Applying BI to Gender Justice in Indonesia

Final report - June 2023

Executive summary

This project aimed to understand help-seeking behaviours and experiences of survivors of gender-based violence (GBV), through the following activities:

- Immersion with GBV survivors;

- Identifying barriers and facilitators to accessing resources; and

- Developing and testing potential solutions through an online trial.

This report consolidates the findings from UNDP Indonesia and BIT's research activities in service of the project objectives. These findings are used to inform specific ideas that could support UNDP's initiatives to promote help-seeking behaviour.

Executive summary: Research approach

Research involved **immersion sessions with eight GBV survivors** in Indonesia. These survivors were chosen to represent a range of possible responses and outcomes regarding help-seeking, and fell into one of these categories

- GBV survivors who did not seek help;

- GBV survivors who have sought help previously; but have stopped; or

- GBV survivors who are currently seeking help.

Data was collected over multiple sessions with each GBV survivor. This allowed the researchers to build a detailed understanding of the context surrounding the circumstance of each survivor.

Immersion research

To understand the context of GBV survivors, UNDP Indonesia adopted an immersion method, which is characterized by the following features:

- **Reflection.** GBV survivors are encouraged to share their own reflection of their experience.

- **Grounded theory.** Immersion research is guided by Areas of Conversation (AoC) that includes research variables to understand perspectives & experiences of GBV survivors on help seeking. AoC is not exhaustive, instead is part of an open-minded inductive process. This ground-up approach involves listening to, observing and holding dialogues with GBV survivors.

Executive summary: Immersion findings

Findings from the immersion research allowed us to create a **GBV survivor journey map**, which shows the decision points and journey a GBV survivor may undergo after experiencing an incidence of GBV.

Concurrently, we identified several **behavioural barriers** that may discourage GBV survivors from seeking help through formal channels, as well as **behavioural facilitators** which may encourage help-seeking. These behavioural barriers and facilitators were organized using the **COM-B framework**.

COM-B is a widely-used behaviour change model which helps us understand the barriers and enablers of behaviour. According to this model, to perform a particular behaviour, one needs to have the capability, opportunity, and motivation.

Example of behavioural barriers and facilitators:

- **Lack of awareness:** people are not aware of what resources or services are available to them despite them wanting to seek help;

- **Social norms:** people rely on information from others when helping them decide whether seeking help is necessary; and

- **Role models:** when deciding their next course of action, people tend to rely on what role models have done in the past. Having a role model of someone who has become independent facilitates help-seeking among survivors, whereas the lack of one becomes a barrier to help-seeking.

Together, these allowed us to design **targeted behavioural interventions** and **identify touch points** where these interventions may be most effective.

Executive summary:
Immersion research study impacts

Our research findings showed that GBV survivors experience significant barriers to help-seeking. The **GBV survivor journey map** illustrates a **systems view** on the support required for GBV survivors to seek and receive help. It demonstrates that integrated solutions and collective efforts are needed to achieve a system transformation.

Most barriers were encountered at the **'Seeking' stage of help service provision**, which is where survivors are trying to find avenues of help.[1] Such barriers keep most survivors in the **'cycle of silence'**.

The majority of our ideas draw from our research findings to address barriers that keep survivors in the 'cycle of silence'.

Five ideas to improve access to GBV support services:

1. **Raise awareness** of formal help-seeking services offered by P2TP2A

2. **Nominate community champions** who can guide GBV survivors to access formal services

3. Ensure GBV services **meet survivors' needs**

4. Encourage **healthcare staff to refer GBV survivors** to PPT Bunga Tanjung

5. **Expand PPT services** to more hospitals and continue to evaluate

Full details are available in the study impact section of the report

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1. The Behavioural Insights Team and The Inter-American Development Bank unveil new report to help tackle intimate partner violence in Latin America. The Behavioural Insights Team (2019)

Executive summary: Developing & testing solutions

Following from the research findings, UNDP and BIT co-designed an intervention in the form of **a social media awareness-raising campaign** that could **strengthen referral pathways**.

The campaign consisted of three **behaviourally informed advertisements** plus one control advertisement that aimed to **encourage GBV survivors' inner circle to take action** and contact an information provider (in the form of a WhatsApp hotline) that would refer them to relevant service providers.

The first-hand data provided by GBV survivors in the immersive research helped us to:
  A. Understand that targeting the inner circle is important in helping survivors;
  B. Design messaging that addressed key barriers.

This intervention was tested in May 2023 with the following methodology:

- A randomised controlled trial where participants were randomly assigned to see one of four advertisements:
  - Control
  - Injunctive norm + responsibility to act ('Injunctive')
  - Role model inspirational story ('Role model')
  - Urgency + regret aversion ('Urgency')

- The sample consisted of highly-educated female Instagram users in Jakarta of ages 21-55 years old.

Executive summary: Prototyping findings

Overall reach: Our interventions reached approximately one million users, about two-thirds of whom were between 25 and 34 years old.

Click-through rate: After viewing the ad on Instagram, users were more likely to click the 'Send message' button in response to the 'Role model' ad.

Conversion to Whatsapp conversations: Users were as likely to engage in a two-way Whatsapp conversation regardless of the ad they saw. In our trial, 26 individuals engaged in a two-way conversation, with a majority seeking out information on psychological counselling.

Findings on user-ad interactions:

- The 'Injunctive' ad resulted in the most 'likes' whilst users who saw the 'Urgency' ad shared the ad most frequently. This finding underscores the importance of tailoring ad content to specific user needs.

- The 'Role model' ad was particularly effective in prompting users to seek out more information, while the 'Injunctive' and 'Urgency' ads were more successful in instigating user-ad interactions.

- Three main themes emerged from the live chats: a desire to understand what constitutes GBV, the availability of GBV-related services, and the practical aspects of services such as cost, geographical coverage, and convenience.

Executive summary:
Study impacts from prototyping

1. Mixed methods (immersion and RCT prototyping) can be effectively deployed to dissect a complex development challenge such as GBV. While the use of primary data from vulnerable groups through immersion helps to operationalise the 'leave no one behind' (LNOB) principle into program design, rigorous testing of behaviourally informed interventions facilitates evidence-based policy making.

2. Behavioural change is important but we also need to recognise **the need for transforming the system** (e.g., the health system and the justice system) to confront the prevailing power dynamics that still place some groups at disadvantages. **Sharing the findings** from this project with key stakeholders in Indonesia and **continuing the use of behavioural insights** would help to catalyse such policy transformations.

3. PPT Bunga Tanjung and P2TP2A (UPT PPPA) should continue to publicise their services to both GBV survivors and bystanders. Seeking support from the Ministry of Women Empowerment and Child Protection may further expand service points to reach individuals who need it the most.

Immersion research

Understanding perspectives & experiences of GBV survivors on help seeking

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Immersion method: what, how, why, when

Immersion means deep mental involvement and is done by opening oneself to understand and feel the in-depth context by applying experiential learning and informal conversations

Do No Harm Approach: prioritize the wellbeing and safety of the people we immerse with, and rely on relationships based on trust and respect

Research tools: Areas of Conversation (AoC) to guide informal conversations, observation, shadowing & participatory visuals

Skills required: deep listening, empathy, reflective practice, ethnography & systems thinking

Archive & documentation: basic info & narratives of GBV survivors based on Areas of Conversation (AoC), box story, photo catalog, visual media (participatory session), reflection note

Research Cycle

Study design

Technical briefing on Immersion Method

Do No Harm briefing through psychological approach

Fieldwork

Archiving & documentation

Debriefing to ensure complexity & develop thick data

Finalizing archive & documentation & translation

Preliminary findings

Sense making & Co-creation sessions

Areas of Conversation (AoC):
Perspectives and Experiences of GBV Survivors on Help Seeking

Chatting, Observing, Listening

Context
- Socio-cultural background, economic and educational status, livelihood, family structure (number of family members and age and gender)
- Type and duration of GBV experienced
- Living conditions (household, neighbours, friends & residential location)

Internal Supporting System
(power within)
- Knowledge of GBV
- Access to information on support services for GBV survivors
- Personal values/norms/beliefs/experiences that shape the understanding of GBV
- Coping mechanisms/solutions when GBV occurs
- Decision making process (e.g. momentum to stop GBV)

External Supporting System
- Community norms/values/perceptions (including stigma) towards GBV survivors
- Local rules/agreements/laws regarding GBV
- Reaction of family/friends/community during GBV
- The type of support received and its impact
- Reciprocity received from other parties (emotional, financial, informational, etc.) that raises/reduces motivation to seek help

Aspirations
- Expectations towards family/community/other outside parties when seeking help. What should change? What can be improved?
- Future plans to encourage/participate in the desired change
- Those who are trusted to voice the aspirations regarding support services for GBV survivors

Help Service Experience
(all channels, formal & informal)
- Help service (understanding, service type & frequency)
- Narrative before getting help
- Elements that drive the decision to accept/not accept help
- The process (service info & procedures/prerequisites) to get help services
- Challenges (process/administration/costs/other) & ease of getting help services
- Reflection of not/accepting assistance services (quality, solution-needs, convenience, impact & sustainability)

Pattern of Relationships
- Understanding of self-reliance
- The decision-making process in the family
- Access, management and decisions regarding family assets
- Meaning of family bond
- Relationships in the nuclear family and extended family
- Crisis management in the family

Key Principles of Immersion Research

Emic; using insiders' perspectives in understanding & interpreting

Flexibility; adjusting with the comfort & safety of the people we immerse with

Contextual; understanding the uniqueness of each context in depth

Multiple realities; recognizing the diversity in a context

Unlearn; humble with our understanding and suspending what we think we know

Reflexivity; actively acknowledging & challenging own bias to genuinely listen & empathize with those we immerse with

Complexity; exploring the linkages, networks and pattern of relations of various elements

Sugandi, Y., et.al. (2021) *Knowing What We Don't Know: Immersion Method for Inclusive Urban Infrastructure Policy,* UNDP Accelerator Labs, **https://www.undp.org/acceleratorlabs/blog/knowing-what-we-dont-know-immersion-method-inclusive-urban-infrastructure-policy**
Jupp, D. (2021) *Using immersion research and people-driven design to improve behavior change programs,* SAGE Journals*,* **https://doi.org/10.1177/1470785320980631**
Chambers, R. (2017) *Can We Know Better? Reflections for development,* Practical Action Publishing Ltd*,* **https://practicalactionpublishing.com/book/257/can-we-know-better**

Cultural Evolutionary Behavioral Science
Combination between Behavioral Insights & Immersion Research

- Including not just empirically discovered cognitive biases, social norms & preferences, but **the origins, variation and dynamics** of these

- Addressing **contextual gap** including how context matters, inequity, replication, social learning biases, cross cultural generalization & patched solutions

- Policy needs to account interplay of socio ecological factors, endogenous cultural change & dynamics, and **complexities** over multiple levels

- Unpacking **underlying/root causes** for the attitudes, preferences, beliefs, ideologies & subsequent behaviors

Schimmelpfennig, R & Muthukrishna,M (2023)
Cultural evolutionary behavioural science in public policy,
Cambridge University Press, **https://doi.org/10.1017/bpp.2022.40**
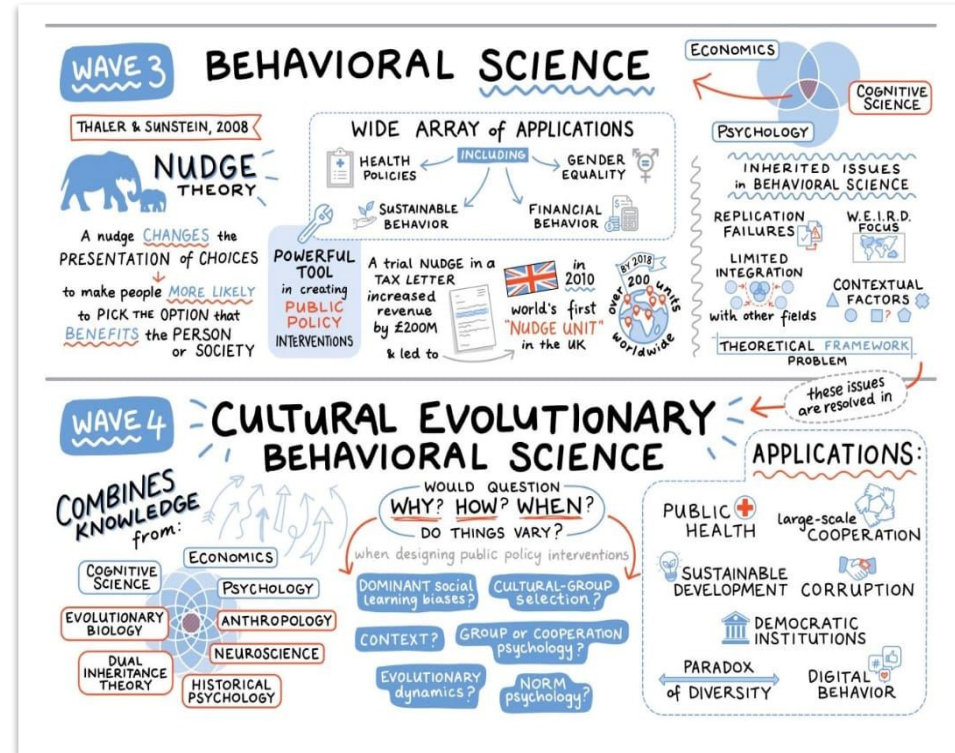
Behavioural barriers and facilitators to action

Identifying what prevents and enables help-seeking
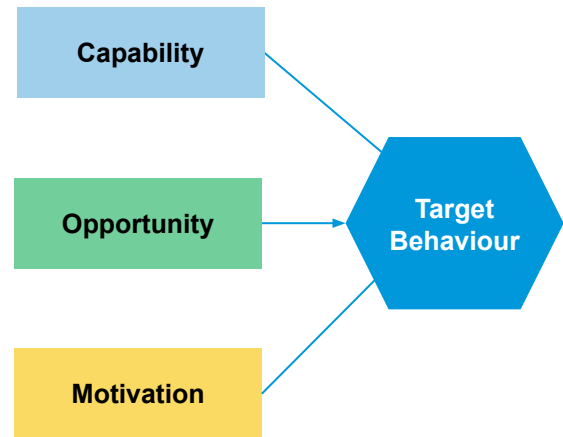
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Framework of barriers to help-seeking behaviour

COM-B is a behaviour change model which helps us understand the **barriers and enablers of behaviour**, and has been used by behavioural scientists and policymakers to design effective policy solutions.
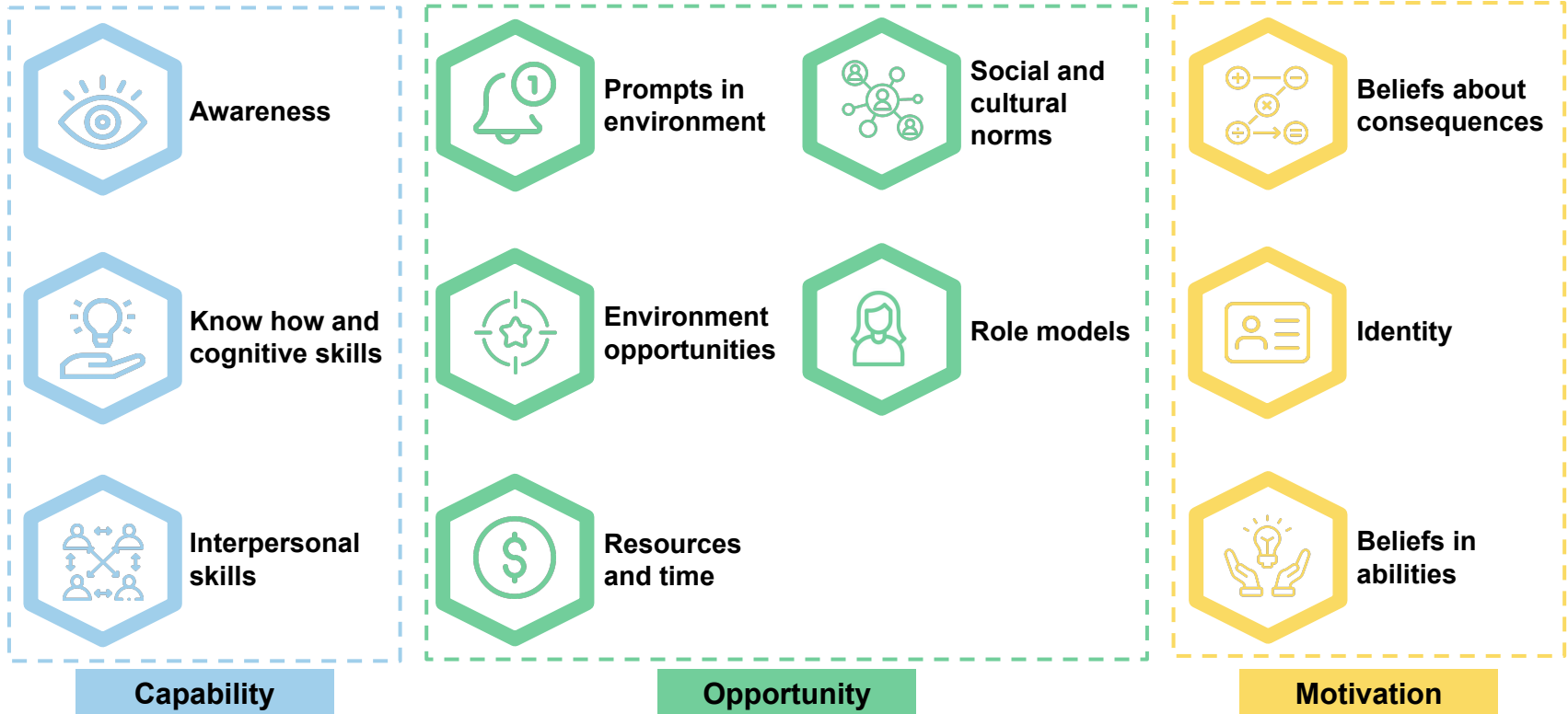
To perform any target behaviour, one needs to fulfil the following:

- **Capability:** am I able to perform the behaviour?
- **Opportunity:** are there environmental opportunities for me to perform the behaviour?
- **Motivation:** do I want to perform the behaviour?

We used the COM-B framework to organise barriers to the target behaviour of help-seeking. This was done in a co-creation workshop with UNDP researchers to organise their immersion findings.

Capability

Opportunity

Motivation

Target Behaviour

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions.

Overview of barriers to help-seeking behaviour

Awareness

Know how and cognitive skills

Interpersonal skills

Prompts in environment

Environment opportunities

Resources and time

Social and cultural norms

Role models

Beliefs about consequences

Identity

Beliefs in abilities

Capability

**Opportunity**

Motivation

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GBV is complex issue: the interconnectedness of barriers

Although barriers can be organized into Capability, Opportunity, and Motivation, they are **highly interconnected**.

For example, prevailing social and cultural norms about marriage and divorce affect the kinds of role models, help-seeking prompts, and opportunities in the environment that survivors have. Role models, in turn, influences survivors' identity as well as their awareness of what constitutes GBV. In the following slides, we will explain each barrier and how it connects to each other.
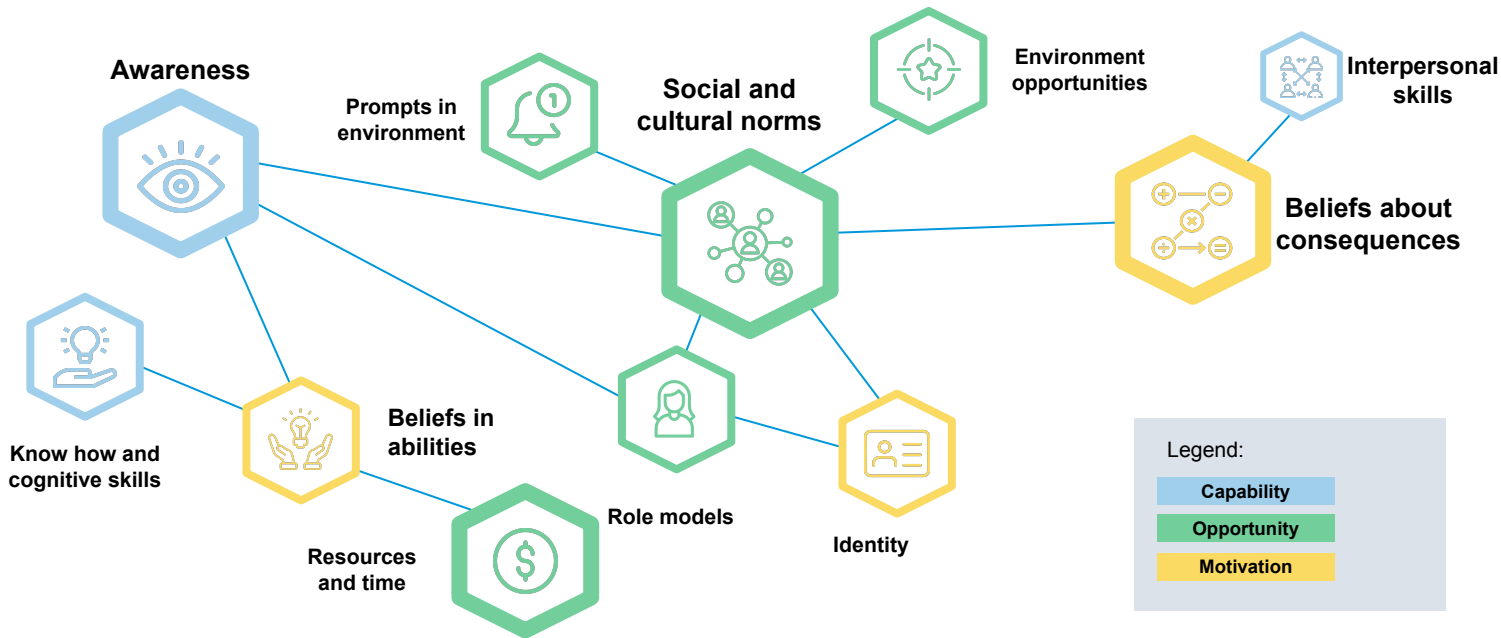
GBV survivors do not seek help through formal channels because of a lack of ability or knowledge

Awareness

Know how and cognitive skills

Capability
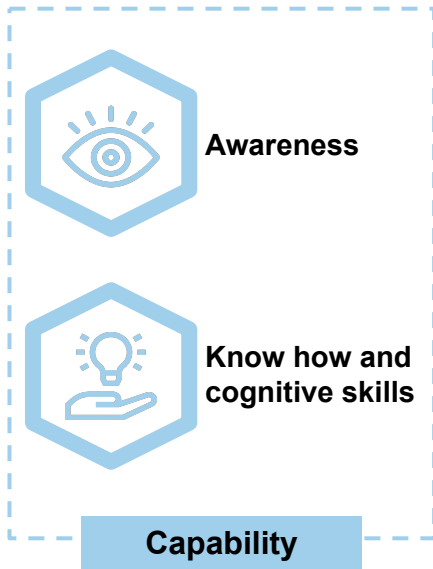
GBV survivors are not aware of the resources available from P2TP2A. During the immersion sessions, many of the survivors spoken to have never heard of related services or programmes by the government.

"CY had never heard of [P2TP2A], nor did she know if such a support existed in Bengkulu."

"I don't know that the government provides GBV services and support [systems]."

Some survivors did not know what can be classified as GBV. These survivors were well aware that they had experienced physical or psychological trauma, but normalise their experience as part of marriage.

"NN doesn't know what GBV is. She understands GBV as a physical abuse from what she sees on TV. She normalizes psychological and emotional abuse in marriage"

Of those who knew that these formal services provided, they did not know how to access these services.

"MI did ask about procedures for help services available at her working place, but neither the information was detailed nor helpful."

The knowledge barriers

Personal belief

GBV survivors justified their GBV experience with their personal belief. The survivors perceived their GBV experience as part of a woman's fate and nothing but a divine test to have a better condition in the afterlife.

NN doesn't give too much thought on her GBV experience for she normalizes it as a woman's fate. It is perceived as nothing but a divine test so she can have a better way in the afterlife.

Long traumatic experience

Some survivors felt indifferent due to long traumatic experience. During immersions, GBV survivors normalize their experience due to keep having similar experience over the years.

NN normalized her husband's abuse because she's been through a lot [being abused] since she was 12.

Access to information

Some survivors from low income status are uninformed about GBV, amidst the rush to survive. These survivors only focus on working hard to provide for their families, some even provide for their husbands.

UN didn't know that what she suffered is a domestic violence and it's against her human rights. She's not well informed about such a thing given how busy she is [works to survive].

The knowledge transmission

Partial information

Some survivors have a partial understanding of GBV. These survivors say that protection from domestic violence only applies to children and GBV is only physical abuse. This limited understanding prevents them from identifying their experiences as GBV, which also influences their help-seeking behaviour.

PY thought protections from domestic violence are only for children. Her limited understanding of GBV made her think that her marital problems were personal matters, that no one else should know about.

EM didn't do anything because she thought that what she experienced [psychological abuse & emotional neglect] was not GBV and she had no proof.
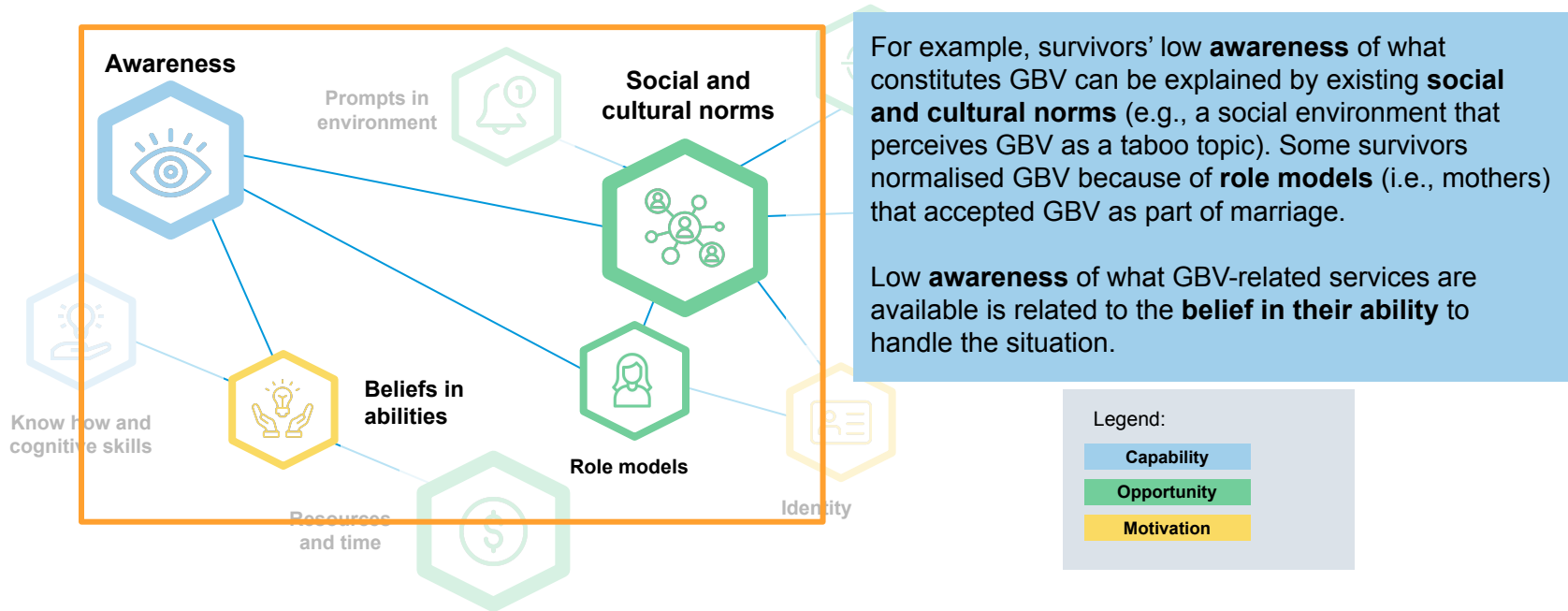
Superficial information

The survivors did not receive educational and appropriate knowledge transmission of GBV. Understanding of GBV is obtained superficially through TV soap operas and glimpses at women's days ceremonials or elections.

NN doesn't know what GNV is. She understands GBV as a physical abuse from what she sees on TV. She normalizes psychological and emotional abuse in marriage. As long as her husband still comes home, and doesn't try to marry another wife, everything is fine.
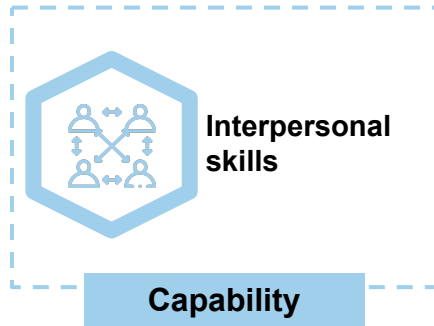
"We know about GBV occasionally only when it's the National Women's Day, or when it's election time. There is no mass communication on, and continuous information dissemination on GBV."

'Capability' barriers are influenced by and can influence 'Opportunity' and 'Motivation' barriers

Norms and role models influence survivors' awareness, which in turn impacts their beliefs about their help-seeking abilities

Awareness

Prompts in environment

Social and cultural norms

Know how and cognitive skills

Beliefs in abilities

Role models

Resources and time

Identity

For example, survivors' low **awareness** of what constitutes GBV can be explained by existing **social and cultural norms** (e.g., a social environment that perceives GBV as a taboo topic). Some survivors normalised GBV because of **role models** (i.e., mothers) that accepted GBV as part of marriage.

Low **awareness** of what GBV-related services are available is related to the **belief in their ability** to handle the situation.

Legend:

Capability

Opportunity

Motivation

It is challenging for GBV survivors to seek help through informal channels

Interpersonal skills

Capability

GBV survivors are not sure how to convey their experiences to family members or to social circles. Reasons provided for not seeking help through informal channels includes factors that range from beliefs about consequences to familial expectations.

"Not many people know about MI's problem since she hides it from others family, in-laws, and neighbors."

"Her husband's family did not provide protection to PH, and she also was reluctant to tell her own parents and family what happened."

Social environment does not provide or facilitate help-seeking opportunities

Prompts in environment

Environment opportunities

Opportunity

GBV survivors' environment, which includes their sociocultural context, **does not encourage discussion of GBV.** Societal and informal support is largely lacking because it is a taboo topic.

Of the social circles in which GBV conversations are had, help-seeking behaviour is typically not encouraged. Some of these informal channels do offer support or help, although help may sometimes be inadequate.

Where help-seeking was encouraged, members of the inner circle interfered after directly witnessing the impact of GBV. This includes severe physical injury and worsening work performance.

"SY used to believe that GBV is a taboo, that should be kept away and dealt in secret."

"[SW's] in-laws helped her financially (unspecified amount), but never tried to help SW talk to her husband or suggest a divorce"

"UN's closest contacts (both extended family and neighborhood) are empathetic to her, but they offered no concrete solution."

" [MI's son said] 'I prefer you leaving him, Mom. I don't want you to stay with dad. I feel sorry for you because you always fight, while dad scolds, hits and kicks you.'"

Inner circle as the informal help channel

NS-VM-SW
Trust

SS-VM-UN
Reflexivity & good listener

MA-VM-SW
Gender sensitive
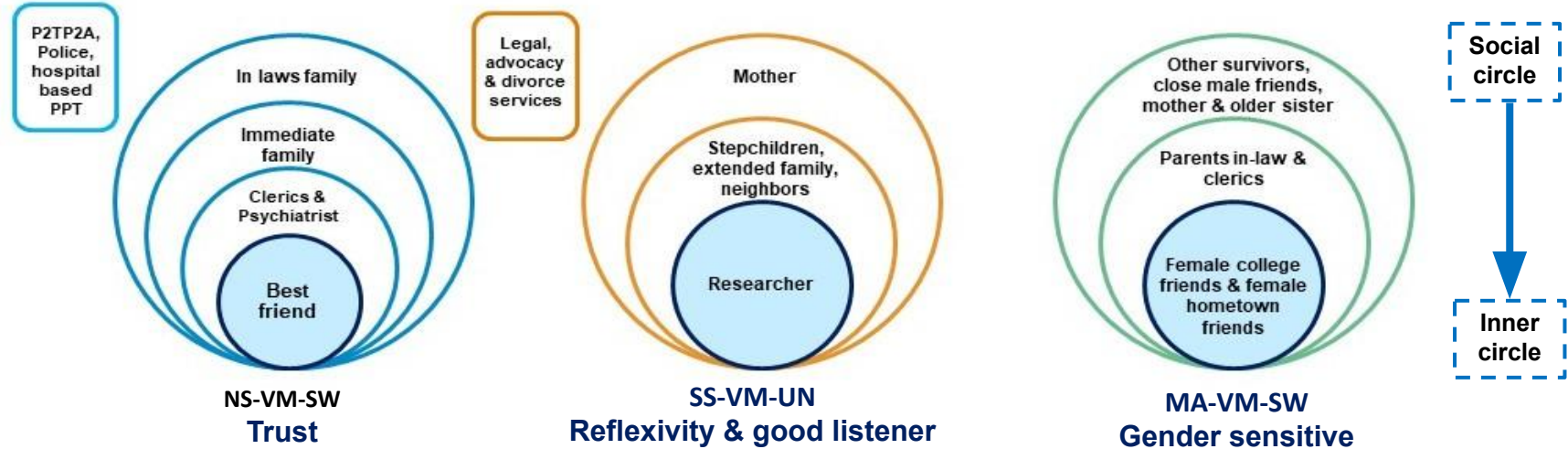
Immersion findings identified the social circle that had contact with survivors after GBV occurred. Social contacts that have the closest mental proximity to survivors are categorized as inner circle. Best friends, researchers, female colleagues, mothers, and anyone can be considered as an inner circle by as long as they have the characteristics defined by the survivors, namely trust, reflexivity & good listener, and gender sensitivity. This inner circle acts as an informal help channel and has the potential to act as a facilitator.

Prevailing social, cultural and religious norms discourage external help-seeking behaviour

Social and cultural norms

Role models

Opportunity

Social norms suggest that GBV is a private matter and preserving the marriage is more important. Intergenerational traditional norms encourage marital issues to be kept private.
In addition, **being a divorcee is perceived to be shameful.** Although divorce is one potential route to protecting oneself, it is seen to have social costs to the family, and is discouraged by society.

"[PH's] late mother used to remind her that one should hide their marriage problem because it's shameful and too personal to share."

"... the extended family did not agree with CY's choice because they were concerned that it would bring shame to the entire family ... The extended family belittled CY's widowhood and mocked her brief, two-week, marriage."

Most mothers of GBV survivors do not encourage help-seeking. The mothers were observed to endure their own GBV incidences and did not seek help on their own. They were seen as models of "toughness", encouraging GBV survivors to emulate their behaviour. On the other hand, **mothers who have become independent themselves can become facilitators for GBV survivors** to leave their unfavourable situations.

"... her mother has been a single mother. She encouraged UN to open a food stall when her garment business collapsed because of the pandemic… Her mother defended her in front of her ex-husband.."

"As [SW's] mother also endured domestic violence and had demonstrated her patience to resolve her marriage problems, this has inspired SW as well to withstand the marriage problems she endured."

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Formal support services can be economically and procedurally costly

Resources and time

Opportunity

Psychiatric and legal support services are perceived to be expensive. Although there are services offered by the government which are free or subsidised[1], GBV survivors are unaware of them. If they do not have enough resources for private support services (which can be financially costly or involve a complicated and arduous process), then they may not be able to break out of their cycle.

"MI also concerned how much it'd cost the family to settle MI's issue with her husband. MI's extended family supported her to divorce, but they faced financial challenges."

"...because she's a civil servant (PNS), the process was lengthy, costly, and difficult."

Some GBV survivors come from a socioeconomic background that puts them in a disadvantaged position relative to the GBV perpetrator. For example, one of the survivors in our research lived in a house that was given by the perpetrator's family, making it hard for her to break out of the GBV relationship. In addition, GBV survivors from a working class background may be particularly concerned about the cost of support services and have limited access to resources.
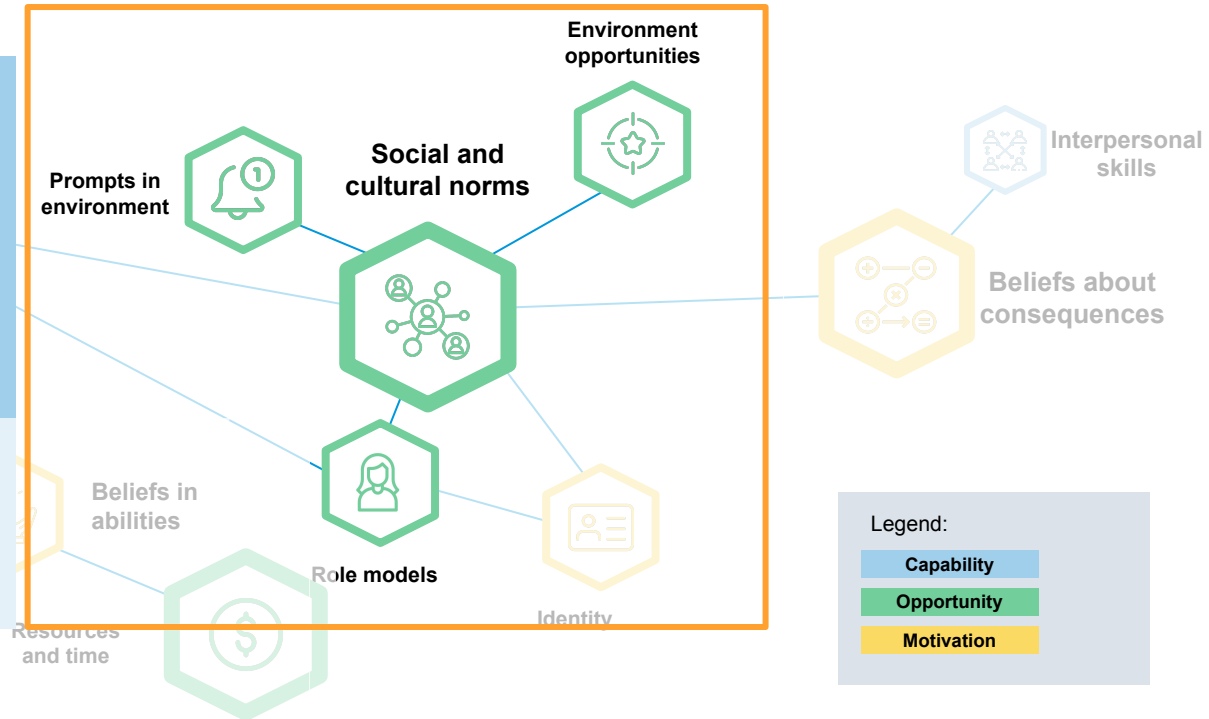
1. Based on the Governor of DKI Jakarta's Decree No. 1564/2017, No. 1042/2018, and No. 30/2022, the medical expenses for GBV survivors who are Jakarta residents or whose GBV incident occurred in Jakarta are covered by the government.

Barriers related to 'Opportunity' are closely linked to each other

Entrenched social and cultural norms can determine survivors' opportunities to seek help

Social and cultural norms on marriage and divorce (e.g., marital issues is a private matter) can result in the **lack of prompts and opportunities** to discuss GBV or reach out to other people for help.

Norms that have been passed down from one generation to another can result in the formation of **role models** who do not speak out against GBV.

Environment opportunities

Prompts in environment

Social and cultural norms

Interpersonal skills

Beliefs about consequences

Beliefs in abilities

Role models

Identity

Resources and time

Legend:
Capability
Opportunity
Motivation

Belief in negative or inadequate outcomes discourages help-seeking behaviour

Beliefs about consequences

Motivation

GBV survivors reported various concerns with escalating the matter to authorities or going through a divorce. They perceived that it could negatively impact their children, bring economic repercussions, and result in stigma.

"SY didn't report her case to the police because she did not want her child to have a father who was in prison."

"Marriage is a choice, divorce is a disgrace"

Some GBV survivors have had experience with formal support in the past, but the outcomes were inadequate. These survivors reported that the support or advice received did not have a significant impact in areas they needed help with, namely psychological or legal support.

"[MI] once sought help from the Center for Gender and Children Studies (Pusat Studi Gender Perempuan dan Anak) in the university where she worked, but it was fruitless since she only received vague emotional advice, but no one ever offered any help to support her divorce process in a religious court."

Self-beliefs about their role in society encourage GBV survivors to handle the issue on their own

Identity

Beliefs in abilities

Motivation

GBV survivors believe that their duties as wives is to serve their husbands, even when experiencing GBV. One source for this belief are religious and social norms, where it is believed that the wife must serve the husband.

""We're women after all, it is our duty to serve our husband and family as a good wife and mother..."

"Women must serve and do anything to support her husband."

Some GBV survivors believe that they can handle the situation on their own. Belief in their own abilities or through religious faith to help them deal with GBV means that they are less likely to seek help through formal channels.
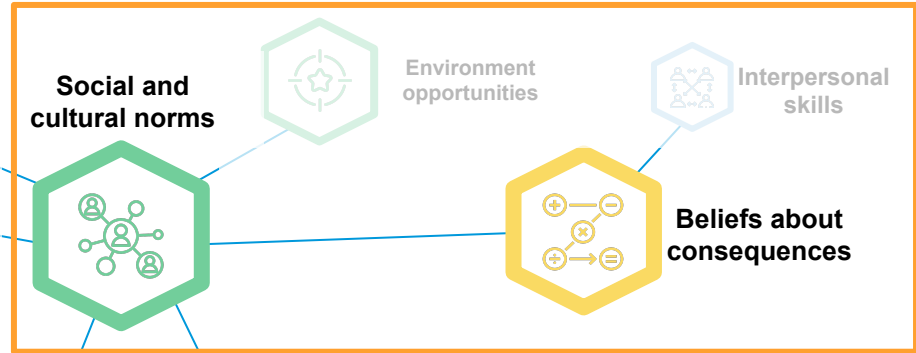
"[SW] believes that she is such an educated woman and thus she believes she'll be able to resolve her life problems by applying her life skills and knowledge"

"NN believes that with God's help, she can handle everything herself as long as her body is healthy and she prays diligently."

The motivation to seek help is highly determined by survivors' capabilities and the available opportunities in the environment

Survivors' have low motivation to seek help because they believe they should resolve their problems on their own, and/or that seeking help would have negative consequences for them.

Not knowing how to access support services and **not having the resources** (e.g., money, time) to do so can influence their **beliefs regarding their ability to handle GBV**.

Social and cultural norms

Environment opportunities

Interpersonal skills

Beliefs about consequences

Know how and cognitive skills

Beliefs in abilities

Resources and time

They **believe that seeking help has negative consequences** due to certain **norms**, such as the stigma surrounding divorce.

Identity

Legend:

| Capability |
| Opportunity |
| Motivation |

Different stages of service support for GBV survivors

Help-seeking behavior among GBV survivors can be categorised into three stages, each with unique challenges and barriers:[1]

1. **Seeking** refers to the first step for GBV survivors when they are looking for support. This involves reaching out and coming in contact with formal services

2. **Responding** refers to the stage where GBV survivors and formal services have made contact, and there is some response from the service providers

3. **Sustaining** refers to the stage where formal services attempt to provide continuous and engaging support to the GBV survivor

Analysis of the findings from the immersion indicate that behavioural biases and barriers identified largely relate to the **Seeking stage** of the service support process for GBV survivors.

1. The Behavioural Insights Team and The Inter-American Development Bank unveil new report to help tackle intimate partner violence in Latin America. The Behavioural Insights Team (2019)

Behavioural biases behind behavioural barriers

There are three primary behavioural biases that explain the behavioural barriers identified through the COM-B framework

Uncertainty aversion: we tend to prefer known risks over those that are unknown.[1] Based on the immersion findings, survivors know the **risks and consequences of staying in the current GBV cycle, whereas the risk and consequences of speaking out or seeking help is very much an unknown**. Additionally, social norms discourage help-seeking behaviour, representing a potential social cost of help-seeking.

Positive self-identity: we see ourselves as as moral, good and competent, and **perform actions in accordance with how we view our identity**.[2] GBV survivors' identities are shaped by their role models, and believe that it is part of their duty and identity to endure and tolerate GBV.

Social influence: We take our cues about appropriate behaviour from others,[3] but survivors' social environments discourage help-seeking. **Most survivors' role models (e.g., their mothers) kept silent, and negative feedback from trusted people in survivors' social circles strongly discouraged survivors from seeking help**.[4]

In contrast, only survivors whose social circles validated survivors' experiences went on to eventually seek help.

Prompts in environment

Awareness

Resources and time

Beliefs in abilities

Identity

Social and cultural norms

Role models

1. Fox, C. R., & Tversky, A. (1995). Ambiguity Aversion and Comparative Ignorance. The Quarterly Journal of Economics, 110(3), 585–603. https://doi.org/10.2307/2946693
2. Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In Advances in experimental social psychology (Vol. 21, pp. 261-302). Academic Press.
3. Cialdini (2007). Influence: The Psychology of Persuasion. New York: Harper Business, Revised Edition.
4. Dutton, M. A., Orloff, L. E., & Hass, G. A. (2000). Characteristics of help-seeking behaviors, resources and service needs of battered immigrant Latinas: legal and policy implications. Geo. J. on Poverty L. & Pol'y, 7, 245.

Origins of identified biases/barriers

The origins of the identified biases/barriers are shaped by the transmission of social and cultural information through social learning. The GBV survivors' environment is dominated by **conformist-bias learning** consisting of **value-adjacent constructs** that define what is normal/abnormal and shameful/harmless.

"I'm so ashamed to get married and divorce again and again. I'm too old for that."

"A divorced woman is a troublemaker"

"Be patient, because this (the abuse) is a common problem in every marriage"

It's abnormal & shameful for a wife to:
- fail to support her husband
- divorce
- be a widow
- fail to withstand the abuse

It's normal & not harmful for a husband to:
- fail to support financially
- be unfaithful
- abuse verbally
- neglect his family
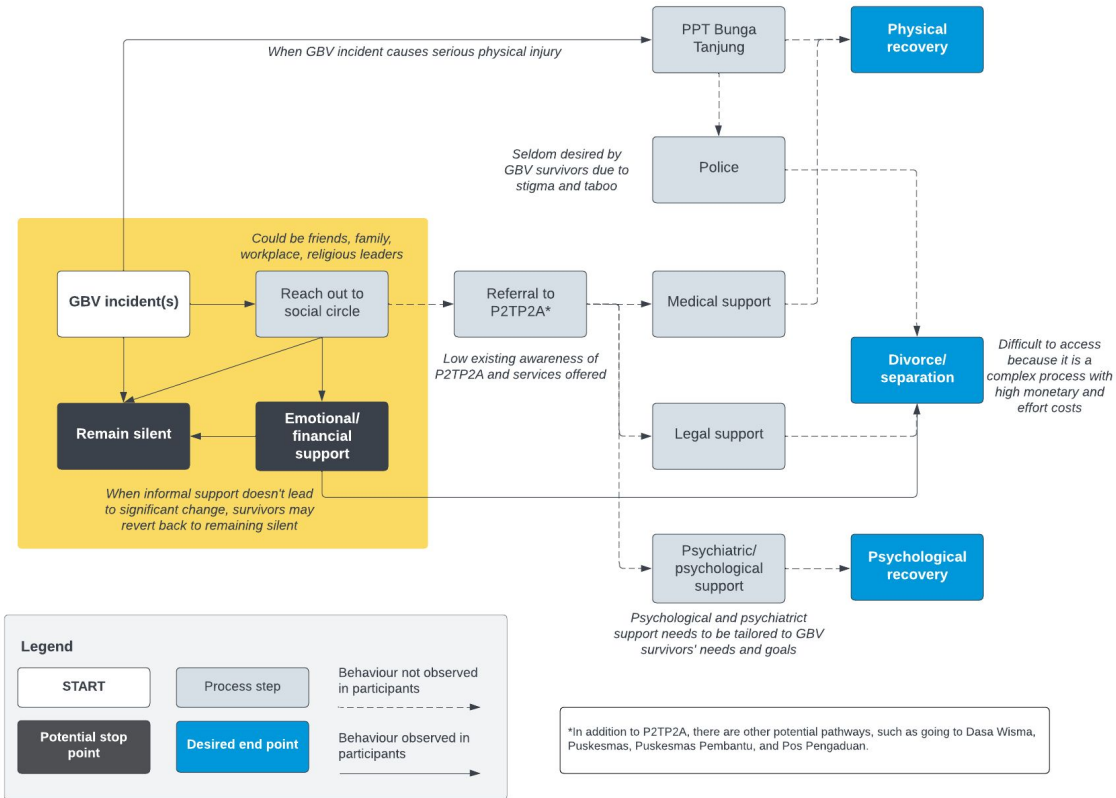- abuse physically
- treat his wife as a sexual object
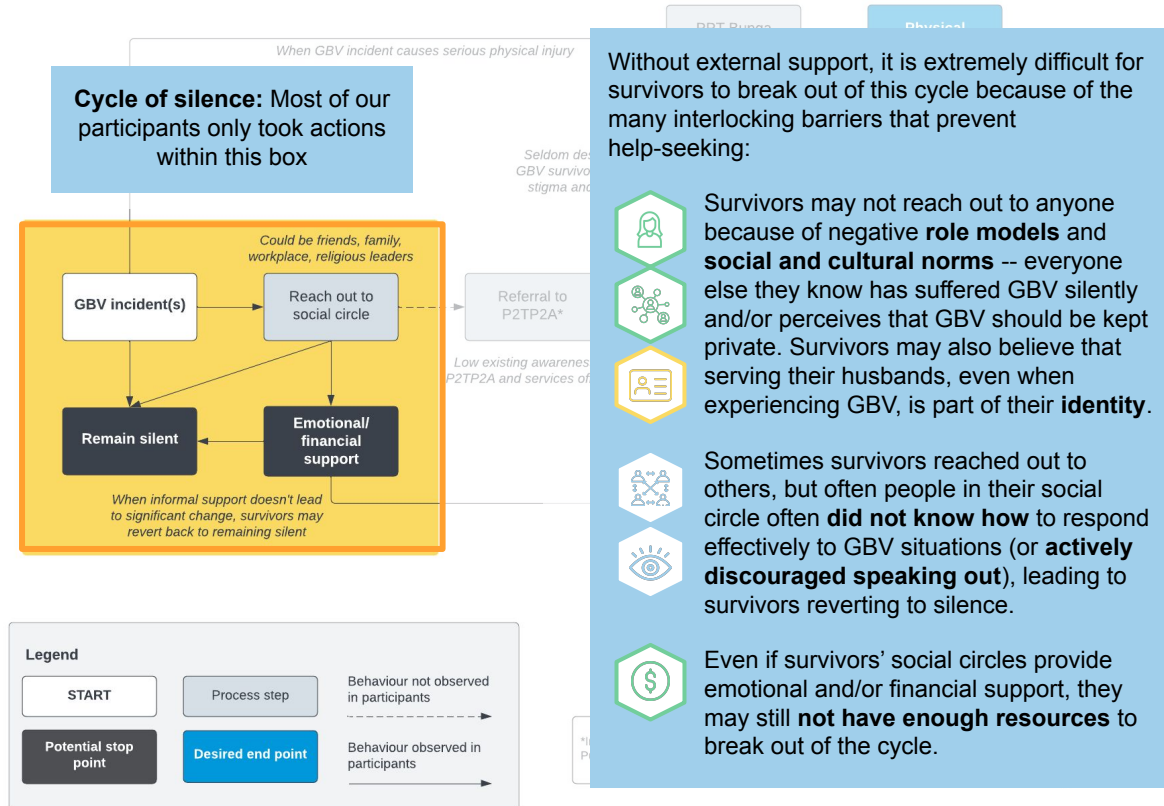
User journey map

The process of help-seeking: Existing and potential journeys

Gaps and opportunities for improved service delivery explained in the following slides

We observed that most GBV survivors were stuck in a 'cycle of silence'

When GBV incident causes serious physical injury

Cycle of silence: Most of our participants only took actions within this box

Seldom des...
GBV survivor...
stigma and...

Could be friends, family, workplace, religious leaders

GBV incident(s) → Reach out to social circle ⇢ Referral to P2TP2A*

Low existing awarenes...
P2TP2A and services of...

Remain silent ← Emotional/ financial support

When informal support doesn't lead to significant change, survivors may revert back to remaining silent

Legend

| START | Process step | Behaviour not observed in participants ⇢ |
| Potential stop point | Desired end point | Behaviour observed in participants → |

Without external support, it is extremely difficult for survivors to break out of this cycle because of the many interlocking barriers that prevent help-seeking:

Survivors may not reach out to anyone because of negative **role models** and **social and cultural norms** -- everyone else they know has suffered GBV silently and/or perceives that GBV should be kept private. Survivors may also believe that serving their husbands, even when experiencing GBV, is part of their **identity**.

Sometimes survivors reached out to others, but often people in their social circle often **did not know how** to respond effectively to GBV situations (or **actively discouraged speaking out**), leading to survivors reverting to silence.

Even if survivors' social circles provide emotional and/or financial support, they may still **not have enough resources** to break out of the cycle.

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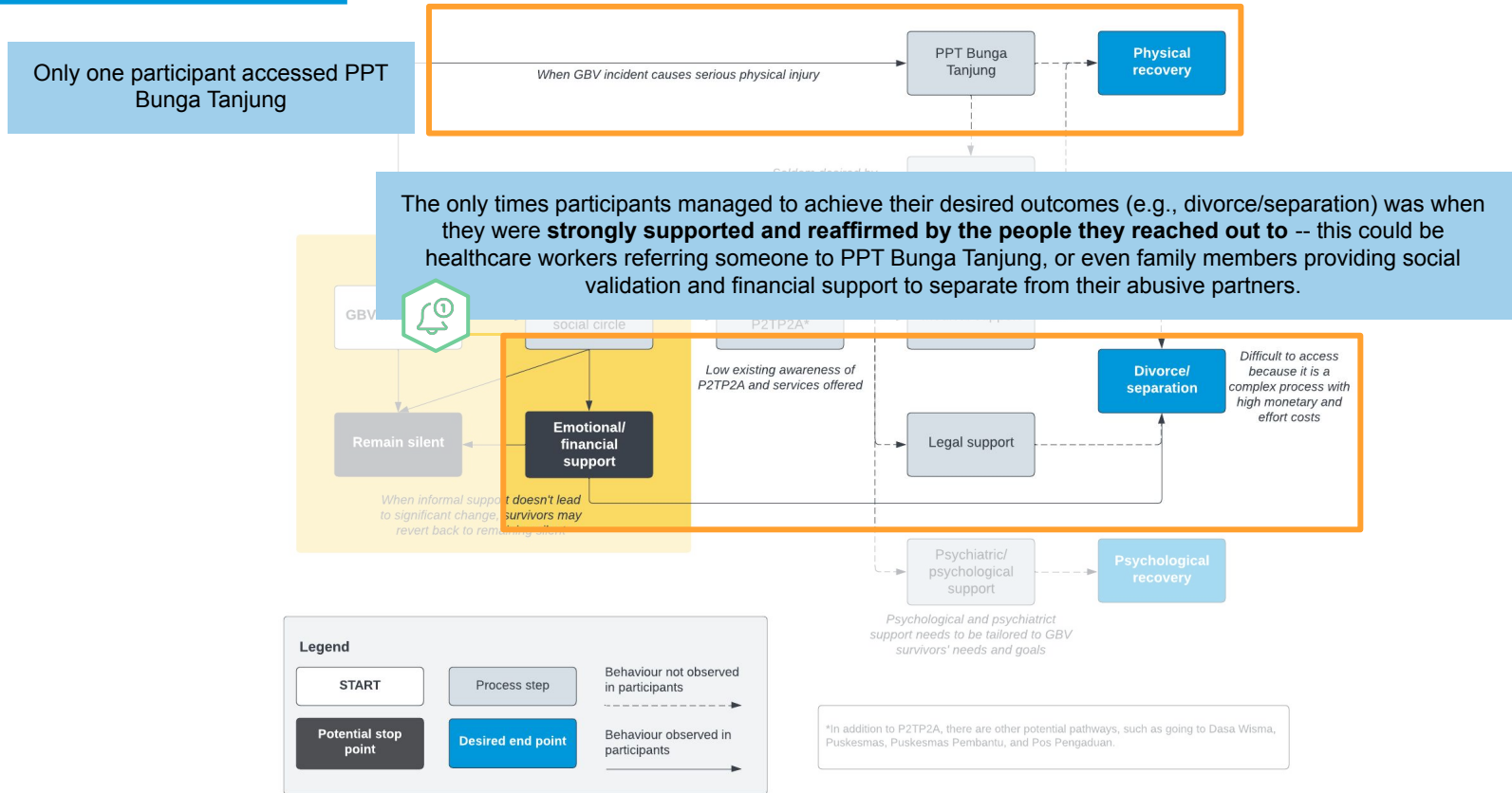# *"We are after all women, aren't we?"*

IM (36) is a Jakarta native from a working class background with 2 children (19 & 9 yo) and works as a security guard at a private university. During her marriage, IM regularly received verbal and physical abuses, her defence only met more violent responses from her husband.

She never shared her marital problems to her parents; she didn't want to be a burden for them*: "my parents often said that once you're married, then your household problems become your own and you should not drag your parents to your issues,"* she said. IM feels that her marital issue is too taboo to be shared, including to her family. *"In our community, it's taboo to share our marriage problems. Even when my husband came to my rent house, threatening me with a machete, I hesitated to share this to anyone. They keep saying that, as a woman we are destined to obey our husband and maintain the sanctity of our marriage"* she tearfully explained.

She tried to reach out to her husband's extended family only to be disappointed. *"As a fellow woman and in law, I was hoping that she could empathize with my problems. I was disheartened when she refused to help, she told me that she also experiences the same thing. But she said just swallow it, nothing else we can do as a woman.",* said IM.
IM's doubt in moving on with separation is strongly influenced by societal norms that expect women to obey their husband and maintain the sanctity of the marriage. Family and socio-cultural expectation for women *to "always makes it work and accept",* combined with financial and educational limitations also affect IM's decision to not to seek for help and not ending the circle of abuse in her marriage.

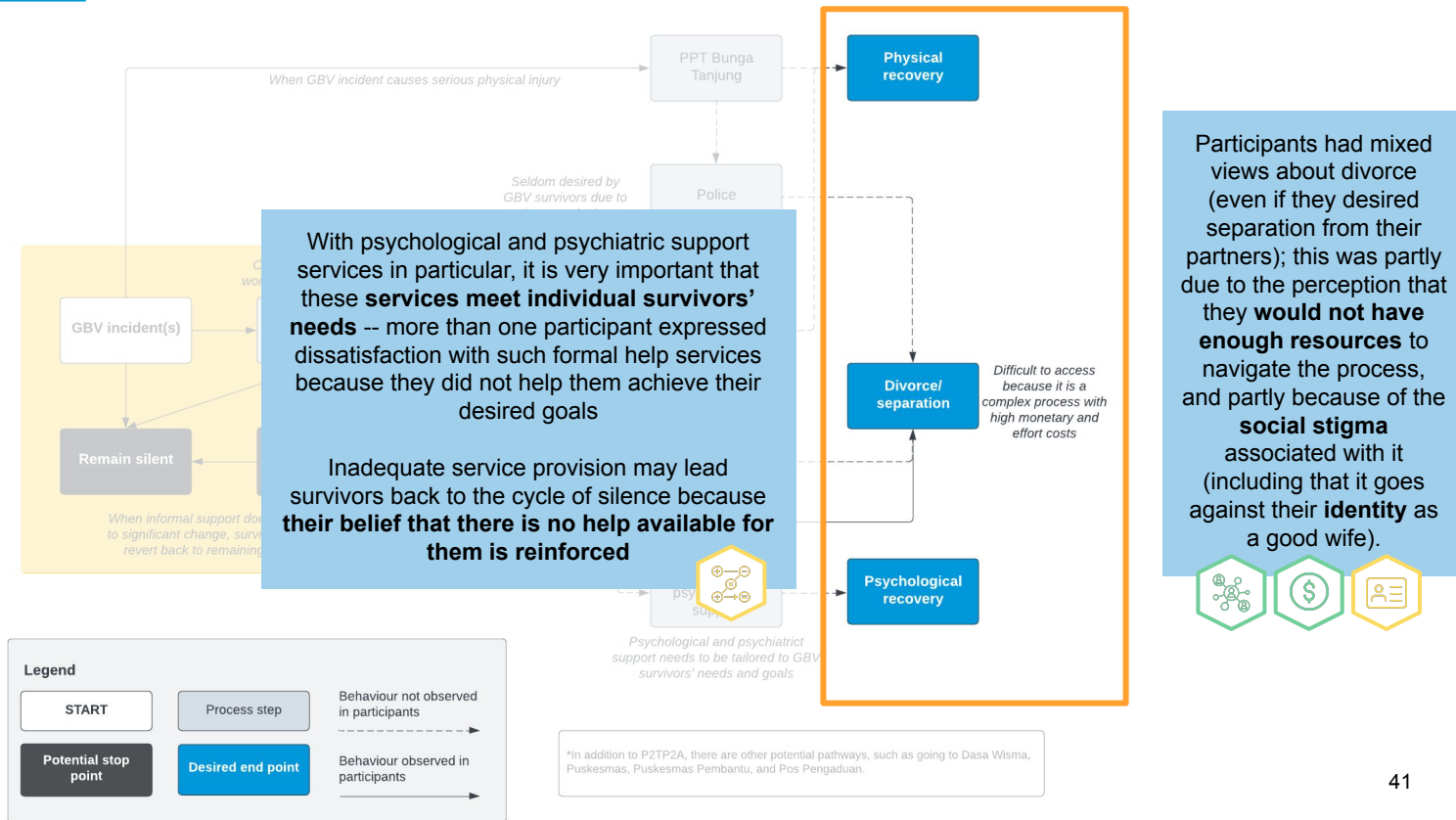# GBV survivors were only able to exit the cycle if they had substantial external support

Only one participant accessed PPT Bunga Tanjung

When GBV incident causes serious physical injury

PPT Bunga Tanjung

Physical recovery

The only times participants managed to achieve their desired outcomes (e.g., divorce/separation) was when they were **strongly supported and reaffirmed by the people they reached out to** -- this could be healthcare workers referring someone to PPT Bunga Tanjung, or even family members providing social validation and financial support to separate from their abusive partners.

GBV

social circle

P2TP2A*

Low existing awareness of P2TP2A and services offered

Divorce/ separation

Difficult to access because it is a complex process with high monetary and effort costs

Remain silent

Emotional/ financial support

Legal support

When informal support doesn't lead to significant change, survivors may revert back to remaining silent

Psychiatric/ psychological support

Psychological recovery

Psychological and psychiatrict support needs to be tailored to GBV survivors' needs and goals

Legend

START	Process step	Behaviour not observed in participants
Potential stop point	**Desired end point**	Behaviour observed in participants

*In addition to P2TP2A, there are other potential pathways, such as going to Dasa Wisma, Puskesmas, Puskesmas Pembantu, and Pos Pengaduan.

"Don't be afraid to seek help, together we can!"

SY (49 yo) is a successful case of Tarakan Hospital in which she could access both legal and non. SY didn't intentionally access the resources in PPT Bunga Tanjung as she lived 30km away from it. Her younger sister who works nearby Tarakan Hospital took her to the Tarakan Hospital's ER. Upon seeing her bruises, the ER doc immediately sensed something wrong and requested for a forensic examination, SY then received a comprehensive service, including a spinal surgery.

SY used to believe that GBV is a taboo, that should be kept away and dealt in secret. However, she gradually received more support from her family; her sister helps her with her daily activities, her mother remains supportive for her, and her brothers regularly check in with her and take her to the counselling and therapy. They also provide transports for SY because her mobility is now limited due to her spinal injury. In addition, her supervisor always granted a day off for therapy whereas her co-workers cover her work during her rehabilitation. Her co-workers also never put her down mentally by stigmatizing her GBV experience, as is generally the case in society.

She was helped by her doctor to understand what GBV is. Sy finally realized how serious her physical pain was when she was hospitalized in Tarakan Hospital. And only then she realized that her husband had abused her. She finally decided to divorce once she found out the level of danger that she faced. The divorce, fortunately, went rather smoothly because of the supports from SY's co-workers and PPT Bunga Tanjung. The religious court granted the divorce following the evidence from the forensic doctor. She's grateful for the services received at PPT, *"I'm thankful for Bunga Tanjung, my second home…They all make me feel like I still have a future after this trauma."*

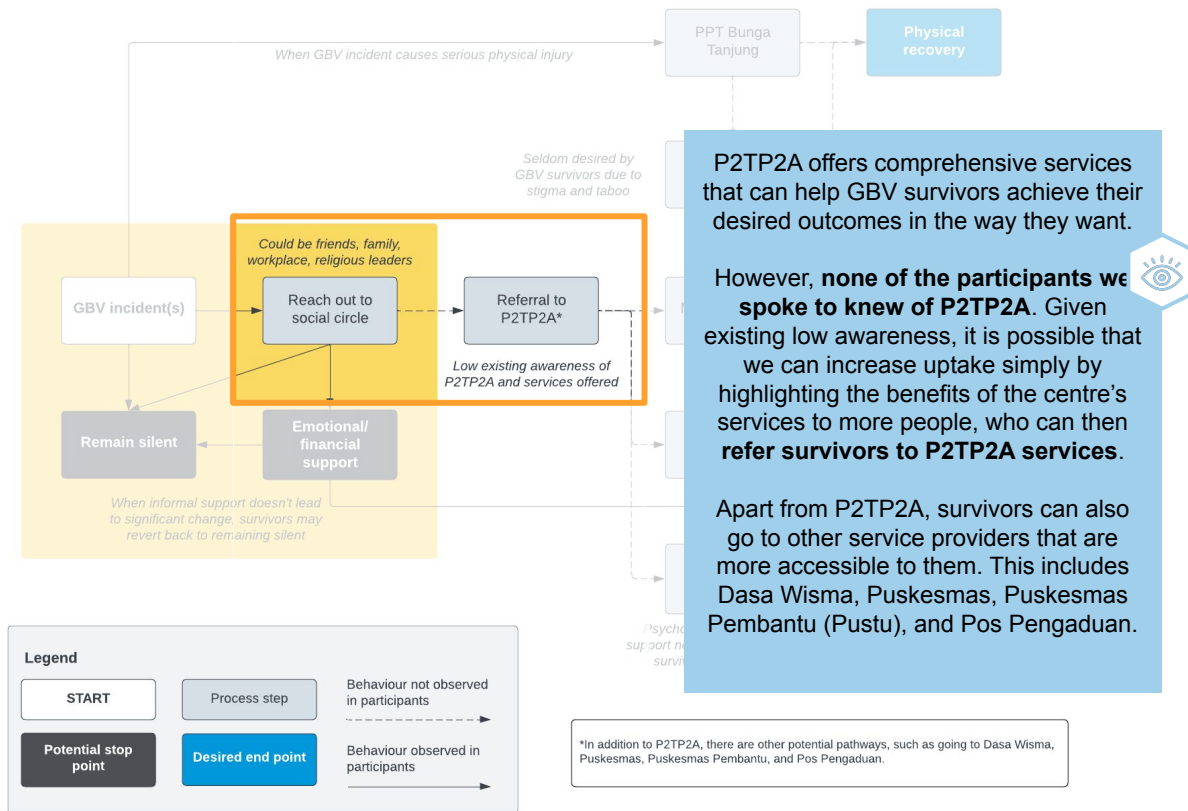# Even among survivors who seek help, not all are able to achieve their desired goals

When GBV incident causes serious physical injury

PPT Bunga Tanjung

Physical recovery

Seldom desired by GBV survivors due to

Police

Participants had mixed views about divorce (even if they desired separation from their partners); this was partly due to the perception that they **would not have enough resources** to navigate the process, and partly because of the **social stigma** associated with it (including that it goes against their **identity** as a good wife).

With psychological and psychiatric support services in particular, it is very important that these **services meet individual survivors' needs** -- more than one participant expressed dissatisfaction with such formal help services because they did not help them achieve their desired goals

Inadequate service provision may lead survivors back to the cycle of silence because **their belief that there is no help available for them is reinforced**

GBV incident(s)

Remain silent

Divorce/ separation

Difficult to access because it is a complex process with high monetary and effort costs

When informal support doe... to significant change, surv... revert back to remaining...

Psychological recovery

Psychological and psychiatric support needs to be tailored to GBV survivors' needs and goals

Legend

| START | Process step | Behaviour not observed in participants |
| Potential stop point | Desired end point | Behaviour observed in participants |

*In addition to P2TP2A, there are other potential pathways, such as going to Dasa Wisma, Puskesmas, Puskesmas Pembantu, and Pos Pengaduan.

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"*My mother in front of the mirror*"

SW (27 yo) is a doctoral student with a working class background. Her father passed away and her mother is seriously ill. The oldest brother is mentally disabled, and the second brother is a ship crew who is rarely home. She thinks GBV issue is taboo to be discussed. She feels her family is incapacitated to help, and fear of disappointing her mother, whom she look upon as the epitome of patience and devotion to marriage. *"My mother has always showed me patience and strength despite physical and verbal abuses from my father, I don't want to sadden her and will endeavour to lead by her example"* she said.

Her religious standpoint to be obedient and faithful to her husband give her the strength to withstand her marital problems and abuses she received. However, she knows that she desperately needs psychiatric, psychological, and emotional support to cope with the abuse.

She looked for help from many sources: internet, close friend, cleric and in-laws. She hasn't found any viable solution for her situation, even after seeking for professional help. She received a psychiatric support from a state hospital (IDR 150.000); but she thought that it wasn't enough because she felt that the psychiatrist only said normative things and provided a bare minimum service, since she worked in a state hospital.

Previously, she saw a psychologist (IDR 800.000/hour) but it was too costly and again, she felt that the psychologist was inadequate to provide the support she needed. She feels that she has not gained any practical solution to address her problems from those experts. She struggles for paying for expensive care services . She hopes she'll find a counsellor who is more capable in addressing her needs and solving her problems.

P2TP2A in particular seems to be an underutilised channel -- awareness was low even though many services are offered

When GBV incident causes serious physical injury

PPT Bunga Tanjung

Physical recovery

Seldom desired by GBV survivors due to stigma and taboo

Could be friends, family, workplace, religious leaders

GBV incident(s)

Reach out to social circle

Referral to P2TP2A*

Low existing awareness of P2TP2A and services offered

Remain silent

Emotional/ financial support

When informal support doesn't lead to significant change, survivors may revert back to remaining silent

Psychological support needed by survivors

P2TP2A offers comprehensive services that can help GBV survivors achieve their desired outcomes in the way they want.

However, **none of the participants we spoke to knew of P2TP2A**. Given existing low awareness, it is possible that we can increase uptake simply by highlighting the benefits of the centre's services to more people, who can then **refer survivors to P2TP2A services**.

Apart from P2TP2A, survivors can also go to other service providers that are more accessible to them. This includes Dasa Wisma, Puskesmas, Puskesmas Pembantu (Pustu), and Pos Pengaduan.

Legend

START

Process step

Behaviour not observed in participants

Potential stop point

Desired end point

Behaviour observed in participants

*In addition to P2TP2A, there are other potential pathways, such as going to Dasa Wisma, Puskesmas, Puskesmas Pembantu, and Pos Pengaduan.

Any knowledge or experience with support service providers?

"I never received any referral support to available resources." (P2TP2A). SW

"I did not seek for professional help because I didn't even know that such help existed". PH

"My family and I never receive any formal and professional support an/or service because we didn't even know that such services exist." UN

"The divorce was settled in the Religious Court without any institutional support, such as P2TP2A (the National Service Center for the Empowerment of Women and Children); I had never heard of the institution, nor did I know if such a support existed." CY

"I didn't intentionally access the resources in PPT Bunga Tanjung. It was purely incidental because my sister took me to the hospital only because she worked near by." SY

"I once looked for help from the Centre for Gender and Children in the university where I worked, but it was fruitless since I only received vague emotional advice, but no one ever offered any help to support my divorce process in a religious court."- MI

Study impacts from immersion research

Recognising the complexity of GBV situations

GBV situations are **highly complex** and **deeply entrenched**. Through the course of our immersion research, we found that barriers to help-seeking are interconnected, with both **sociocultural** and **individual** factors coming into play.

Our **immersion findings** show that most survivors seek **informal support** as their first port of call, but this can be problematic because **sociocultural factors** can lead these survivors to **fall back into the same GBV cycle.**

From a **behavioural perspective**, the decision-making environment does not enable help-seeking. The default is to keep silent, and there are **significant barriers that discourage GBV survivors from seeking formal help**:
- Lack of awareness of support services
- Social norms discouraging help-seeking [1]
- GBV survivors learn and imitate behaviour of role models who have undergone GBV themselves [2]

Due to the various barriers to help-seeking, **we should work towards the long-term goal of achieving transformative justice**. This includes increasing collective awareness of GBV, protecting the security and dignity of survivors, and developing an inclusive policy for all kinds of GBV.

1. Cialdini (2007). *Influence: The psychology of persuasion*. New York: Harper Business, Revised Edition.
2. Bandura, A. (1969). Social-learning theory of identificatory processes. *Handbook of socialization theory and research*, 213, 262.

Five ideas to improve access to GBV support services

At the current stage, **we describe five ideas to improve access to GBV support services in Jakarta**. These ideas have been tailored to address the barriers and decision points we have identified, and also take sociocultural factors in consideration.

The majority of our ideas fall under the 'Seeking' stage[1] of help service provision, given that we found significant barriers even at the first stages of help-seeking. Using behavioural principles, our ideas focus on **helping GBV victims make the first step of exiting the cycle of silence**.

For each idea, we present the relevant barriers it aims to address and provide supporting research. Ultimately, these ideas are concrete actions that will help bring us closer to achieving our long-term goal.

1. Stages are based on the three stages of help service provision identified in BIT's report on intimate partner violence (2019)

No.	Support stage	Idea
1	Seeking	**Raise awareness** of formal services offered by P2TP2A
2	Seeking	**Nominate community champions** who can guide GBV survivors to access formal services
3	Responding	Ensure GBV services **meet survivors' needs**
4	Seeking	Encourage **puskesmas staff to refer GBV survivors** to PPT Bunga Tanjung
5	Seeking	**Expand PPT services** to more hospitals and continue to evaluate

Raise awareness of formal services offered by P2TP2A using social media

What our Explore findings suggest:

Survivors have **low awareness** of what constitutes GBV, what GBV-related services are available, and their eligibility for services

Survivors who knew about formal services **did not know how to access** these services

Achieving desired post-GBV goals can be **costly and complex**, especially without formal support

Raise awareness of formal services offered by P2TP2A using social media

What this idea could look like: Run a **social media campaign** on platforms such as Facebook to inform GBV survivors and those in their network (i) what GBV is; (ii) what services they can access, and/or; (iii) how to access services. Online campaigns would be particularly effective for middle-upper class populations who have access to social media, whereas printed materials would be a more suitable alternative for others.

Research supporting this idea:

Increasing awareness of formal services can increase knowledge about the services, and **reduce uncertainty** about what they offer.

Facebook (FB) advertisements to encourage GBV survivors to visit a government website offering support services for women in Honduras and El Salvador

- In Honduras, the most effective advertisement addressed womens' uncertainty about privacy and anonymity – 4.9% of users clicked on the link to the website
- *"We are here to listen to you and give you the information you need. All the information you provide will be anonymous and confidential."*
- **How is this relevant?** The intervention aimed to tackle uncertainty aversion, which we also identified in our immersion research. Additionally, similar to Indonesia, Facebook is one of the most used social media in the two countries.

FB advertisements in Georgia to encourage bystanders to find out how to support GBV survivors in their social circle

- The most effective message dispelled the myth that intimate partner violence is a private matter, and offered resources on providing emotional support – this represented a 2.0% click-through rate for this intervention
- **How is this relevant?** Similar to our findings, the researchers found that there are sociocultural norms (e.g., keeping the family's reputation) that prevent survivors from receiving support.
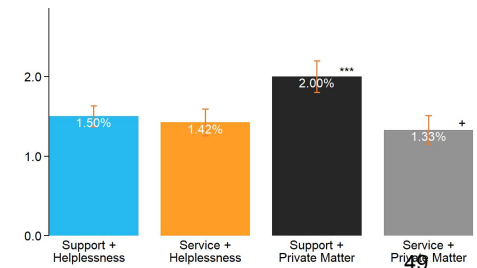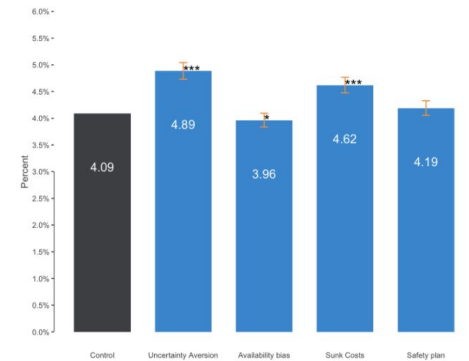
1. *Promoting help-seeking behaviours among survivors of violence in Central America*. Behavioural Insights Team blog. (2021).
2. *Applying Behavioural Insights to Encourage Bystander Intervention Against Intimate Partner Violence*. UNDP Georgia. (2019).

Nominate community champions who can guide other survivors to access formal services

What our Explore findings suggest:

Survivors rarely have **opportunities** to talk about their experiences;

- In our research, we found that survivors organically found these opportunities when members of their inner circle have three important attributes: being trustworthy, being reflective and a good listener, and being gender-sensitive.

Are not **prompted** to seek-help;

Do not have **role models** of help-seeking in the community

1. *Community mandates use social norm effects to sustainably increase handwashing in Indonesia*. HygieneHub in collaboration with BIT. (2022).
2. Durantini, Albarracín, Mitchell, Earl and Gillette (2006) Conceptualizing the influence of social agents of behavior change: A meta–analysis of the effectiveness of HIV–prevention interventionists for different groups. *Psychological Bulletin* 132: 212

Nominate community champions who can guide other survivors to access formal services

What this idea could look like: Nominate **local community champions** at places within the community where people tend to gather (e.g., mosques, barber shops, etc) to guide and refer other survivors to formal help services. These community champions should be individuals that have **three important qualities**: trustworthiness, reflectiveness and being a good listener, and gender sensitivity.

Research supporting this idea:

Research shows that community champions leverage the **messenger effect**, where a message from someone similar or perceived to be an expert is likely to have a greater effect:

- Asking **respected community figures** to encourage handwashing led to an increase from 12 to 20.8 users at community handwashing stations in Indonesia[1]
- A meta-analysis found using **expert, lay or similar community members to convey messages about HIV-prevention** led to higher condom use[2]
- **How are these studies relevant?** These interventions focused on encouraging new and/or stigmatized behaviours. This is similar to the behaviour of help-seeking among GBV survivors that we aim to encourage.

The present idea also leverages people's **uncertainty aversion** and **positive identities**, by providing information on these services, and a role model for those seeking help to learn from.
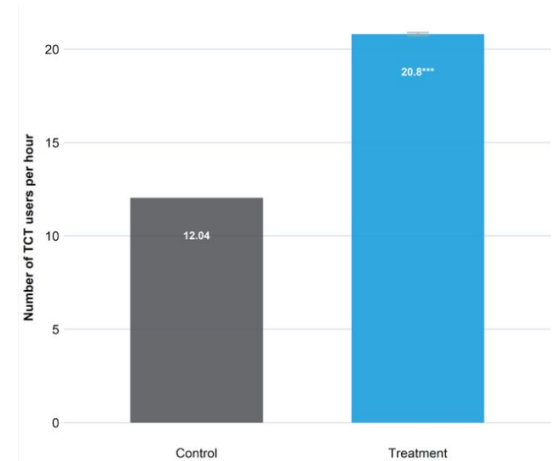
1. *Community mandates use social norm effects to sustainably increase handwashing in Indonesia*. HygieneHub in collaboration with BIT. (2022).
2. Durantini, Albarracín, Mitchell, Earl and Gillette (2006) Conceptualizing the influence of social agents of behavior change: A meta–analysis of the effectiveness of HIV–prevention interventionists for different groups, *Psychological Bulletin* 132: 212

Ensure GBV services meet survivors' needs, to ensure that increased seeking leads to improved outcomes

What our Explore findings suggest:

Those who sought help through these private professional services reported that these services **did not adequately meet their needs**

- For example, one survivor (MI) seeking help from their university's gender centre found that they only helped provide vague advice

GBV survivors have several aspirations when it comes to support services, which may affect whether they start and/or continue to seek help:

- Accessible and less bureaucratic;
- Affordable;
- Privacy-preserving; and
- Consists of empathetic, sensitive, and helpful professionals (i.e., doctors, psychologists, counselors, psychiatrists, medical staff, other frontline service staff)

1. Clark, D. M., Canvin, L., Green, J., Layard, R., Pilling, S., & Janecka, M. (2018). Transparency about the outcomes of mental health services (IAPT approach): an analysis of public data. *The Lancet*, 391(10121), 679-686.

Ensure GBV services meet survivors' needs, to ensure that increased seeking leads to improved outcomes

What this could look like: Conduct a **full process evaluation of current service provisioning** to identify areas where these services could be improved to meet survivors' needs.

Research **supporting this idea:**

Providing support to individual survivors can be challenging because each case is uniquely complex. The **way** service is implemented could improve outcomes of help services. For example, the UK launched an Improving Access to Psychological Therapies programme in 2008:[1]

- Patients were assigned a **problem descriptor** to match them to appropriate treatments, which **followed national clinical guidelines**. More complete problem descriptors led to more suitable treatments employed, which increased reliable improvement among patients

- **Outcome monitoring system** at the start and end of treatment. Before the programme, only 38% of patients had such as assessment, made it difficult to track progress of recovery

- **How is this relevant?** Service provision for GBV survivors can be as challenging as for patients with mental health conditions, since each survivor can have different needs and aspirations. Conducting a rigorous evaluation that takes this into consideration can help providers improve their services.
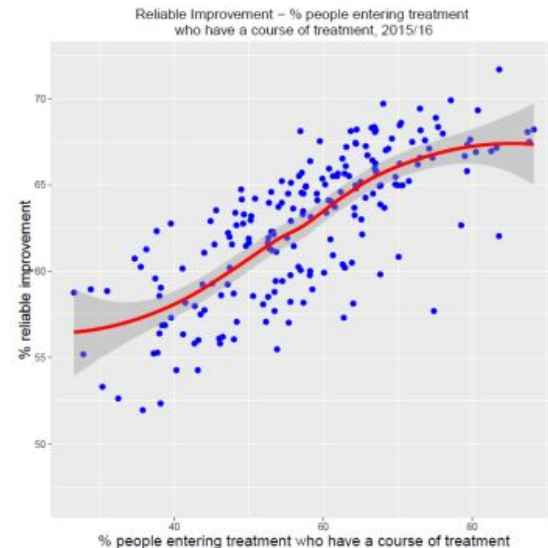
Reliable Improvement – % people entering treatment who have a course of treatment, 2015/16

% reliable improvement (y-axis)

% people entering treatment who have a course of treatment (x-axis)

1. Clark, D. M., Canvin, L., Green, J., Layard, R., Pilling, S., & Janecka, M. (2018). Transparency about the outcomes of mental health services (IAPT approach): an analysis of public data. *The Lancet*, 391(10121), 679-686..

Encourage healthcare staff beyond the hospital to refer GBV survivors to PPT Bunga Tanjung

What our Explore findings suggest:

Survivors have **low awareness** of GBV-related services available, and their eligibility for services

Survivors did not know know how to access services even if they knew about them

Survivors' **cultural norms make them uncomfortable** about accessing services

1. Turner, W., Hester, M., Broad, J., Szilassy, E., Feder, G., Drinkwater, J., ... & Stanley, N. (2017). Interventions to improve the response of professionals to children exposed to domestic violence and abuse: a systematic review. Child abuse review, 26(1), 19-39.
2. Kalra, N., Hooker, L., Reisenhofer, S., Di Tanna, G. L., & Garcia-Moreno, C. (2021). Training healthcare providers to respond to intimate partner violence against women. Cochrane Database of Systematic Reviews, (5).

Encourage healthcare staff beyond the hospital to refer GBV survivors to PPT Bunga Tanjung

What this could look like: **Train healthcare staff in puskesmas to identify signs of gender-based violence**, and create a protocol to refer identified GBV survivors to more comprehensive and specialised service providers such as PPT Bunga Tanjung or other providers that are more accessible. In this training, empathy should also be emphasised as an important interpersonal skill.

Research **supporting this idea:**

Given that awareness of GBV and related services are low, it would be beneficial to broaden the channels by which survivors can be referred to formal services.

There is some (weak) evidence that training healthcare professionals to screen for domestic violence can improve healthcare professionals' attitudes towards domestic violence, confidence in making referrals for domestic violence, knowledge about domestic violence, and screening rates.[1,2]

Some elements of interventions cited in the reviews include:

- Training on how to screen for domestic violence
    - Content included identification, documentation and safety planning for women
    - Methods included video screenings and role-play sessions

- Written guidelines on how to respond to signs of violence, including referral avenues

1. Turner, W., Hester, M., Broad, J., Szilassy, E., Feder, G., Drinkwater, J., ... & Stanley, N. (2017). Interventions to improve the response of professionals to children exposed to domestic violence and abuse: a systematic review. Child abuse review, 26(1), 19-39.
2. Kalra, N., Hooker, L., Reisenhofer, S., Di Tanna, G. L., & Garcia-Moreno, C. (2021). Training healthcare providers to respond to intimate partner violence against women. Cochrane Database of Systematic Reviews, (5).

Use a test-led approach to open more integrated PPT in hospitals based on the Tarakan Hospital model

What our Explore findings suggest:

Survivors who sought help because their cases were either **serious enough** to end up at the regional hospital (Bunga Tanjung), or **by chance** through regular check-ups

Staff at Bunga Tanjung were **well-trained to recognise signs of GBV**, enabling survivors to be referred for help

1. Increasing the scale of population health interventions: A guide. NSW Health (2014)

Use a test-led approach to open more integrated PPT in hospitals based on the Tarakan Hospital model

What this could look like: Introduce and evaluate **more PPT centres across more hospitals** across the country, with protocols to ensure transparency. One version would be to have local hospitals have less sophisticated PPT centres, which could make referrals to a full-featured PPT centre at a regional hospital.

Given that our immersion findings are limited to Jakarta, it is important **to consider sociocultural factors** in a specific area when aiming to introduce similar PPT centres.

Research supporting this idea:

Our explore findings point to PPT Bunga Tanjung being a successful example of referring GBV survivors to formal help. The present idea builds on that to increase PPT's reach. While scaling up any service can be a challenging endeavour, research provides guidelines on how to do so effectively:

1. **Scalability assessment.** In this step, effectiveness, reach, and objectives of PPT centres will need to be evaluated to ensure that PPT is indeed an effective method of helping survivors. Feasibility and acceptability will also need to be assessed

2. **Developing a scaling up plan.** The aim of the scaling up plan is to document the process and stakeholders involved, and should reflect information obtained from the scalability assessment

3. **Preparation for scaling up.** This step involves convincing key decision makers and mobilising resources to ensure that PPT can be introduced to more hospitals nationwide

4. **Scaling up.** There may be need at this step to tailor what PPT would look like across different hospitals given their resources and capability. The project team would need to ensure that knowledge of how to implement PPT and systems required to be set up should be accessible to all stakeholders. Additionally, a monitoring and evaluation plan should be put in place to track effectiveness and sustainability of this intervention.

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1. Increasing the scale of population health interventions: A guide. NSW Health (2014)

Developing and testing solutions

Developing a solution to strengthen referral pathways

From our immersion methodology research, we found that **strengthening referral pathways** was an important step to help GBV survivors break out of their cycle silence. GBV is a deeply complex issue that will require a multi-pronged approach; within the constraints of our current project, UNDP and BIT **co-designed a solution** in the form of outreach (social media awareness-raising campaign to GBV survivors' inner circle) that could strengthen referral pathways.

Solution ideation was a **collaborative effort** between BIT and UNDP. In this stage, BIT drafted several social media advertisements to address the behavioural barriers of (i) low awareness, (ii) low perceived capability, (iii) uncertainty aversion, and (iv) negative social norms around GBV. Behavioural principles that have previously been found to be effective to address these barriers were used in the advertisements. UNDP and BIT came together to discuss these initial advertisements and narrowed them down to three advertisements to be tested in our trial.

All of the advertisements aimed to **encourage GBV survivors' inner circle to take action and contact a information provider** (in the form of a WhatsApp hotline) that will refer them to relevant service providers. The journey that individuals went through is illustrated in the next slide.

Theory of change: Proposed mechanism for a solution to encourage greater help-seeking

An individual (GBV survivors' inner circle) opens social media

They view our advertisement[1] that encourages them to take action

They follow up on the information (by directly contacting a service provider or forward their contact information to someone else that needs it)

They decide to get more information (by sending a message to the WhatsApp hotline)

Through the WhatsApp referral system[2], they obtain information about service providers that can help fulfill GBV survivors' various needs

1. The Control and the three behaviourally informed advertisements are presented in the subsequent slides. The Control advertisement is a typical informative advertisement to encourage helping behaviour for GBV incidents.
2. The WhatsApp referral system is described in more detail later in this slide deck (click here to jump to the mentioned slide)

#1 Control

1 dari 3 perempuan di Indonesia pernah kena KDRT. Ayo take action membantu seseorang yang pernah atau lagi ngalaminnya.

PPT Bunga Tanjung bersama mitra-mitranya memberikan layanan gratis bagi semua yang mengalami KDRT. *Swipe* untuk info lebih lanjut tentang apa yang bisa kita lakukan untuk membantu seseorang yang mengalami kekerasan.

WhatsApp hotline: 0852 1954 0784
Call centre RSUD Tarakan (24 jam): 02185500303

Behavioural principle

All the advertisements aim to **provide information** about available services, actions they can take, GBV in general, to overcome lack of awareness.

#2 Injunctive norm + Responsibility to Act

KDRT itu ranah publik. Kita bersama punya tanggung jawab untuk *take action*, karena selain melukai orang yang mengalaminya, KDRT juga ngaruh ke masa depannya, kesejahteraan anak-anaknya, dan kontribusinya pada masyarakat.

PPT Bunga Tanjung bersama mitra-mitranya memberikan layanan gratis bagi semua yang mengalami KDRT. *Swipe* untuk info lebih lanjut tentang apa yang bisa kita lakukan untuk membantu seseorang yang mengalami kekerasan.

WhatsApp hotline: 0852 1954 0784
Call centre RSUD Tarakan (24 jam): 02185500303

Behavioural principle

- **Injunctive norm:**[1] We aim to overcome negative social norms by highlighting the injunctive norm that people *should* be helping GBV survivors

1. Reno, R. R., Cialdini, R. B., & Kallgren, C. A. (1993). The transsitutational influence of social norms. Journal of personality and social psychology, 64(1), 104.

#3 Role model inspirational story

"Aku dibawa ke RSUD Tarakan sama saudaraku [...] [yang] ngebuat aku percaya aku punya masa depan setelah trauma ini."

"Kekuatanku berasal dari ibuku. Aku gak tahu apa yang bakal terjadi jika ia tidak ada."

Beri harapan dan selamatkan masa depan orang yang kamu *care*. Kita punya tanggung jawab untuk *take action*. Arahin dia ke penyedia layanan yang dapat memberikan pertolongan yang dia butuhkan.

PPT Bunga Tanjung bersama mitra-mitranya memberikan layanan gratis bagi semua yang mengalami KDRT. *Swipe* untuk info lebih lanjut tentang apa yang bisa kita lakukan untuk membantu seseorang yang mengalami kekerasan.

WhatsApp hotline: 0852 1954 0784
Call centre RSUD Tarakan (24 jam): 02185500303

Behavioural principles
- **Role modelling:**[1] To overcome descriptive social norms that discourage helping behaviour from GBV survivors' inner circle, we can highlight an example of a positive role model and the effects of their help

1. Glanz, K., & Bishop, D. B. (2010). The role of behavioral science theory in development and implementation of public health interventions. Annual review of public health, 31, 399-418.

#4 Urgency + Regret aversion

KDRT bisa ngebahayain nyawa kalo dibiarin. Kita bersama punya tanggung jawab untuk *take action*. Jangan nunggu sampai terlambat.

PPT Bunga Tanjung bersama mitra-mitranya memberikan layanan gratis bagi semua yang mengalami KDRT. *Swipe* untuk info lebih lanjut tentang apa yang bisa kita lakukan untuk membantu seseorang yang mengalami kekerasan.

WhatsApp hotline: 0852 1954 0784
Call centre RSUD Tarakan (24 jam): 02185500303

Behavioural principles

- **Urgency:**[1] We are more likely to act if we believe the problem is urgent
- **Regret aversion + reduce uncertainty:**[2] Highlighting the potential consequences of failure to act reduces uncertainty and encourages people to avoid regretting their inaction

1. Behavioural Insights Team. (2022). How can we encourage migrant domestic workers to seek help? Part 2. Behavioural Insights Team blog.
2. Kahneman, D., & Tversky, A. (1979). Prospect Theory: An Analysis of Decision under Risk. Econometrica, 47(2), 263.

WhatsApp referral system: Step-by-step

1 When individuals take action after seeing the advertisement (by clicking the "Send WhatsApp message" button), a new WhatsApp conversation will open up with the hotline number. The hotline number is manned by a UNDP staff who has been trained on the do-no-harm principle in interacting with GBV survivors and equipped with automatic messages to help guide the individuals' selection.

2 At the start of the conversation, an automated main menu will be presented. Individuals can choose the type of support that they want (e.g., medical services, psychological consultation).

3 Depending on their selection, individuals will be recommended an appropriate service provider and provided with the provider's contact information, which will be helpful for themselves or their loved ones.

Evaluation methodology: Randomised controlled trial

To evaluate the effectiveness of these behaviourally informed advertisements, we ran a trial on Instagram from 4 to 14 May 2023. Below are the details of the evaluation that we ran:

Method: Randomised controlled trial (participants were randomly assigned to view one ad each)

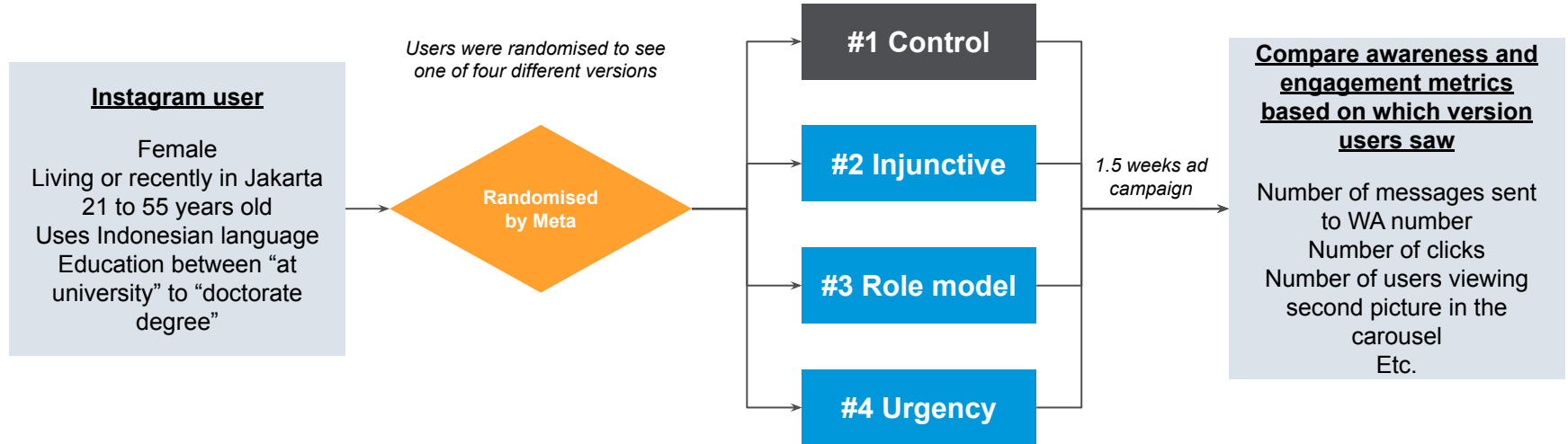**Sample**: highly-educated female Instagram users in Jakarta aged 21-55 years old

Outcome variable: % individuals who sent a message to the WhatsApp hotline, % individuals who wanted to learn more, and other exploratory variables.

How the evaluation worked

Which ad the Instagram user sees

Instagram user

Female
Living or recently in Jakarta
21 to 55 years old
Uses Indonesian language
Education between "at university" to "doctorate degree"

Users were randomised to see one of four different versions

Randomised by Meta

#1 Control

#2 Injunctive

#3 Role model

#4 Urgency

1.5 weeks ad campaign

Compare awareness and engagement metrics based on which version users saw

Number of messages sent to WA number
Number of clicks
Number of users viewing second picture in the carousel
Etc.

Key findings

Inference via statistical significance

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Our interventions reached approximately one million users, about two-thirds of whom were between 25 and 34 years old

Each of the four versions of the advertisement were seen by approximately 250,000 users (approximately one million users in total). The majority were 25 - 34 year olds, while not many 55 - 64 year old users were reached.

A user may have seen the same advertisement multiple times during the trial period. However, they were only measured once to produce the number of individuals who saw each advertisement.

Proportion of users per condition by age group
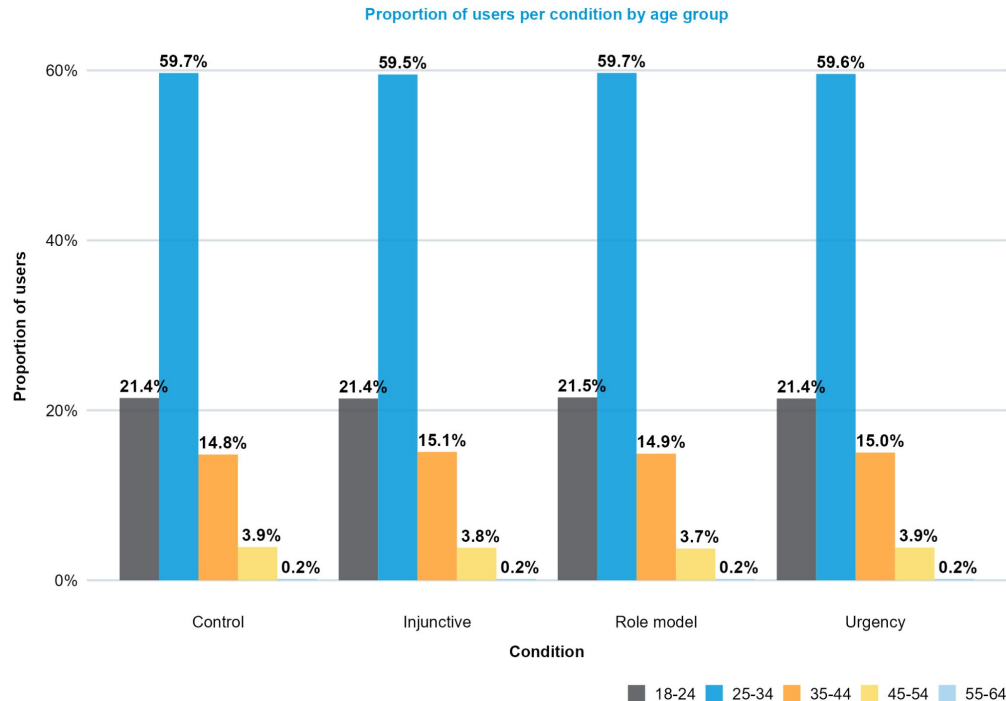
Users were more likely to click the 'Send message' button in response to the 'Role model' advertisement

We found strong evidence in favour of the 'Role model' advertisement in **increasing the proportion of users clicking the 'Send message' button** after viewing either the first or second image on the carousel on Instagram (0.09%) compared to our 'Control' group (0.06%).

This finding aligns with the Social Cognitive Theory, which states that observing an example of a positive role model and the effects of their behaviour is important for learning, in addition to one's own experiences[1].

Proportion of users clicking 'Send message' button

Proportion of users

0.10%

0.05%

0.00%

| Control | Injunctive | Role model | Urgency |

Control: 0.0594% 152 / 256,097
Injunctive: 0.0703% 177 / 251,817
Role model: 0.0903%*** 228 / 252,515
Urgency: 0.0617% 157 / 254,592
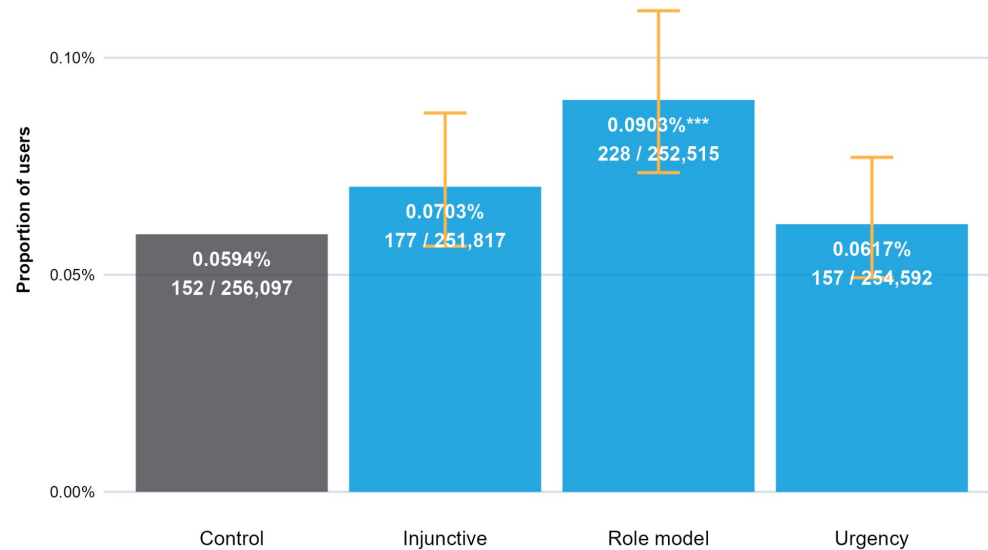
*** significant at p<0.001   * significant at p<0.05
** significant at p<0.01   + significant at p<0.1

1. Glanz, K., & Bishop, D. B. (2010). The role of behavioral science theory in development and implementation of public health interventions. Annual review of public health, 31, 399-418.

The click rate of the 'Send message' button after viewing the second carousel image was similar across all ad versions

The likelihood of users clicking the 'Send message' button after viewing the second carousel image was relatively low (at ~0.015% of users). This may suggest that users were less likely to engage in the second carousel image than the first one.

Users were **equally likely to click the 'Send message' button on the second carousel image** of the 'Control', 'Injunctive', 'Role model', and 'Urgency' advertisements. This is unsurprising as the second carousel image was the same across the four advertisements.

Proportion of users clicking 'Send message' in the second carousel

Proportion of users

- 0.03%
- 0.02%
- 0.01%
- 0.00%

Control
0.0105%
27 / 256,097

Injunctive
0.0175%
44 / 251,817

Role model
0.0147%
37 / 252,515

Urgency
0.0118%
30 / 254,592

*** significant at p<0.001   * significant at p<0.05
** significant at p<0.01   + significant at p<0.1
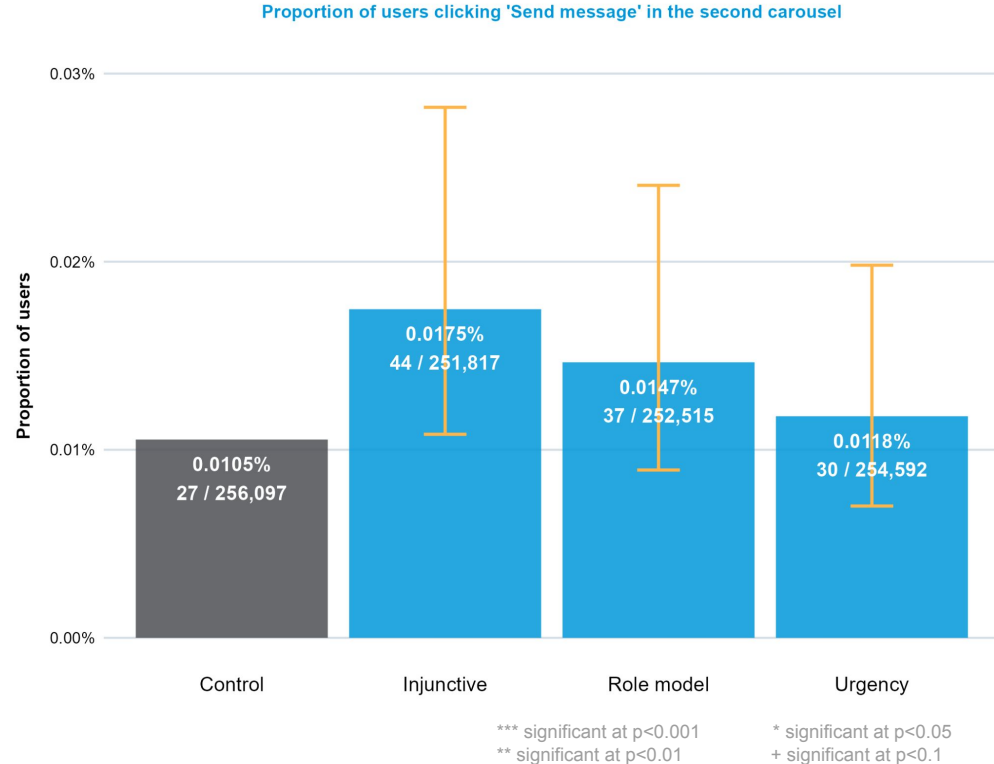
Users who saw the treatment ads were as likely to engage in a two-way Whatsapp conversation as the 'Control'

Although more than one million users viewed the advertisements, **only 26 in total engaged in a two-way conversation in Whatsapp**. The conversion rate was not large and was similar across the different advertisements.

This suggests that there may be other factors influencing users' decision to continue a conversation on Whatsapp.

We also conducted a qualitative analysis on the topics being discussed over Whatsapp conversations to corroborate this finding (see slide 75) .

Proportion of users engaging in two-ways conversation
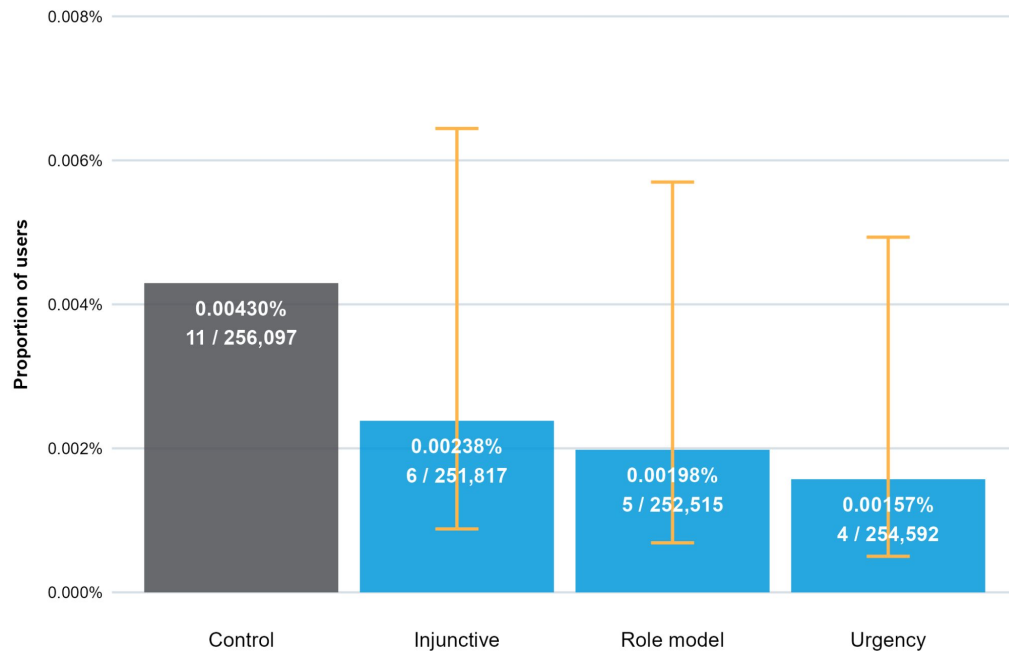
*** significant at p<0.001   * significant at p<0.05
** significant at p<0.01   + significant at p<0.1

Complementary findings

No statistical inference was involved

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The 'Injunctive' advertisement resulted in the most likes…

Likes

The two advertisements that resulted in the most likes, **'Injunctive' (0.31%)** and **'Urgency' (0.23%), employed messages that aimed to challenge the prevalent misconception** that gender-based violence is a strictly 'private' matter and emphasised potential consequences of inaction. They both shared a common feature of revealing new information intended to refute myths surrounding the issue.

Comments

Only two 'comments' were made on the advertisements in total, one on the 'Injunctive' advertisement and one on the 'Urgency' advertisement.

Proportion of users liking the ad, by condition
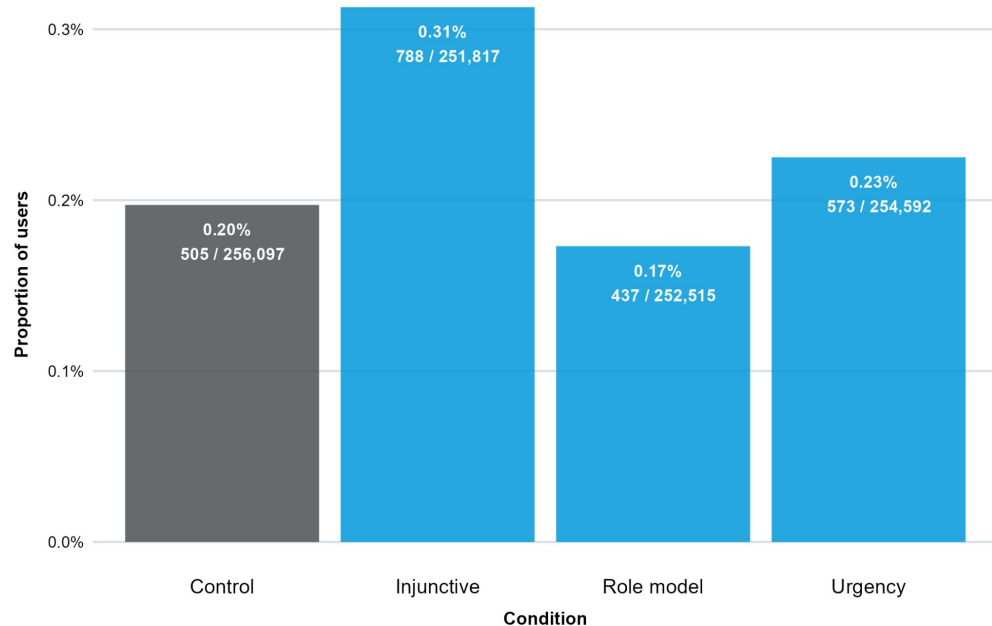
... whilst users who saw the 'Urgency' advertisement shared the ad most frequently

The 'Injunctive' and 'Urgency' advertisements encouraged more sharing relative to the 'Control' advertisement. This may be because they highlighted both a functional purpose (promote safety) and an altruistic purpose (an act of courtesy or kindness to others)[1] .

This finding underscores the importance of **tailoring ad content to specific user needs**, recognizing that different messages can effectively activate different responses. Our study revealed that the 'Role model' ad was particularly effective in prompting users to seek out more information, while the 'Injunctive' and 'Urgency' ads were more successful in instigating user-ad interactions.

Proportion of users sharing the ad, by condition
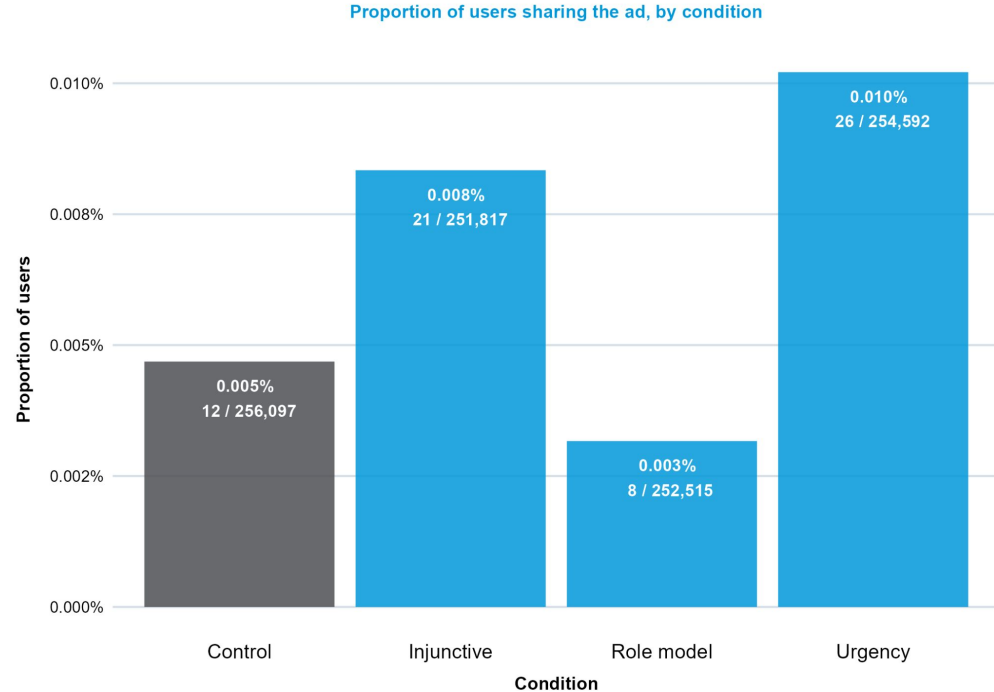
1. Belk, R. (2014). You are what you can access: Sharing and collaborative consumption online. Journal of business research, 67(8), 1595-1600.
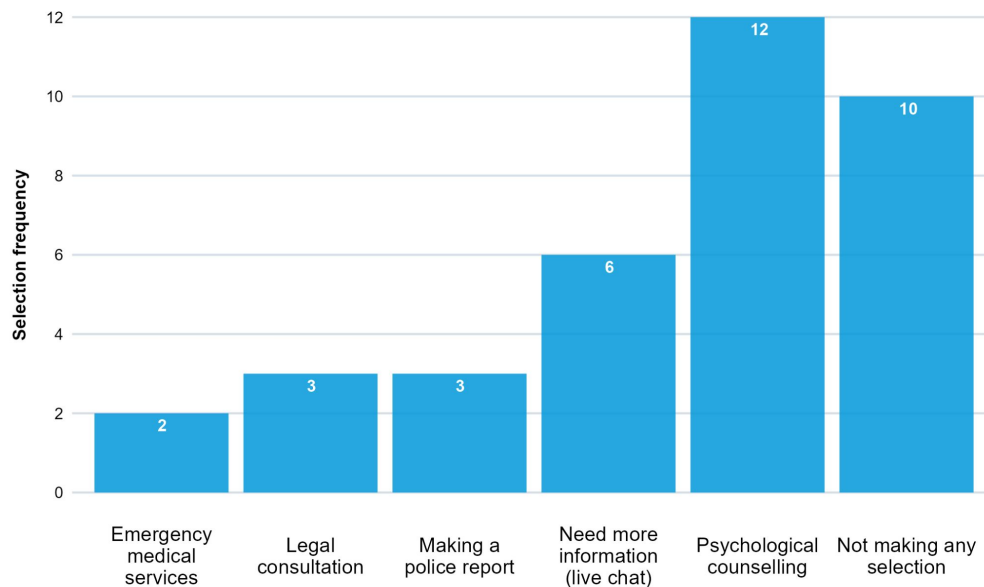
The most frequently chosen service by individuals engaging in Whatsapp conversations was psychological counselling

The interest in 'Psychological counselling' (a longer-term service) **among users surpassed that of other services**. Interestingly, none of the users asked for information about shelter services.

The discrete nature of psychological counselling may contribute to its popularity on the Whatsapp menu, as users may find it more accessible. This trend resonates with our research findings where people still perceive GBV as a private matter. This may also indicate that Instagram is not the optimal channel to advertise crisis-oriented services.

The menu selected by individuals who messaged the WhatsApp number

Selection frequency

| Emergency medical services | Legal consultation | Making a police report | Need more information (live chat) | Psychological counselling | Not making any selection |

2, 3, 3, 6, 12, 10

The option selected on the menu

Note: One individual can choose more than one option

The three main themes emerging from the live chats were the availability of GBV-related services, the definition of GBV,…

Themes	Quote 1	Quote 2	Quote 3
Users expressed an interest to be informed about available GBV-related services	*"Are counselling services available for rehabilitation service and mental health support?"*	*"Could the hospital provide assistance to deal with GBV cases? What services are available? How much does it cost? Is it expensive?"*	*"To get a test (gynecologic exam), is a referral required or can I just directly make use of BPJS?"*
Many users grappled with uncertainties surrounding what constitutes GBV and how to effectively address and cope with such instances	*"Hi, I just came across an incident on Instagram, but it was last seen last week and the wound has healed. The victim was subjected to violence 4 times after discovering the partner's infidelity ….What should I do if such a situation occurs again?"*	*"Good morning, I have a question regarding a husband who consistently exhibits condescending behaviour towards his wife, restricts her from expressing her opinions, dominates decision-making, and imposes his desire forcefully, does this behaviour qualify as a GBV?"*	

… and practical aspects of GBV-related services such as cost, geographical coverage, and convenience

| Themes	Quote 1	Quote 2	Quote 3
Of particular interest to our users were the practical aspects of GBV-related services, including cost implications, geographical coverage, and the convenience of the services	*"Can I still access the service (provided by the hospital) if I have a permanent residence outside of Jakarta (Tangerang Selatan)?"*	*"Can I directly visit the hospital without having to consult my local health clinic beforehand?"*	*"How much does a female health check-up package cost?"*

The 'Role model' advertisement had the lowest cost for unique link click conversion

The most cost-efficient ad varies depending on which performance metric is selected. For example, the cost of reaching 1,000 unique users was approximately US$0.55 across all ads.

Engaging users in two-way conversations cost: US$12 (Control), US$22 (Injunctive), US$27 (Role model), and US$34 (Urgency) per conversation.

For our campaign, the cheapest way to obtain one unique link clicked was through the 'Role model' ad.

Advertisement cost (USD) per unique link click
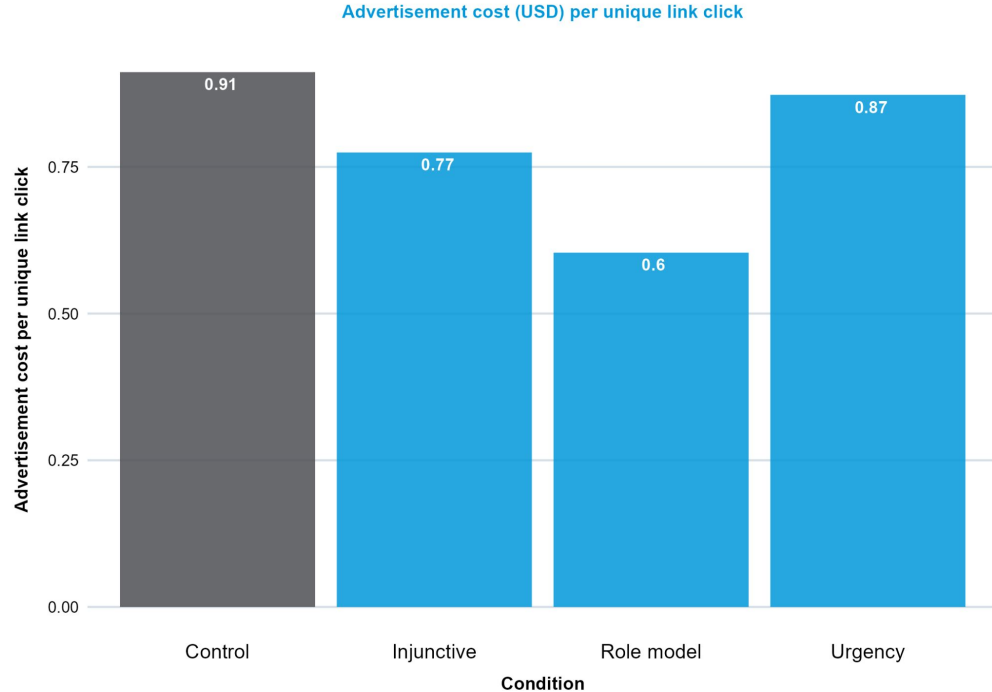
Study impacts from prototyping

Strategic input for key stakeholders in the development sector including the government, UN agencies and CSOs

1 **Mixed methods (immersion and RCT prototyping) can be effectively deployed to dissect a complex development challenge such as GBV**. While the use of primary data from vulnerable groups through immersion research helps operationalise the 'leave no one behind' (LNOB) principle into program design, rigorous testing of behaviourally informed interventions facilitates evidence-based policy making.

2 Behavioural change is important but we also need to recognise **the need for transforming the system,** such as the health system and the justice system, to confront the prevailing power dynamics that still place some groups at disadvantages. **Sharing the findings** from this project with key stakeholders in Indonesia and **continuing the use of behavioural insights** would help to catalyse such policy transformations.

3 **PPT Bunga Tanjung and P2TP2A (UPT PPPA) should continue to publicise their services to both GBV survivors and bystanders.** Seeking support from the Ministry of Women Empowerment and Child Protection may further **expand service points** to reach individuals who need it the most.

Recommendations for advertising GBV services on Instagram

1 **Include a positive role model to encourage people to seek out more information**

2 **Refer to an injunctive norm or use regret aversion framing when encouraging users to interact with campaigns** (e.g. for campaigns that aim to 'go viral' and elicit support to challenge perceptions or negative social norms)

3 **Ensure critical information and a call-to-action are included on the first carousel image** (not the second)

4 **Use ads to provide more information and answers to frequently asked questions** about services such as psychological counselling, legal and medical services and what constitutes GBV, rather than requiring users to complete an additional step of sending a WhatsApp message

5 **Investigate other channels to advertise crisis-oriented services** (e.g. shelter services)

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