. These children become abandoned not just because they no longer have one or both parents, but also because of neglect, parental ignorance, incompetence, or even deliberate.

Violence against women can be categorized as domestic violence as well as sexual violence. Domestic violence is the highest number of violent incidents (Suryakusuma, 2017). Domestic violence can be physical, psychological, and economic. The next category of sexual violence, most commonly found in the form of rape, includes marital rape. This violence since 2004 has been regulated in the Law on Elimination of Domestic Violence article 8a.

Women and children who victims of violence experiencing security and safety issues. Protection against women and children is done by various parties including the government. One of the ways which is done as a commitment to handle, pay attention, and provide assistance women and

children who become victims is to build a Safe House. Safe Houses that are part of this government project are managed by the Ministry of Social Affairs as well as the Integrated Service Center for Women and Children Empowerment. Safe House should have a certain standard. These standards included standard operational procedures that could be references to ensure women and children who are victims actually gained safety and proper protection, especially in maintaining their quality of mental health. Whereas the initial purpose of making Safe House itself is to be a temporary safe place for victims both because the child and the women need a temporary shelter or because their security is threatened. Not only the facet of the quality of the facility in the spotlight, but the quantity of the Safe House facility is limited, a special obstacle for the handling of cases of gender based violence so far.

The existence of this Safe House in the protection scheme of women and child victims of violence, is very important, because most violence perpetrators are people who are known and close to the victim. So that the security of victims after violence occurs, becomes the main thing to do (Fanani, 2016). The emergence of the Safe House also aims to provide continuous services for victims, which has been a weakness in the ways of handling victims in this case. Victims of this violence require a time of recovery that is not for a while and must be sustainable, so that should be Safe House a means that can facilitate it. (Nadlir, 2018). This research is trying to describe how is the service that gave by one of the Safe House, so each party involved, included government, can improve the service quality so the real goal of build Safe House can achieved.

2 METHOD

In this study, researchers conducted data from 12 people, including 9 Safe House residents and 3 persons from Safe House management. The residents were women who victims of sexual crime, and the other residents were children who abandoned by their parents and live at the street before. Their age range from 3 until 20 years old. Data collection was done by observation and interview method. The study was conducted over a period of five months. The process of conducting the observation is done by participatory and non participatory method. Participatory observations were conducted in order to find out how social interaction and communication skills of research

subjects were towards people who were not members of the Safe House. Non-participatory observations were conducted with the help of one way mirror observation media to find out how the interaction and communication of research subjects to others subjects of Safe House. Interview conducted on research subjects with semi structured method with the aim of ensuring all data can be obtained with the maximum without having to make the subject feel uncomfortable during the process of data retrieval. The whole process of data retrieval is preceded by the process of providing a form of willingness in which contains the procedures of research implementation, research ethics, and data protection of the subject of research, as well as the rights and obligations that have been agreed by both parties.

The analysis is done qualitatively to get the conclusion that match with the problem under study. The analysis was made by data-driven. The themes were found by researcher, and analyzed from inductive raw data. Researcher segregate the data relevant to the objectives and focus of the study to make a presentation that explains the condition of mental health services in the Safe House as a whole.

3 RESULT

The study found that there were several problems during the process of providing mental health services in the Safe House. The problem arises from several factors. The first factor is the type of Safe House and handling experience on specific cases. The next factor is the limited financing during the process of providing mental health services. The next factor is the factor completeness of personal data of the victim and lack of understanding of the methods of Safe House management in raising awareness of the immediate family of the victim about the recovery of the victim's condition to the adaptation process.

The type of this Safe House provided problems in mental health services in this location when the Safe House included into the type which is basically a safe house that provides services for adult female victims. Safe House is a means that previously more often provide a stopover for women who become victims of violence, especially victims of sexual violence, in the form of rape. Safe House is not picky in receiving victims who need help so that when the Safe House is receiving victims of violence aged children, the organizers inevitably accept the victim. This affects the ability possessed

by the manager of the Safe House in the face of certain cases. Their expertise commonly used to handle victims in adulthood, they also use to deal with victims of the aged children. So that there is a significant distance in the services provided and certainly not necessarily will give a positive impact on the recovery of mental health victims of child abuse. Some found is when the manager of the Safe House for dealing with problems arising from the mischief of a child, it appeared that the manager tends to provide treatment that is less instructive. Suppose that when the children are lying, it will be given Lombok or chili so that children can tell the truth. For children who are victims of sexual violence, managers give the punishment of a messy haircut, when the children begin to show the teasing behavior of the opposite sex in the neighborhood or sexual activity that is not normal. Researchers found that the punishment activities were administered by the Safe House in order to provide a deterrent effect and reduce the confidence of the children when meeting the opposite sex in the outer environment of the Safe House.

The limitation of financing factor is also a problem in mental health service at Rumah Am an. One of the reasons is that this Safe House should keep the confidentiality of the data of the victims held in its place, so it is not possible to do promotion to various parties to obtain financial aid. This forces managers, especially counselors to seek funding by working outside the Safe House, so that later can be used to help finance the daily mental health services in the Safe House, including for daily consumption needs. The condition actually adds another new problem where the victims should always get supervision and assistance, especially since most of them are still children. With managers who eventually go to work outside the Safe House and the number of managers is very limited, it will automatically make the service to be less than the maximum, and can even thwart the design of services that have been made before because it is not sustainable. The absence of managers at certain hours is not yet equipped with the focus and concentration of managers who will be divided in handling case services in the Safe House. Those who should be able to think of plans for subsequent activities, eventually physically and mentally also drained for daily financing in the Safe House.

Self data completeness factor becomes the next problem in mental health service in Safe House. The completeness of this data is very important to know the growth of victims of the aged children. Data such as weight, height, and medical history need to

measure the extent to which the medical development of the child is medical. In addition, under certain conditions emergency medical history becomes important data, because it can help managers to be able to provide appropriate services and in accordance with the health conditions of these children.

The communication factor with the closest family of the victim is accommodated, also a problem that can be highlighted from the provision of mental health services in the Safe House. The occupants of a safe house given this temporary shelter should be able to become part of the community again, to be adaptive, and of course can interact again with their closest relatives. However, the recovery process becomes difficult because of the lack of ability of the manager to raise awareness of the immediate family of the victim. Safe House Managers are not equipped enough with sufficient extension skills to deal with the situation. This is also exacerbated by the closest family who really strongly surrender all matters related to his child's life to the SafeHouse. They seem to be no longer willing to try to accept his son back and finance the life and education of his son. Even some of the closest families add to the burden of the Safe House management by also entrusting their children or other family members to Safe House for treatment as well.

Behind the whole problem is actually the manager of Safe House has been trying to provide the best in recovering and improving mental health of victims who are inhabitants of Safe House. The Safe House Manager teaches the abilities necessary for daily life, such as how to wash clothes, clean the house, cook, read and write. Even the managers apply a pattern of interaction and special communication to the victims who become residents in the Safe House. Managers teach them to interact and communicate like a family. Discussion and reflection activities in the morning are also applied in daily life at Safe House. The residents are asked to share their problems and apologize when they have made mistakes. Managers also give the task of rewriting what has been read to the children who become residents there. Managers teach aspects of religious knowledge to all residents of the SafeHouse, either through online media or by teaching reading Al Quran by working with one of the related foundations.

4 DISCUSSION

From this research, it can be concluded that there is a discrepancy between the purpose of constructing a Safe House with the implementation of the handling of victims of violence and neglect, and also found that the quality of mental health services is less standard. These things have many factors that affect let alone in terms of government concern for the program that has been made this. The government should be able to better prepare for anything that needs to be trained to the managers of the Safe House, especially when faced with situations that the managers have never met before. These trainings will need to be periodically provided to Safe House managers, so that they will have an ongoing and actual insight and knowledge related to the handling of cases of violence and neglect. Training on the handling of children with special needs also needs to be done, because these abandoned children may be some of them abandoned by their families because they lack physical perfection or have mental and psychological limitations. So it can be said that the non-conformity of mental health service delivery by the Safe House managers is a result of their lack of understanding and insight into what the right mental health service is like. The government also needs to survey the existence of houses used as Safe House sites whether they have met the proper safety and security standards. Obviously if it is found that do not meet such standards, it is necessary to take immediate action as soon as possible, so that the initial purpose of the construction of Safe House can be achieved well.

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