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## Integration of Child Protection and Social Protection for Child Victims of Violence in Indonesia

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### **Abstract**

*Social protection (SP) programs for children who are victims of violence have been provided through Child Protection (CP) services, but there are still gaps in meeting the needs in a comprehensive and sustainable manner. This study aims to determine the quality of CP services and their integration with SP services for child victims of violence in Indonesia. Using a qualitative case study method, this study was conducted in 4 provinces and 10 districts/cities, 5 cases of child victims of violence, and a number of informants from parents of victims, and stakeholders in the regions who are responsible for the issue of child victims of violence. Using qualitative methods, the results of the study indicate that there is no integrated policy between CP and SP services for child victims of violence. The lack of integration of CP and SP occurs both among institutions and within the Ministry that has the main tasks and related functions. In some policies related to SP in the form of social assistance under the social rehabilitation program, it is only intended for the poor, so that only children who are victims of violence and are poor can get this service. Integration of child protection and social protection is very important to create a comprehensive framework to address the needs of children who are victims of violence and their families. This paper recommends the integration of social protection and social protection programs by including violence against children as part of the poverty indicators.*

**Keywords:** *child protection, social protection, children victims of violence*

### **Introduction**

Children are entities that must be protected, including being protected from violence. The Central Statistics Bureau recorded the number of children in 2020 reaching 79.7 million, almost a third of Indonesia's population and the fourth largest child population in the world. Meanwhile, the percentage of poor people in Indonesia increased from 9.22% in September 2019 to 10.19% in September 2020 (Central Statistical Bureau, 2020) This has resulted in an increase in the percentage of children living below the poverty line. To help their family's income, the exploitation of children aged 10-17 years to work has increased. The decline in the purchasing power and economy of the Indonesian population

has also resulted in a decrease in the number of children with disabilities who attend school and can access the internet. This has ultimately resulted in a decrease in the ratio of children aged 7-17 years (disabled/non-disabled) who attend school, and children aged 5-17 years (disabled/non-disabled) who have accessed the internet (Central Statistical Bureau, 2020).

The number of violence against children (VAC) continues to increase. The 2017 Wahana Visi Indonesia (WVI) National Baseline Report shows that 1 in 4 adults commit sexual violence against children, and 93.23% of parents/caregivers use physical punishment and violence against children as a mechanism for disciplining children (Wahana Visi Indonesia/WVI, 2017). The Online Information System for the Protection of Women and Children (Sistem Informasi Online Perlindungan Perempuan dan Anak-SIMFONI PPA) noted that from January 1, 2022 until this report was written, there were 8,447 children who were victims of violence, (SIMFONI PPA, 2022). The Witness and Victim Protection Agency recorded a 91% increase, from 223 cases to 426 cases of special protection requests for cases of sexual violence against children throughout 2021. Meanwhile, the results of the 2021 National Survey of Life Experiences of Children and Adolescents illustrates that 34% or 3 out of 10 boys aged 13-17 years and 41.05% or 4 out of 10 girls of the same age have experienced one or more types of violence throughout their lives (Ministry of Women's Empowerment and Child Protection, 2022)

The COVID-19 pandemic has also increased the risk of violence, abuse and neglect, related to child care at home and in institutions. Before the pandemic, the level of violence against children in Indonesia was already high, with 60% of children aged 13-17 reported having experienced one form of violence (physical, psychological/emotional or sexual) in their lifetime. Another form of violence against children is domestic violence, with 1 in 9 women married before reaching the age of 18, and they are more vulnerable to domestic violence due to the increasing imbalance of power within the family (UNICEF, 2021) Any form of violence against children can cause negative impacts and risks, both physical and psychological, which affect their growth and development process. In addition, violence against children has consequences for the economy and public health directly and in the long term. Abuse and neglect of children and adolescents result in long-term negative consequences (K. Friedman, 2010).

Violence against children also has economic costs, for example in the East Asia and Pacific region it is estimated that the economic costs of some of the health consequences of child maltreatment are equivalent to between 1.4% and 2.5% of the region's annual Gross Domestic Product (GDP) (WHO, 2016). The scale and depth of the impact of violence on children, if not anticipated, can result in child poverty in various dimensions. Therefore, various efforts need to be made early on because child poverty with its multidimensional aspects has a wide detrimental impact and is difficult to repair. Children who grow up in poverty tend to have low quality health and education, both in the short and long term (UNICEF, 2012). Violence affects children in various ways, namely education, health, and child welfare, which ultimately affects the productive capacity of future generations. Investment in children is essential to achieving sustainable human development goals (UNICEF, 2021) The economic burden of violence against children includes direct costs, such as medical and legal costs, and indirect costs, including lost productivity and long-term health consequences. Fang, et. al. highlight that in South Africa, the economic costs associated with violence against children are substantial, running into the millions in the form of disability-adjusted life years (DALYs) and lost financial expenditures (Fang et al., 2017). Violence against children is not only a social problem but also an economic problem, which requires a comprehensive approach to address its consequences.

UNICEF defines child poverty as a situation of deprivation experienced by children in terms of the material, spiritual and emotional resources needed for survival, development and advancement (UNICEF, 2015). Child poverty can prevent children from enjoying their rights and achieving their full potential in participating as members of society. According to Center Statistical Bureau in 2016, there were 28.01 million Indonesians living in poverty. Among the numbers, around 40.22% of the poor were children (0-17 years). In terms of income, one third of children were 'extremely poor' (in 2016, around 7 percent lived on less than US\$1.90) or 'moderately poor' (26 percent lived on between US\$1.90–US\$3.1) (UNICEF, 2020). More than a half of Indonesian children experience at least two 'non-monetary' deprivations (UNICEF, 2019). One study showed that 28.63% of children in Indonesia experience multidimensional poverty with an average deprivation of 40.70% of the 13 indicators that form the child poverty index for children (UNICEF, 2019).

One of the dimensions of the child child poverty index is child protection including child protection from violence. The Ministry of Women's Empowerment and Child Protection has compiled a Child Protection Index (CPI) which is formed from the Child Rights Fulfillment Index (CRFI) and the Child Special Protection Index (CSPI). However, there are still many child victims of violence in Indonesia who have not received adequate social protection so that their rights are neglected. This can encourage

conditions of child poverty. Jonson-Reid et al. highlight that families living in poverty are disproportionately represented in the burden of child welfare cases, indicating that economic disadvantage is a significant predictor of child abuse (Jonson-Reid et al., 2009). Eckenrode et al. found that income inequality can be associated with higher rates of child abuse and neglect, emphasizing that not only absolute poverty but also relative economic inequality contributes to adverse outcomes for children (Eckenrode et al., 2014).

Social protection encompasses a range of measures, including social insurance and social assistance aimed at providing support to individuals and families in need. An effective social protection system can mitigate the adverse effects of poverty and reduce incidents of violence against children. At the global level, the issue of social protection has been mentioned in the Universal Declaration of Human Rights of the United Nations (UN) in 1948, and various other declarations. This social protection covers the concerns of individuals and groups of all ages and backgrounds. Article 22 of the Universal Declaration of Human Rights, 1948 guarantees that everyone, as a member of society, has the right to social protection and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality. The 1945 Constitution has mandated the importance of a social protection system and is an inseparable part of the development process, especially in overcoming poverty and reducing inequality in Indonesia. The 1959 UN Convention on the Rights of the Child recognizes that children have economic, social and cultural rights such as the right to education, health care, an adequate standard of living; and to benefit from social protection (United Nation Declaration on The Right of The Child (UNCRC), 1959). The UNCRC also requires nations to support families when they are unable to care for their children. Although children are usually economically dependent on adults, and when they are unable to support themselves, either because they are unable to find work or because their circumstances (illness, disability, childbirth, old age and so on) prevent them from working, the nations are obliged to ensure that children have some form of financial support, either paid directly to the child or through a responsible adult. (OHCHR, 1990). According to the joint statement on advancing Child-Sensitive Social Protection (Davies et al., 2009) Many social protection measures have benefited children, even though they are not the main beneficiaries. The state/government is obliged to realize its commitment in the form of policies such as laws, government regulations and other legislation that regulate the handling and recovery of child victims of violence.

A research result on child labor in Indonesia states that the basic social protection program has been designed as a child-sensitive social protection program, especially sensitive to child labor, in order to maximize the impact on child labor. In addition, social protection is "multi-pillar" because it is related to pension reform, health insurance, or the labor market (Yuningsih et al., 2018). An integrated approach is needed to address poverty alleviation and child safety. Butterfield et al. advocate a community-based model that combines child welfare and poverty reduction, emphasizing that effective child protection systems must work together to reduce the economic hardship that often leads to child abuse and neglect (Butterfield et al., 2017).

Friedman divides the legal system into three (3) components, namely: Legal substance (substance rule of the law); Legal structure (structure of the law); and Legal culture (legal culture)(L. Friedman, 2017). The three components of the legal system are the wheels that drive the law as a social system with special characteristics and techniques in its study. Using the analogy of Friedman's legal system, this research reviews child victims of violence within the framework of the Child Protection System in Indonesia and its subsystems related to child protection services and social protection programs for child victims of violence in Indonesia, both central and regional, supported by several concepts used in the overall framework of this research, namely as follows:



**Image 1.** CP and SP integration analysis framework

There are challenges faced by service providers, both child protection services and social protection so that victims do not get their rights. For this reason, this research was conducted to obtain an overview of the extent to which the state/government fulfills its obligations through policies, programs and budgets for child protection services and social protection for child victims of sexual violence. More concretely, this research aims to provide an overview of the integration of child protection and social protection programs in Indonesia, seen from the side of legal substance and policies, structures, and culture related to the child protection system in Indonesia. In addition, the gaps and potentials related to the integration of the two are also described, from the regional to national levels. The findings of this research are expected to contribute to efforts to improve the integration of child protection and social protection services.

### Methods

This research uses a qualitative research method with a case study research type, in which researchers examine the integration of CP and SP services in depth from the background, circumstances, and impacts on child victims of violence. Data collection techniques in this study include in-depth interviews, focus group discussions, observations, and document studies.

Creswell (2008) defines qualitative research methods as an approach or exploration to explore and understand a symptom. This research also develops a complex holistic picture, analyzes words, reports detailed views from informants, and conducts research in a natural setting (Creswell, 1998). In this research, data were collected from informants working in sectors related to social protection and child protection in several selected locations. The data collection techniques and instruments were in-depth interviews, regional focus group discussions, unstructured observations, and documentation studies and legal reviews. The population of this research was child victims of violence, parents of child victims of violence, and stakeholders involved in child protection and social protection efforts in Indonesia. The research samples were child victims of sexual violence, parents of child victims of sexual violence who received or did not receive assistance/services from child protection and social protection programs in Indonesia, Community-Based Integrated Child Protection activists, and stakeholders in 4 provinces and 10 districts/cities in Indonesia in the Wahana Visi Indonesia (WVI) program area that has a child protection program.

The process of analyzing research data in 4 provinces, 10 districts/cities began with the collection of raw data from in-depth interviews, focus group discussions (FGD), observations, and document studies by researchers at the district level. Researchers at the district level then made an analysis and summary of interview transcripts, images, photos, field notes, and secondary data related to the data in this research. The findings were then submitted to researchers at the provincial level for further analysis and report writing. All collected data were organized into groups and then stored in Google

Drive to facilitate reading and checking. After that, the data sorting and classification process was carried out, then conceptualized according to the main and supporting theories used in data analysis.

**Results**

**Implementation of child protection services for victims of violence in Indonesia**

Child protection services for victims of violence at the central level are organized by several Ministries, under the coordination of the Ministry of PPPA in this case the Deputy for Special Child Protection as the leading sector along with other Ministries/Institutions, namely the Directorate of Child Social Rehabilitation of the Ministry of Social Affairs (Kemensos), the Directorate of Family Health of the Ministry of Health (Kemenkes), and Law Enforcement Officers (APH) such as the police, prosecutors, courts, and related Ministries/Institutions such as the Witness and Victim Protection Agency (LPSK) and so on. To carry out the role of organizing Final Referral Services, the Ministry of PPPA established the Sahabat Perempuan and Anak (SAPA 129) contact center service. Victims can report to the SAPA 129 Contact Center and receive services from the service team at the central level led by MOWECP. This service includes reporting/hotline services, outreach, health services, temporary shelter, law enforcement and social rehabilitation services and social reintegration using a case management approach.

As a guideline in providing services for women and children who are victims of violence, the Ministry of Women's Empowerment and Child Protection Service Standards have been prepared. These guidelines regulate the implementation of services by the Regional Technical Service Unit for the Protection of Women and Children (UPTD PPA). By the end of 2021, UPTD PPA had been formed in 34 provinces and 231 districts/cities. UPTD PPA is tasked with providing services in provincial and district/city areas with the same service components as in the center and are provided according to the needs of the victims.

**Child Special Protection Index**

The Child Special Protection Index is an indicator that shows the achievement of child protection development in certain situations. The average Child Special Protection Index of Indonesia in 2019 was 77.03, while in 2020 it was 73.11. The results of the study showed that the Child Special Protection Index of DKI Jakarta and North Maluku provinces in 2019 and 2020 were above the average Child Special Protection Index value of Indonesia. Meanwhile, West Kalimantan and Central Sulawesi provinces are below the average Child Special Protection Index of Indonesia, even Central Sulawesi province is included in the group of 3 provinces with the lowest Child Special Protection Index in Indonesia. The Child Protection Index of the 4 provinces in the research area are as follows:

**Table 1.** Science of 4 provinces in research areas in 2018 and 2019

Province	2018	2019	% Growth
DKI Jakarta	81,46	87,78	7,77
West Kalimantan	76,84	75,45	-1,80
Central Sulawesi	63,85	66,65	4,38
North Maluku	72,86	77,26	6,04

The table above shows the Child Protection Index of the 4 provinces where the research was conducted, and it can be seen that the province with the highest Child Protection Index is DKI Jakarta, then West Kalimantan, North Maluku, and Central Sulawesi.

**Legal Substance**

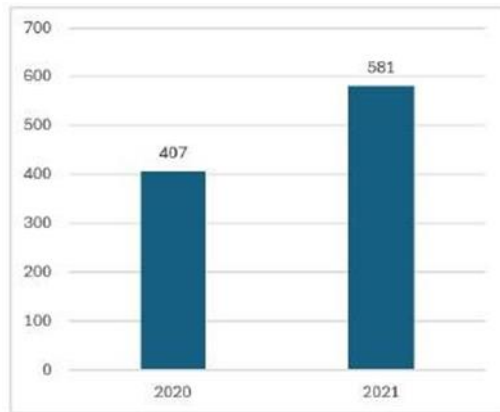
In terms of legal substance, there is a formal legal basis that states the mandate for the integration of child protection services and social protection for child victims of violence at the central level, namely the Law to the Ministerial Regulation, namely the Social Welfare Law, the Child Protection Law, and the TPKS Law, as well as the Ministerial Regulation on Puskesmas/SLRT, and ATENSI social rehabilitation



and in 3 provinces (Jakarta Province, Central Sulawesi, and West Kalimantan). The Ministry of Social Affairs regulation on social rehabilitation services (ATENSI) as a breakthrough in the integration of all services without distinguishing between beneficiaries and types of services has emphasized the integration of child protection services and social protection through social assistance/social assistance for child victims of violence, with the target of individual beneficiaries and according to the results of the assessment of the child's problems and needs. However, in several related policies, social protection in the form of social assistance under the Ministry of Social Affairs' social rehabilitation program is intended for the underprivileged, so that only underprivileged child victims of violence can receive it. In fact, there is no integrated policy between PA services and Social Protection related to cash transfers, health insurance, and education insurance for child victims of violence, both between institutions and within the Ministry which has the main task and function of handling child victims of violence.

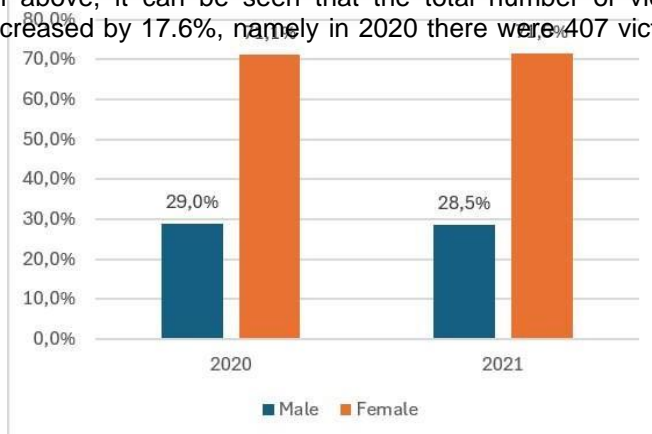
**Data on Child Victims of Violence**

The Ministry of Women's Empowerment and Child Protection conducted the National Survey of Child and Adolescent Life Experiences in 2018 and 2021 to determine the prevalence of child violence nationally. The results of the 2021 National Survey of Child and Adolescent Life Experiences show that the national prevalence of violence against children has generally decreased significantly when compared to the 2018 National Survey of Child and Adolescent Life Experiences. In 2018, 6 out of 10 boys and girls aged 13-17 years who had experienced violence in any form throughout their lives. This number decreased to 4 out of 10 girls and 3 out of 10 boys. Meanwhile, boys and girls aged 13-17 years who had experienced violence in any form in the past 12 months decreased from 4 out of 10 in 2018 to 3 out of 10 girls and 2 out of 10 boys in 2021.



**Graph 1.** Number of violence against children victims in 10 districts/cities in 2020 - 2021

From the graph above, it can be seen that the total number of violence against children in 10 districts/cities increased by 17.6%, namely in 2020 there were 407 victims, while in 2021 there were 581 victims.

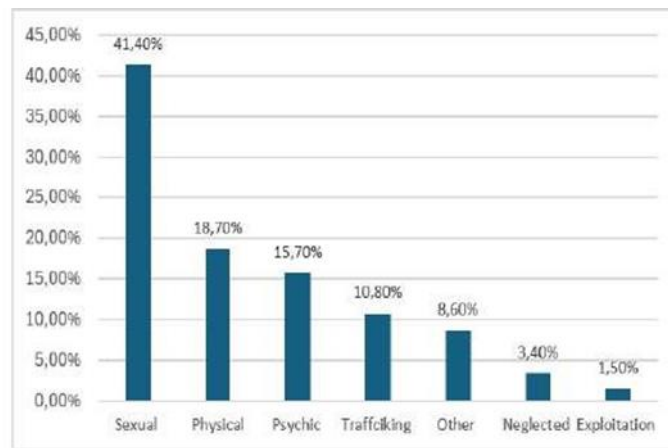


**Graph 2.** Percentage of violence against children victims by gender

Based on gender, from the graph above it can be seen that in 2020-2021, the percentage of female violence against children victims was always greater than male and experienced an increase, which was 71.1% in 2020, to 71.5% in 2021.

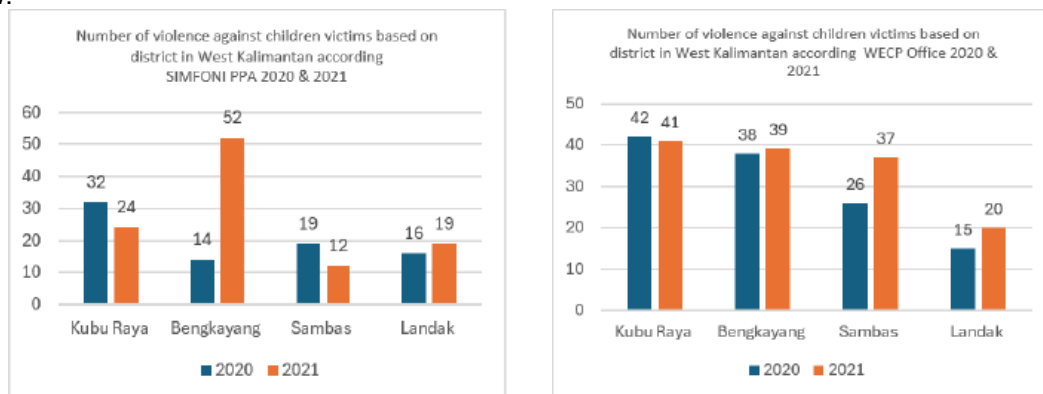
**Research Results in 4 Research Areas**

Although all regions must enter data into the SIMFONI PPA database, DKI Jakarta has a special protection child documentation system developed with the support of Save The Children, namely the Case Monitoring (*Monitor Kasus - MOKA*) application. This application distinguishes between types of sexual violence, sexual abuse, physical abuse, abuse, domestic neglect, and trafficking. *SIMFONI PPA* data in DKI Jakarta in 2021 shows that the largest number of children victims of violence are in East Jakarta City (186 cases), North Jakarta City (97 cases). Of the 147 referral cases in 2021, temporary shelter services had the highest percentage, namely 78% compared to other services. The types of violence are as follows:



**Graph 3.** Percentage of violence against children victims in Jakarta based on type of violence (SIMFONI PPA, 2022)

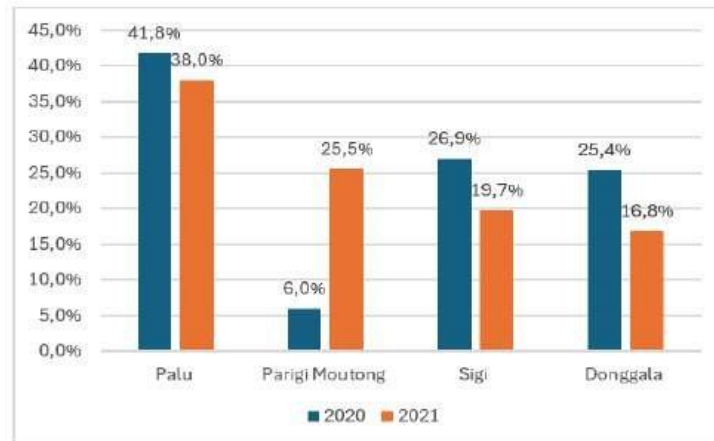
Violence against children case data in SIMFONI PPA in 2020 - 2021 from 4 districts in West Kalimantan and data sourced from the PPPA Service of each district in West Kalimantan can be seen in the graph below:



**Graph 4.** Number of violence against children victims based on district/city according to SIMFONIPPA and the West Kalimantan Women's Empowerment and Child Protection Service

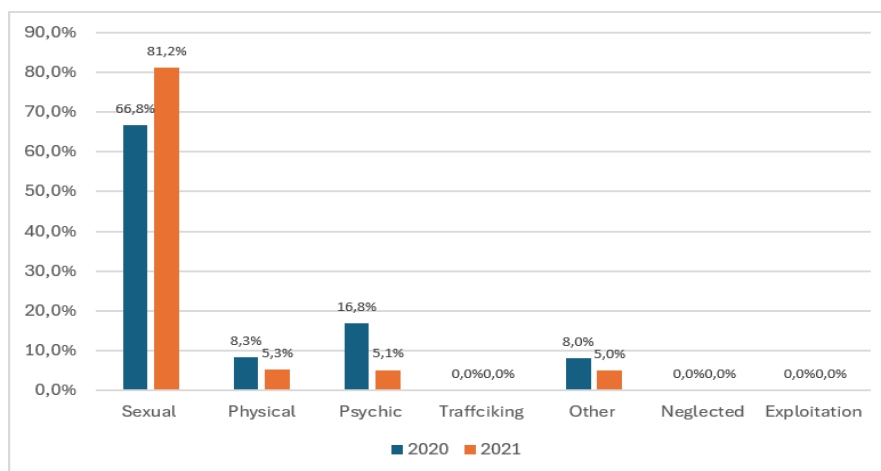
The two data above look different, because the data on child victims of violence against children received by the Final Referral Service (SAPA 129) and recorded by SIMFONI PPA are referred and handled in their respective regions, so that the data in each region looks larger, except for Bengkayang Regency, and there is some data in the region that has not been inputted into the SIMFONI PPA system. Based on the type of violence, SIMFONI PPA data 2020, 2021 shows that sexual violence is the highest

violence against children case in the 4 research area districts, namely 82.7% in 2020, and 77.7% in 2021. Based on SIMFONI PPA data in 2020 and 2021, among the 4 districts in Central Sulawesi, Palu City had the highest violence against children cases in the two years at 41.8% (in 2020) and 38.0% (in 2021), followed by Parigi Moutong, Sigi, and Donggala Regencies in 2021 as depicted in the graph below:



**Graph 5.** Percentage of violence against children victims in Central Sulawesi based on district/city and year

Similar to the other three provinces, SIMFONI PPA 2020 and 2021 data show that sexual violence is the highest type of violence in North Maluku Province. From a total of 31 cases, the proportion of sexual violence increased from 8 cases (66.7%) in 2020 to 16 cases (84.2%) in 2021, followed by psychological violence and physical violence, as shown in the graph below:



**Graph 6.** Percentage of violence against children types in North Maluku based on district/city and year

Meanwhile, data from the North Maluku Province Women’s and Children Protection Service shows that the number of sexual violence cases in 2022 (as of July) has reached 16 cases. These violence against children cases come from direct complaints (2 cases in 2021 and 16 cases as of July 2022) and referrals (17 cases in 2021 and 3 cases as of July 2022). Meanwhile, cases recorded by the Daur Mala NGO in 2020 were 37 violence against children cases, and in 2021 there were 19 cases.

**Budgeting**

The budget here is the central and regional government budget for social protection programs and services, and the proportion of the government budget that is given directly to victims of child abuse, and the budget that can reach them indirectly. This is a form of government commitment to addressing poverty and vulnerability of child victims of violence. At the central level, there has been a budget



allocation for social assistance under the social rehabilitation component which is a program of the Ministry of Social Affairs and specific assistance under the Ministry of Women Empowerment and Child Protection, but the percentage was not found. This research did not specifically calculate the budget of the central, provincial, or city/district governments for child protection and social protection. However, a study of budget planning, the budget allocation for social protection of child victims of violence is relatively small. The Ministry of Women Empowerment and Child Protection and the Office that handles Women Empowerment and Child Protection affairs allocate a budget for the fulfillment of children's rights and special protection of children. According to a source from National Development Planning Agency, the child protection budget is divided into a budget for the fulfillment of children's rights and special protection of children. The budget allocation for the fulfillment of children's rights spread across several related sectors, for example in the field of education, is quite large, but the budget allocation for special protection of children is still relatively small, around 0.02% of the budget. Meanwhile, in the regions, in general, the budget for child protection is used together with women's protection. This budget allocation is also not large. Then, for social rehabilitation and social reintegration services themselves, the budget allocation must be shared with 25 other Social Welfare Problem Sufferers which are also the responsibility of the Social Affairs Department. In addition, in the regions in general, the social protection budget allocation is used more for programs related to data collection and assistance for the poor where child victims of violence are not one of the criteria for beneficiaries.

### **Coverage**

Coverage is the number and proportion of child victims of violence who benefit from social protection programs and those who are excluded. This is because child-sensitive social protection aims to progressively realize full coverage of children in need. The data obtained in this research does not specifically describe social protection for child victims of violence. However, referring to the definition of social welfare which includes social rehabilitation, social security and social protection, this section describes the proportion of children who receive social rehabilitation services and other social assistance including during social reintegration services. However, as a note, social rehabilitation and social reintegration services themselves are not always in the form of social assistance, but can be in the form of counseling services or other psychological assistance. In addition, for social rehabilitation assistance, there is also an attention program organized by the child service center, but the beneficiaries of this program are not only child victims of violence. SIMFONI PPA data shows that of the 3596 children who received complaint services in 2020, only 26% received social rehabilitation services and 5% received social reintegration services. In 2021, out of 5071 complaints, 24% received social rehabilitation services and 5% received social reintegration services. In West Kalimantan Province, out of 19 cases, 4 children received social reintegration services. Meanwhile, in Central Sulawesi Province, out of 235 children served in complaints in 2021, only 2 children received social rehabilitation services and 1 child received social reintegration services. Donggala Regency, in 2020, out of 22 children who were victims of violence, there were 4 children whose families were proposed to become Beneficiary Families and 2 children received social assistance. In DKI Jakarta Province, funds for social rehabilitation in 2020 were found to cover 2,547 children and women, where victims of violence were assisted, and 99.33% of children who were victims of violence received comprehensive services. Meanwhile, in 2021, there were 9,531 children receiving social assistance, but the percentage of children who were victims of violence was not found.

### **Accessibility and Exclusion**

Some challenges to access social assistance services; namely: Article 2 Paragraph (2) of Government Regulation Number 39 of 2012 concerning the Implementation of Social Welfare states that victims of violence, exploitation, and discrimination are one of the priorities for receiving social welfare services. However, it seems that this Regulation is not yet known and understood by many stakeholders, especially at the regional level.

In general, social assistance is given to beneficiaries who are already registered in the Integrated Social Welfare Data. In this research, most families in which children are victims of violence were facilitated by social workers from the Ministry of Social Affairs to enter the Integrated Social Welfare Data. This may be because they are under one roof at the Social Service, making coordination easier. However, not all children who are victims of violence can benefit from Family Hope Program, for example in Kubu Raya Regency, the family of the victim's child did not receive Family Hope Program benefits even though the family was included in the Human Development Cadre. This is because the number of people covered by the Family Hope Program program in one family is limited to 4 people.

In addition, according to information from research sources, if one family has received Family Hope Program assistance, then the family cannot receive other social assistance. Likewise, if there is already one child of elementary school age, then the second child who is still in elementary school also cannot get Family Hope Program assistance. Another exclusivity occurs when a child who is a victim of sexual violence becomes pregnant. In general, these pregnant children are no longer able to continue their education, therefore they also cannot get Family Hope Program assistance. However, children can still get attention assistance from the nearest center. For Social Rehabilitation Assistance assistance carried out at the Center, it is also a challenge to access it. In addition to the number of centers that are still limited, there are still around 41 centers/workshops. In addition, one center can receive referrals from several regions so it takes time to process referrals. For example, the Dikopotowe Center in Central Sulawesi, in addition to receiving referrals from Central Sulawesi, this area also receives referrals from West Sulawesi and Maluku.

### **Adequacy**

Adequacy is the budget value for social protection and an assessment of whether the budget is sufficient to address the problems of child victims of violence against children. The research results illustrate that the adequacy value of social assistance received is still subjective and varies in each region. At the central level, informants said the assistance they received was sufficient. In DKI Jakarta, the budget for social assistance for children to meet basic needs is IDR 300,000/child/month. In the case of victims in Sigi Regency who received Family Hope Program, the assistance of IDR 300,000 per three months was felt to be insufficient to meet basic needs. For example, for pregnant child victims of sexual violence, Family Hope Program assistance of IDR 300,000 was not enough to meet basic needs or recovery needs. In addition, Family Hope Program is distributed every 3 months or there are 4 transfers in one year. Another respondent in Kubu Raya felt that the cash assistance from the Social Rehabilitation Assistance program that the beneficiaries received of IDR 2,000,000/year to finance the fulfillment of basic needs (basic needs and nutrition) for his child who was a victim of violence was felt to be very helpful for the victim and family. Moreover, the victim is a disabled person who suffers from Down syndrome and his mother has a mental disorder. In addition, studying from the budget side, the budget allocation for social protection in the region is also focused on data collection, so the budget allocation for social assistance for Social Welfare Service Needs is considered still insufficient.

### **Accuracy**

Appropriateness is whether the social protection program burdens children and their families and can cause harm to children or is appropriate to their problems. Services for child victims of violence should be provided based on the results of a comprehensive assessment, so that all children's problems can be resolved. However, to build a system like this, human resources with adequate competence are needed, supported by policies. Referring to the results of this research, in addition to existing policies that do not fully support the fulfillment of the rights of children with disabilities, in general, the competence of human resources is also still relatively limited. There are still many officers who have not received training related to child protection such as child safeguarding, CRC and policies related to social welfare for children. Lack of knowledge related to child protection makes service officers less sensitive to the needs of children with disabilities and interpret existing policies partially. The supervision system has not been established or is not running so that there is no mechanism that can help service providers to carry out their roles optimally.

### **Adaptability**

For service products in the form of specific assistance from the Ministry of Women Empowerment and Child Protection and social assistance service products as part of social rehabilitation from the Ministry of Social Affairs, both of these service products can be provided to child victims of violence according to the child's problems and needs, and it depends on the situation and conditions. One of the examples is that specific assistance can be provided because the child is affected by Covid-19. Therefore, both types of social assistance have good adaptability including the very diverse conditions of child victims of violence.

### **Acceptability**

Services through Friends of Women and Children (Sahabat Perempuan dan Anak - SAPA 129) at the Center can connect beneficiaries with Women and Children's Services and Social Protection services in the regions. According to beneficiaries, when they contact services at the center, they can be directly connected to Regional Technical Implementation Unit for the Protection of Women and

Children services in Tangerang and Magelang. Assistance to protect their children who are victims of violence, efforts to find parents or caregivers while the child's mother is still in Malaysia, social assistance and facilitation of educational services while the child is in temporary shelter, as well as assistance for the return of the mother from Malaysia and the reunification of the mother and child are highly appreciated by beneficiaries. They feel satisfied and facilitated. A similar thing was also felt by beneficiaries in DKI Jakarta, social assistance in the form of stall contents became a source of income for daily needs and school. This proves that social assistance, both specific assistance, Social Rehabilitation Assistance, and Family Hope Program can be accepted and beneficial for children and their families and are in line with local social and cultural norms.

Research results in West Kalimantan show that social rehabilitation services and Family Hope Program have positive impacts, including making beneficiaries braver, restoring their psychological condition so that children can continue their education, easing the economic burden on families and enabling children to obtain their basic rights such as health.

### ***Transparency and Accountability***

Public knowledge about various child protection and social protection service products is still limited, including information that victims of violence can get specific assistance and social assistance is very rarely known by the public. Likewise, information about the mechanism and flow of getting social assistance is not widely known by child victims of violence, their families, and the community. For accountability, so far there is still a lack of information and literacy about accountability among the community.

### ***Responsibility and Complementarity***

Social assistance service products in social rehabilitation and Family Hope Program are two complementary social assistance products. Both have different targets in which the target of social assistance in social rehabilitation is individuals while the target of Family Hope Program is families. From one source it is conveyed that the initial idea of developing Family Hope Program is to prevent child poverty with the target of reducing poverty from families where children are. Thus, in the development of Family Hope Program, children's rights have been considered and in the education component there are targets for school children. However, as a poverty alleviation program, the criteria for Family Hope Program are poor families, while children who are victims of violence do not all come from poor families, and findings in several areas show that children who are victims of violence can be registered as Family Hope Program recipients if they come from poor/unable families. However, this happens because social workers have the ability to understand the needs of violence victim children and their families. However, it is not the other way around for Family Hope Program assistants. There are still Family Hope Program assistants who do not have the sensitivity to detect violence victim children from their beneficiary family. Therefore, there needs to be an increase in knowledge and skills for violence against children assistants on how to carry out early detection for children from vulnerable families.

### ***Participation***

The standard of child protection services and the implementation of Social Rehabilitation Assistance services use a case management approach. In this approach, there are stages of intervention planning, monitoring and evaluation in which beneficiaries can convey their hopes, agreement on the service interventions they will receive and the developments they feel during and after receiving services, both positive and negative. However, in reality, this process is not consistently applied. For example, a resource person from Kubu Raya Regency said that Department of Women's Empowerment, Child Protection, Population Control, and Family Planning, Regional Technical Implementation Unit for the Protection of Women and Children and Social Workers have not conducted an evaluation related to the performance of the implementers, evaluation of the satisfaction of service recipients either in the form of filling out questionnaires or other methods in order to measure satisfaction with services filled out by victims or families of victims has not been carried out. Meanwhile, another resource person from Sigi Regency stated that in the hall/center, children and families receiving services are always monitored for their development. In the monitoring process, children and families can convey the developments or progress they feel and whether there are other needs that are still felt necessary. Therefore, in specific assistance programs, social assistance under social rehabilitation or family hope program, children have not been involved and participated in the design, monitoring and evaluation. Children are only involved in needs assessments when social assistance is going to be provided.

## Conclusion and Suggestion

### Conclusion

The conclusion of this study highlights three areas, namely the legal substance, structure, and culture of the child protection system and social protection for child victims of violence at the national level and 4 research locations. In terms of legal substance, at the national level there is a formal legal basis for the integration of CP and SP services, however, derivative regulations at the Ministry 1 and regional levels still encounter obstacles to the integration of these two services. One of the social rehabilitation programs at the Ministry of Social Affairs shows the provision of social assistance for child victims of violence with poverty/neglect as a requirement. Other social protection programs such as the Family Hope Program, Recipients of Health Insurance Contribution Assistance, and Smart Indonesia Program have not been integrated with CP services. In terms of structure, there are still requirements for program recipients that are not integrated between CP and SP programs, there are gaps in the integrated procedural mechanism system between CP and SP services, there is no integrated data system for CP and SP services and the weak implementation of case management that integrates CP and SP and the lack of socialization and capacity building for officers related to the child sensitive social protection paradigm. Legal substance:

- 1) There is a formal legal basis that states the mandate for the integration of child protection services and social protection for child victims of violence at the central level, namely the Law to the Ministerial Regulation, namely the Social Welfare Law, the Child Protection Law, and the Crime of Sexual Violence Law, as well as the Ministerial Regulation on Social Welfare Center/ Integrated Service and Referral System, and Social Rehabilitation Assistance and in 3 provinces (DKI Jakarta, Central Sulawesi, and West Kalimantan).
- 2) The Ministry of Social Affairs Regulation on social rehabilitation services as a breakthrough in the integration of all services without distinguishing between beneficiaries and types of services has emphasized the integration of child protection services and social protection through social assistance for child victims of violence, with individual beneficiary targets and according to the results of the assessment of the child's problems and needs. Social assistance in this form is an opportunity for child victims of violence to receive social assistance (social protection). In several related policies, social protection in the form of social assistance under the Ministry of Social Affairs' social rehabilitation program is intended for the underprivileged, so that only underprivileged child victims of violence can receive it.
- 3) There is no integrated policy between CP services and Social Protection related to the Family Hope Program, Recipients of Health Insurance Contribution Assistance, and Smart Indonesia Program, and so on, both between institutions and within the Ministry that has the main tasks and functions.

Structure and culture: The integration mandate that has been stated in the policy at the national level has experienced various challenges at the structural and cultural levels, as follows:

- 1) Requirements. Viewed from the side of social assistance under the Family Hope Program program, the main reason why child victims of violence (who are unable/poor) are not included as recipients of the Family Hope Program social protection program is because the dimension of child violence is not included as a form of Child Special Protection Index.
- 2) Flow and mechanism.
  - a. The Service Standards have mandated referrals for child victims of violence to social protection programs, but there is no flow and mechanism (SOP) to regulate this.
  - b. An integrated data collection system has not been built between child protection services and social protection to facilitate referrals for child victims of violence from child protection services to social protection services.
  - c. Weak implementation of case management, especially the weak assessment process and recommendations for case intervention recorded in the Case Report as a tool that must be attached to the referral process for child victims of violence from the public complaint stage to the termination stage, both referrals within the institution and between service providers, so that the needs of the victim are known from the beginning (recipient of the complaint) to the end (termination of services).
  - d. The regulation on social rehabilitation has become a guideline for 41 centers in providing integrated social rehabilitation services under the Ministry of Social Affairs, while the need in the regions for integrated and non-specialized services as proposed by Social



Rehabilitation Assistance is very much needed, therefore this integrated rehabilitation service must also be adopted down to the district/city level.

- 3) Family Capacity Building Meeting assistance materials have included materials on child protection containing prevention of violence and mistreatment of children. This reflects the integration of prevention of violence against children in the family hope program. However, this is not accompanied by the provision of SP services for child victims of violence in family hope program. In addition, it is not yet known whether the family hope program facilitators understand Women and Children's Services services with a case management approach and the Social Rehabilitation Assistance program.
- 4) Weak implementation of case management, especially the weakness of the assessment process and case intervention recommendations recorded in the Case Report as a tool that must be attached to the referral process for child victims of violence from the public complaint stage to the termination stage, both referrals within the institution and between service providers, so that the needs of the victim are known from the beginning (receiver of the complaint) to the end (termination of services).
- 5) Lack of socialization to policy makers and planners about the long-term impacts of violence against children that can disrupt children's welfare in the future.

### Suggestions

This recommendation highlights the need for integration of social protection and protection of child victims of violence both from the level of legal substance and policy at both the national and regional levels, structure, and culture. Several important steps include the preparation of referral SOPs for integrated service flows, strengthening child violence data in the Social Welfare Information System, as well as increasing the capacity of service human resources and developing the capacity of officers related to child sensitive social protection and child safeguarding. Legal basis and SOPs are needed to ensure the sustainability of child-sensitive social services and support.

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