

# **Violence and Mental Health Profile among Early Adolescents in Indonesia: Calling for Urgent Actions**



## 01. Executive Summary

The Sustainable Development Goals (SDGs) global agenda clearly and ambitiously calls for eliminating violence against children through the targets set out in Goal 3, along with targets 4, 5, and 16 by 2030. The costs of violence against children would render a long-term and expensive mental, social, and economic impact not only throughout their lives but also for future generations.

In such an unprecedented turn of event, such as the COVID-19 pandemic that has occurred in various cities, restrictions on movement, isolation, and overcrowding while staying at home have heightened the stress level and hindered teenagers' regular access to support services.



### SDGs target related to abuse against

- Goal 3** Ensure healthy lives and promote well-being for all at all ages.
- Target 4a** "Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all"
- Target 5.2** "Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation"
- Target 16.2** "End abuse, exploitation, trafficking and all forms of violence against and torture of children"
- Target 16.1** "Significantly reduce all forms of violence and related death rates everywhere"

The Global Early Adolescent Study Indonesia 2018 findings revealed that 17% of adolescents feel threatened in school, and 27% feel insecure around their neighborhood. Peers and other adults, including teachers, were identified as part of the threats. Other sources involved the learning system at school, such as assignments, inadequate feedback, learning method, fear of failure,

and the teacher-student way of communication, which have put enormous pressure and grown to be a source of stress and anxiety for adolescents. GEAS also showed that one-fifth (20.8%) of students reported more than five accounts of adverse childhood experiences (ACEs), and a half (45.4%) had experienced more than three types of ACEs. The patterns of physical and non-verbal abuse appeared to be gender-motivated, indicated by the higher percentage of this variety experienced by male adolescents. This trend is consistent with the heightened perception of depressive symptoms and substance abuse by the same group. Not only in real life, the rapid flow of digitization and mass connectivity also raises new potential threats to teenagers, such as cyberbullying and pornography.

Unfortunately, adolescents still found themselves with low skills in terms of seeking help and support. Only 26.2% of adolescents admit to having someone they can contact when they feel threatened. When aggregated by sex, it shows a smaller percentage of boys. They also reported more experience carrying weapons for protection than teenage girls (43.2% vs. 38.8%). Therefore, it is now more relevant than ever to dramatically ramp up the transformative actions to meet the SDGs goals. Without further acceleration, we will never meet SDGs Goal Area 3 in Indonesia. Furthermore, instead of gaining the momentum of the demographic dividend of youth potential as one of our development capitals, we would turn it into a burden in 2030.



## 02. The situation of early adolescents (aged 10-14 years) in Indonesia

The SDGs global agenda clearly and ambitiously calls for the elimination of violence against children through the targets set out in Goal 3, which intersects with target 4, 5 and 6. Unfortunately, our stakeholders need to solve the myriad of issues concerning early adolescents' conditions in Indonesia in meeting these targets in 2030.

In 2018, GEAS presented surprising findings on early adolescents' condition (aged 10-14 years) in Indonesia. Some of these findings include:

## 1. Unsafe environment

The number of adolescents feeling threatened in their school and neighborhood is 17% and 27%, respectively. Sources of threat are peers and other adults, including teachers (GEAS, 2019). This finding is in line with a qualitative study done by Youth Voice Research (YVR), in which teachers would bully students who are deemed to be left behind or having a lack of discipline. This bullying takes the form of verbal and non-verbal abuse such as harsh words, throwing pens/books at students in the class, and witnessed by other students (YVR, 2020).

The YVR study also identified that the learning system in school, such as assignments, inadequate feedback, learning methods, fear of failure, and teacher-student communication methods, has put pressure and become a source of stress and anxiety to adolescents. Parents also highlighted schools and teachers who did not consider students' conditions and abilities as another pain point for their children.

## 2. Adverse childhood experiences (ACEs)

Many studies have found that a history of experiencing more than five types of ACEs indicates significant trauma exposure. GEAS shows that one-fifth (20.8%) of adolescents reported more than five ACEs accounts, and a half (45.4%) have experienced more than three types of ACEs. The pattern of physical and non-verbal violence is highly gender-specific, indicated by the higher percentage of this variety that happened to boys rather than girls.

The forms of violence experienced by adolescents vary, from the most common, such as being scolded with harsh words and loud voices, being compared to their siblings or cousins or other teenagers, humiliated in front of their friends, to physical abuse such as beaten, either with hands, wood, or other objects (such as sandals). Some of them also mentioned how alcoholism in their families and neighborhoods is one of the triggers for abuse.

### 3. Bullying

The cause of bullying usually stems from unfortunate physical conditions (appearance, body) and atypical gender behavior (tomboy, sissy, or mama's boys). Calling people with their parents' names in a derogatory manner is also a common way of bullying. Through YVR, young girls share their experiences of being the receiving end of bullyings, such as catcalling and touching private body parts, such as breasts and buttocks. Adolescent boys often carry out acts of harassment towards girls.

GEAS study findings revealed that 16.9% of boys and 8.4% of girls are physical abuse perpetrators. Typically, these bullies have distinct characteristics, e.g., physically larger, feeling arrogant because they feel superior, or having more friends than their peers. They tend to harass peers they dislike and those who seem helpless.

### 4. Mental Health and Substance Use

GEAS collected a series of perceptions of depressive symptoms in adolescents. Nearly 1 in 5 teens was so unhappy that they think about inflicting self-harm. The total score for the perceived symptoms of depression was relatively high, about 3.20 (on a scale of 1-4). YVR also cited conflict with friends and parents as the primary reason for stress and anxiety. Increasing peer roles in adolescence makes any problem that interferes with their social relationships, causing adolescent grief. The use of illicit substances by early adolescents is quite rare, where 8% have smoked, 3% have consumed alcohol, and 2% have used drugs. Perceptions of depression and substance abuse are gender-specific since more boys reported the matter than girls.

## 5. Social Media Hazards

Beyond real life, teenagers also report potential new threats amid the rapid flow of digitization and mass connectivity. Most early adolescents (90.9%) have access to social media, 68.1% of teens send messages to their friends every day (74.5% girls vs. 60.7% boys), and nearly a third (29.3%) spend more than two hours per day on social media (32.5% women vs. 25.8% men) (GEAS, 2019). According to teenagers, bullying through social media (cyberbullying) is common, and it can take the form of reposting a photo in an abusive manner or sending bullying messages or comments. Peers are the most common perpetrator, but strangers can also be a source of this threat. There are 2% of teenagers who admit to having sent sexual photos of themselves to others, and 17.4% have accessed pornographic content.

## 6. Helplessness against violence

Only 26.2% of adolescents admit to having someone they can contact when they feel threatened, and it shows a smaller portion of boys when aggregated by sex. They also reported more experience in carrying weapons for protection than adolescent girls (43.2% vs. 38.8%). Rarely do teens share their feelings of stress and sadness with their parents, notably if the latter causes the problem. Generally, teens reported not having much power to respond to violence at home. During abuse, the responses between adolescent boys and girls vary. Girls would generally cry, feel afraid, and shut themselves in rooms, while boys would not fight back and remain silent when they endure physical violence.

Adolescents who experience bullying, harassment, and abuse (BHA) produce various forms of passive to active responses. Crying, holding back tears, and staying silent are common passive responses made by adolescents who feel they have no power to

fight against BHA. Active responses may materialize in verbal response or physical resistance and complaints to the teacher. Adolescents are more reluctant to complain to teachers because they are worried that they will be blamed and considered weak, and therefore increasingly making them a potential target for BHA. Teens prefer to share their emotions and hold activities with their peers to cope with the sadness they are going through. Some respond by hurting themselves.

In unprecedented circumstances such as the COVID-19 pandemic sweeping across cities, restrictions on movement, employment termination, isolation, and occupancy density while at home have amplified the stress and anxiety of parents, primary caregivers, and children. Moreover, this condition has hampered their regular access to support services. In the short term, this may increase the prevalence and patterns of interpersonal violence. In the long run, the economic downturn due to COVID-19 will take ages to recover and exacerbate economic disparities, poverty, unemployment, financial vulnerability, and family food security, further affecting the care, protection, and well-being of women and children. This condition can also potentially escalate suicide and abuse cases, even beyond the numbers before the pandemic.

These issues make the call for a dramatic increase in transformative actions towards achieving the SDGs even more relevant. Without further acceleration, we may not be able to meet SDGs Goal Area 3 by 2030. Investing in efforts to reduce violence against children and improve their mental health will impact adolescents and the community, society, and the broader economy.



## 03. Recommendations

The transformative actions towards achieving the SDGs can be realized in several ways:

1. **Promote good governance and coordination** with clear leadership and accountability through the explicit appointment of institutions with the proper resources in executing the mandate to coordinate multi-sectoral actions to end violence against children.
2. **Strengthen the legislation** by the government to provide overarching legal protection that explicitly guarantees:
  - 2.1. Universal legal protection for children.
  - 2.2. Regulations that support the implementation of best practices.
  - 2.3. Renewed commitment to law enforcement and implementation.
3. **Prioritize data collection and national action plans.** Data on key indicators of child violence elimination is an essential component for reporting and targeting the national action plan. In so doing, the government must:
  - 3.1. Use data to formulate evidence-based solutions and improve the effectiveness of prevention programs and services.
  - 3.2. Develop research that supports an evidence-based approach to ensure the availability of crucial indicator data and practical intervention innovations.
4. **Ensure that the national action plan has ample financial support and measurable targets.** This goal can be achieved by:
  - 4.1. Reviewing existing national action plans and identify problems.
  - 4.2. Formulating a new funding implementation plan and ensure the necessary funds are available. This plan must consider the various economic losses and consequences of child abuse experienced by multiple sectors and the considerable potential savings obtained from child violence prevention actions.





**Proposed programs:**

Include child violence and mental health in the Bina Keluarga Balita (BKB) and Bina Keluarga Remaja (BKR), two programs dedicated to children under five and adolescents, which provide assistance and support to parents with concrete examples of positive and anti-violence parenting and parent-child communication skills. Integrate the Comprehensive Sexual Education (CSE) curriculum in the PIK-R program.

5. **Using norms and value-based approach** through the following strategy:
  - 5.1. Interventions to turn around the adherence to restrictive and harmful gender and social norms for children to change social expectations on being male/female.
  - 5.2. Community mobilization programs aim to change norms, attitudes, and behavior that underlie the power imbalance between men and women.



**Proposed program:**

Include child violence and mental health in national priority programs in primary care and the Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK) to ensure mainstreaming of this issue at the grassroot level.

6. **Execute strategies on parents and primary caregivers**, which focuses on how government and society can increase families' capacity to support children. This concerted effort will deliver concrete behavioral suggestions for families on how to foster and optimize positive parent-child relationships, avoid the use of violent discipline, and what to do during violent-prone situations. The strategies are as follows:
  - 6.1. Establish community-scale care groups that offer information and capacity-building sessions to support the development of non-violent care delivered through community group meetings led by nurses, social workers, or trained volunteers. This effort can be complemented by one or more home visits for additional support and monitoring.
  - 6.2. Deliver a home visit program, which provides information and capacity building sessions to support the development of non-violent childcare, delivered by nurses, social workers, or trained volunteers through a series of home visits.





### **Effective evidence-based intervention program.**

"Bystander" is a program or curriculum in an educational or community setting that teaches skills to recognize and intervene in cases of intimate partner violence, sexual harassment, and peer violence. These interventions promote gender equality and norms of societal responsibility for protection and prevention by identifying and challenging norms that support sexual violence.

**The gender transformation approach** in Comprehensive Sexual Education (CSE) is a program or curriculum in an educational setting that builds critical thinking skills on gender norms and their implications. CSE activities include:

- Improving awareness of unhealthy, rigid, and dangerous gender and sexual norms.
- Assessing the costs of adhering to harmful norms concerning sexual and reproductive health and sexual and gender-based rights/violence for all gender.
- Replacing unhealthy and unequal gender norms with the ones that are healthier, more inclusive, and positive, such as promoting positive masculinity.

7. **Safe environmental approach** through:
  - 7.1. Reducing violence by identifying the "hot spots" to plan for targeted multi-sectoral community security cooperation-based interventions.
  - 7.2. Preventing the spread of violence by training community members to recognize and prevent conflicts, individual risk behaviors, and changes in social norms.
  - 7.3. Enhancing the target environment by designing or modifying public areas associated with increased risk of violence.
  
8. **Educational and life skills approach** through:
  - 8.1. Increased school participation
  - 8.2. A safe and supportive environment by developing a positive and violence-free school atmosphere, strengthening relationships between students, teachers, and school administrators.
  - 8.3. Life and social skills training by building the capacity to manage emotions, anger, prosocial behavior, mutual respect, and conflict resolution to reduce bullying and peer violence and promote healthy and wise use of the internet.
  - 8.4. Programs to help children protect themselves from sexual violence by increasing awareness and skills of the importance of consent, knowing how to avoid and prevent sexual violence and exploitation, and seeking help and support.
  
9. **Youth-friendly response and support services** which cover:
  - 9.1. Clinical investigation combined with intervention: Protocol and training for service providers to recognize and inquire about signs and symptoms of violence and to refer victims to services and support.

- 9.2. Counseling and therapeutic approaches: Mental health interventions to address the symptoms or diagnosis of post-traumatic stress disorder, depression, or emotional and behavioral disorders associated with experiencing or witnessing violence.
- 9.3. Parenting interventions involving social welfare services: Alternative care programs where a variety of services supports families.
- 9.4. Care programs for children in the juvenile justice system: Therapeutic interventions to help children change destructive thinking patterns and anti-social behavior.
- 9.5. An online platform that supports young people's needs for adequate information.



#### Evidence-based effective intervention

Improving the awareness on bullying and mental health through **Comprehensive Sexual Education (CSE)** by providing knowledge, skills, attitudes, and values to manage adolescents' reproduction. CSE can provide vital reproductive health and sexuality knowledge, which can reduce misinformation, shame, and anxiety - leading to increased self-confidence, body comfort and mental health (Boonstra 2011; UNFPA, 2015).

CSE helps children identify multiple types of violence, norms, and dynamics (especially those related to gender and power) that underlie them, understand what is acceptable, how to prevent it and where to seek help and support.

#### References

[https://www.unicef.org/end-violence/how-to-stop-cyberbullying?utm\\_campaign=safe-internet&utm\\_medium=unicef-network&utm\\_source=referral](https://www.unicef.org/end-violence/how-to-stop-cyberbullying?utm_campaign=safe-internet&utm_medium=unicef-network&utm_source=referral)



### **Rutgers WPF Indonesia**

Jl. Warung Buncit Raya No.75, RT.12/RW.5,  
Kalibata, Kec. Pancoran, Jakarta 12470

### **Center for Reproductive Health - FKKMK UGM**

Jl. Bulaksumur No.24, Sagan, Sinduadi, Kec.  
Mlati, Sleman Regency, DI Yogyakarta 55281