Journal of Social Science
Homepage : https://ijss.antispublisher.com/index.php/IJSS
Email : admin@antispublisher.com

e-ISSN : 3047-4647
IJSS, Vol. 3, No. 4, December 2026
Page 1-10
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Journal of Social Science

Implementation of Special Protection in The Recovery of Child Victims of Violence in West Aceh District

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DOI : https://doi.org/10.61796/ijss.v3i4.151

Sections Info
Article history:
Submitted: August 13, 2026
Final Revised: September 07, 2026
Accepted: Oktober 16, 2026
Published: November 05, 2026
Keywords:
Special Child Protection
Child Victims of Violence
Child Recovery
Legal Protection
West Aceh Regency

ABSTRACT

Objective: *This study analyzes the implementation of special child protection recovery in West Aceh Regency and identifying the constraints affecting its delivery.* ***Method:*** *It applies an empirical legal method with a qualitative descriptive approaches. Primary data were obtained through directed interviews with representatives of the local child protection service unit, a counselor, and a psychologist. Secondary data were drawn from downloadable regulations, reports, and scholarly publications.* ***Results:*** *The findings indicate that protection is delivered through personal safety education, social rehabilitation, psychosocial assistance, temporary placement in a safe house, and assistance throughout legal proceedings. Interagency coordination is present, yet continuity of care remains limited. The main constraints are unequal educational outreach, inadequate child mental health facilities, social stigma, shortages of trained professionals, and insufficient budgets. Viewed through the legal structure, substance, and culture framework, the implementation gap is concentrated in service capacity and social acceptance.* ***Novelty:*** *The study recommendations an integrated case management protocol, sustainable financing, a mental health referral network, and a local policy guaranteeing long-term recovery.*

INTRODUCTION

Children are rights holders whose survival, growth, development, participation, and protection must be guaranteed. Within the framework of a state governed by the rule of law, child protection does not stop at normative recognition but must be realized through accessible policies, institutions, services, budgets, and oversight mechanisms. Law Number 35 of 2014 affirms that child protection is all activities to guarantee and protect children and their rights so that they can live, grow, develop, and participate optimally, while being protected from violence and discrimination [1]. Government Regulation Number 78 of 2021 further clarifies the obligations of the central government, regional governments, state institutions, and the community in implementing special protection for children [2].

The need for special protection arises when a child is in a situation that threatens their safety, health, development, or social functioning. In such circumstances, recovery must be understood as an ongoing process, not a one-time action upon detection. Recovery includes needs assessment, immediate protection, health services, psychological support, social rehabilitation, family strengthening, legal assistance, and safe reintegration. National guidelines define the handling of child victims of violence as

a cross-sectoral task that requires coordination from the receipt of the report to post-service monitoring [3].

A child protection systems approach demands a link between prevention and response. UNICEF emphasizes that Indonesia has a strong policy foundation, but implementation at the regional level still faces program fragmentation, coordination, financing, data quality, and service workforce capacity [4]. System strengthening must therefore encompass case management, service standards, referrals, professional staff, integrated information, and traceable financing [5]. This perspective is relevant for assessing implementation in West Aceh Regency because the district government is the level of government closest to children and families.

A 2025 research report from Teuku Umar University showed that services in West Aceh Regency involved the Women's Empowerment and Child Protection Agency, integrated service centers, psychologists, law enforcement officers, health workers, religious leaders, and families. Services included self-protection education, psychosocial support, social rehabilitation, safe houses, and support throughout the legal process. Although service elements were available, field reports also revealed issues with equitable access, continuity of therapy, limited mental health facilities, social stigma, and budgetary support [6].

This issue can be interpreted through legal system theory, which positions legal structure, legal substance, and legal culture as interconnected elements. Adequate legal substance does not automatically result in effective protection if the implementing structure lacks capacity or if the community culture does not support reporting and redress. Conversely, institutional coordination will not be sustainable without clear mandates, standards, and funding. Studies on the role of local governments also indicate that the fulfillment of children's rights must be integrated into development planning, cross-regional programs, and consistent oversight [7].

Children's recovery must also address mental health. WHO and UNICEF guidelines emphasize that services for children and adolescents need to be easily accessible, child-centered, involve families safely, respect confidentiality, and be linked to education and social protection. Responses that provide only initial support without assessment and follow-up risk leaving long-term needs unaddressed [8]. Therefore, the quality of implementation needs to be assessed by the sustainability of results, not solely by the number of activities.

Based on this background, this study poses two questions. First, how is the implementation of special protection in the recovery of child victims of violence in West Aceh Regency? Second, what obstacles influence the effectiveness of its implementation? This study aims to describe existing protection practices, analyze them based on the framework of legal structure, substance, and culture, and formulate recommendations for integrated and sustainable services.

RESEARCH METHOD

This research is an empirical legal study using a qualitative descriptive approach. An empirical legal approach is used to examine how child protection provisions operate in practice, including the relationship between norms, implementer behavior, organizational capacity, and social conditions. Normative analysis of regulations is combined with field data to more accurately identify gaps between provisions and implementation.

The research location was West Aceh Regency, focusing on local government service units that handle the protection of women and children. Informants were selected purposively based on their direct involvement in services. The informants included the head of the technical implementation unit, one counselor, and one psychologist. This selection was intended to obtain information on policy management, mentoring implementation, and children's psychological needs. Children's identities and case details are withheld to protect their best interests, privacy, and security.

Primary data was obtained through focused interviews conducted in August 2025. Interview topics covered the report acceptance process, assessment, education, social rehabilitation, psychosocial assistance, safe houses, legal assistance, referrals, coordination, staffing needs, financing, and monitoring. Secondary data consisted of laws and regulations, institutional reports, service guidelines, and national and international scientific articles available in downloadable format. The use of downloaded sources was intended to ensure traceability of materials and facilitate verification.

The analysis was conducted in four stages. First, interview and document data were reduced based on service themes, barriers, and strengthening needs. Second, findings were grouped into dimensions of structure, substance, and legal culture. Third, findings were compared with specific protection standards, mental health services, multisectoral approaches and financing governance. Fourth, conclusions were drawn inductively, paying attention to consistency between primary and secondary sources. Data validity was strengthened through source triangulation, comparison of information between informants and cross-checking with regulations and literature.

This research applies child protection principles to data management. The article only presents institutional information and implementation patterns. It does not include names, identities, addresses, detailed chronologies, or other information that could lead to the identification of children. The discussion focuses on system evaluation and service improvement, not on reproducing individual experiences.

RESULT AND DISCUSSION

Result

Special Protection Implementation Architecture

The research results show that the implementation of special protection in West Aceh Regency has basic components, including receiving reports, coordination, mentoring, safe houses, psychological support, social rehabilitation, and assistance during the legal process. The primary role is played by the women's and children's

protection unit, which coordinates with the integrated service center, psychologists, police, health workers, religious leaders, schools, and families. This pattern demonstrates a multi-sectoral service structure , although the intensity of involvement of each element is not always the same at each stage.

From a legal structure perspective, the existence of several institutions is crucial. Guidelines for handling child victims of violence require clear role allocation, rapid response, referrals, recording, and monitoring [3]. The WHO also emphasizes the need for health system strengthening and cross-sector collaboration, as the impact of violence can impact physical health, mental health, education, and quality of life [9]. Field findings indicate that coordination is easier in the initial phase, while long-term recovery requires more consistent protocols and resources.

Normatively, the legal substance has provided a strong foundation. The Child Protection Law [1] outlines the obligations of the central and regional governments, while Government Regulation Number 78 of 2021 [2] regulates special protection, prevention, handling, services, coordination, monitoring, and community participation. Ministerial Regulation Number 4 of 2024 of the Minister of Women's Empowerment and Child Protection (PPPA) [15] adds the principle of responsive services to fulfill children's rights in terms of management, facilities, service products, and service providers. The challenge lies in translating general norms into uniform and auditable regional operational standards.

Table 1 summarizes the correspondence between the normative and practical components found.

Table 1. Components of special protection implementation in West Aceh Regency

No.	Component	Practices found	Need for strengthening
1	Education and prevention	Outreach through schools and local networks	Regular schedule, child-friendly materials, equal distribution to remote areas
2	Immediate protection	assessment, emotional support, safe house if needed	Risk protocol, flexible duration based on assessment
3	Social rehabilitation	Counseling, social guidance and family support	Individual recovery plans and outcome monitoring
4	Mental health	Initial counseling by a psychologist	Clinical referrals, ongoing therapy and additional staff
5	Legal assistance	Assistance from reporting to trial	Rights information, child-friendly communication and continuity of support
6	Reintegration	Return to family or social environment	assessment, school support and follow-up

Self-Protection and Prevention Education

Education in West Aceh Regency is conducted in collaboration with schools and local service providers. The material focuses on personal safety, respect for dignity, religious values, morality, the courage to seek help, and an introduction to available services. This practice aligns with the INSPIRE approach, which prioritizes education and life skills, norms and values, caregiver support, safe environments, law enforcement, economic empowerment, and response services as complementary strategies [10].

However, these activities have not been conducted routinely and have not reached all regions evenly. Schools in urban areas are more receptive to the program due to easier access to transportation, personnel, and coordination. Areas far from government centers face travel costs, limited facilitators, and limited supporting facilities. This disparity is crucial because protection must be universal while also paying greater attention to groups with the most limited access.

Prevention cannot be achieved through one-way lectures. Programs need to use age-appropriate materials, participatory methods, involve teachers and caregivers, provide easy-to-understand complaint channels, and provide simple evaluations to ensure children know where to turn for help. Protection education must also be integrated with safe school policies, foster parenting, and non-victim-blaming public communications. These principles can reduce cultural barriers and build a more conducive legal culture.

Social Rehabilitation and Psychosocial Assistance

Social rehabilitation includes counseling, spiritual guidance, educational activities, social support, and facilitation to help children return to their daily lives. Psychosocial support begins upon admission to create a sense of security and reduce stress. If there is a risk to their safety, the child can be temporarily placed in a safe house. This placement is an initial protective measure and should not be considered the sole measure of recovery success.

The main weakness lies in continuity. Initial counseling is available, but in-depth mental health services and long-term monitoring are not always possible. The WHO and UNICEF state that children's mental health services should be rights-oriented, evidence-based, integrated into the community, and have clear referral pathways [8]. Because each child's needs are unique, recovery plans should be based on individual assessments , periodically reviewed, and agreed upon by a team, while still listening to the child's perspectives, appropriate to their age and maturity.

Recovery also requires support from family and community. Children may struggle to return to school, withdraw, lose their sense of security, or face unsupportive social responses. Therefore, interventions should focus not only on the individual but also on caregiver readiness, home security, school acceptance, healthy peer networks, and access to social services. UNICEF places family-based support and strengthening social workers as essential components of a responsive child welfare system [11].

Integrated case management can enhance continuity. Each case should have a designated person in charge, assessment results , service plan, referral schedule, progress notes, service termination criteria, and follow-up plan. Interprofessional case meetings should be conducted without disclosing information beyond the service needs. This ensures confidentiality is maintained and decisions are not dependent on a single agency.

Assistance in Legal Processes

Assistance has been provided from the reporting stage, through examination, prosecution, and trial through collaboration between service units, law enforcement officials, and psychologists. The goal is to provide information, reduce stress, safeguard the child's best interests, and prevent stressful experiences during the legal process. Effective legal protection requires simple communication, confidentiality, limiting unnecessary repetition of questions, a secure examination room, and the presence of a trusted companion.

Rachmanto's study shows that a legal framework for child protection is in place, but its effectiveness depends on the actual implementation of victims' rights [12]. Meanwhile, advocacy policy studies emphasize the importance of combining procedural rights and service models so that children are not only sources of information in cases but also recipients of recovery services [13]. Findings in West Aceh reinforce the view that legal assistance must be linked to psychosocial and social services.

The quality of support can be strengthened by having one primary support person follow the process from start to finish, as long as it aligns with the child's needs, rules, and preferences. Changing support persons without transition can potentially undermine trust and force the child to repeat information. Furthermore, the completion of the legal process should not automatically end support. Recovery can take longer than the legal process, so programs need to provide follow-up after a legal decision.

Constraints of Legal Structure, Substance, and Culture

First, legal structural constraints are evident in the limited professional staff, child mental health facilities, transportation access, data systems, and budgets. The burden of services can be concentrated on a small number of staff, while case needs are complex and cross-sectoral. UNICEF notes that child protection funding in Indonesia remains dispersed across various ministries and levels of government, making tracking spending, coordination, and quality evaluation difficult [5]. At the district level, similar issues arise when activities are available, but components of follow-up therapy, family support, and monitoring lack fixed funding.

Second, in terms of substance, national regulations are relatively comprehensive, but their operationalization at the regional level has not yet been fully outlined in an integrated protocol. Norms regarding protection obligations need to be elaborated into standards for response times, division of authority, referral mechanisms, service approvals, data confidentiality, recovery indicators, complaint handling, and service audits. Without such detail service quality can vary depending on staff availability and budget constraints.

Third, legal culture creates barriers through stigma, the belief that children's problems should be kept private, concerns about the family's reputation, and limited access to psychological services. These attitudes can reduce reporting, delay assistance, and complicate reintegration. A norm-changing approach requires involving religious leaders, traditional leaders, schools, health workers, village governments, families, and the media, with messages centered on children's safety and dignity.

Fourth, geographic factors interact with all elements of the legal system. Distance increases service costs, reduces the frequency of visits, and complicates monitoring. Simply adding activities at district centers is an inadequate solution. Mobile service points, liaison officers in sub-districts or villages, secure remote consultations, transportation support, and a unified visit schedule are needed. The use of technology must be accompanied by data security protocols and the option of in-person services.

Fifth, performance measurement still tends to focus on outputs, such as the number of activities or cases assisted. However, the quality of recovery requires more meaningful outcome indicators, such as a sense of safety, school continuity, compliance with referrals, family functioning, availability of social support, reduced risk of recurrence, and child satisfaction with services. These indicators must be used carefully, without coercing children and turning services into a burdensome administrative process.

Integrated Service Strengthening Model

Based on the findings, the strengthening model needs to be based on five elements. First, a single, easily accessible service point, while still allowing reporting through schools, health facilities, the police, village governments and the community. Each point of entry must use the same referral mechanism to ensure that children do not lose access simply because they report to different agencies.

Second, case management with a single person in charge and a multi-professional team. The initial assessment should cover safety, health, psychological well-being, family support, education, legal needs, and social risks. A service plan is collaboratively developed, updated periodically, and closed only after clear criteria have been met. In certain situations, cases can be reopened if risks arise.

Third, a multi-level mental health network. Basic services can be provided by trained counselors, while more complex needs are referred to clinical psychologists, child psychiatrists, hospitals, or other competent facilities. Local governments can establish collaborative agreements with regional facilities and provide transportation costs or secure long-distance services. Child mental health guidelines emphasize that community services must be connected to specialist services and provide cross-sector support [8].

Fourth, needs- and results-based financing. The budget should cover prevention, emergency response, safe houses, health checks, counseling, follow-up therapy, legal assistance, educational support, officer training, transportation, data systems, and evaluation. Child protection budget tagging can be used to help local governments understand spending levels, gaps, and effectiveness. Strengthening financing also helps reduce reliance on ad hoc activities.

Fifth, regional policies that foster coordination. Qanuns or regional head regulations can establish service principles, regional apparatus duties, team formation, reference standards, financing, data protection, community participation, and periodic evaluations. The Child-Friendly Regency/City Instrument emphasizes the importance of integrating children's rights into planning, budgeting, implementation, monitoring, and evaluation at all regional levels [14]. These regional policies must avoid duplication and be formulated based on a clear service mapping.

Discussion

Policy Implications and Research Limitations

The first policy implication is the need to shift the orientation from activity-based care to system-based protection. Counseling, outreach, and mentoring remain important, but they must be placed within a service chain that has objectives, standards, responsible parties, and outcome indicators. Regional planning can begin with service mapping and gap analysis in each sub-district. The mapping results are then used to determine the need for personnel, facilities, transportation, referral collaboration, and financing. With this approach, budget increases are not independent but directly linked to children's needs and the quality of services desired.

The second implication relates to data governance. Child protection data is essential for planning and evaluation, but it poses high risks if managed without access restrictions. Local governments need to implement the principles of minimum data collection, user restrictions, access logging, secure storage, and destruction in accordance with retention periods. Public reports should only present aggregated data and should not contain details that could allow identification. Data systems should also differentiate between administrative records, information for case management, and data for research to ensure clarity regarding their intended use.

The third implication is sustainable capacity development. One-time training is not enough to ensure consistent practice. Officers need supervision, anonymous case discussions, work guidelines, welfare support, and professional referral mechanisms. Officers' emotional burdens also need to be addressed to prevent a decline in decision-making quality. Local governments can collaborate with universities for training, evaluation, instrument development, and policy research without assuming responsibility for public services.

This study has limitations. The number of informants was limited to three key positions and did not cover all regional officials, schools, health facilities, law enforcement officers, village governments, families, or service users. The study also used a descriptive design for a single period, thus failing to measure changes in children's conditions over time. These limitations make the findings more appropriate as an initial evaluation of implementation patterns, rather than a comprehensive assessment of all cases and institutions. Further research is needed using a broader institutional sample, budget analysis, referral pathway audits, and longitudinal evaluations with strict ethical safeguards.

CONCLUSION

Fundamental Finding: The implementation of special protection for the recovery of child victims of violence in West Aceh Regency has been ongoing through self-protection education, social rehabilitation, psychosocial assistance, safe houses, family support, and assistance during the legal process. An inter-agency coordination structure has been established, and national legal substance provides an adequate basis. However, these services are not yet fully equitable, comprehensive, and sustainable. Key gaps lie in regional coverage, availability of child mental health services, continuity of therapy, number of professionals, case management systems, budget support, and social acceptance. **Implication:** From a legal perspective, implementing structures require capacity building and funding; national substance requires operationalization through regional protocols; and legal culture requires a community-based approach that reduces stigma and facilitates seeking help. Successful recovery is measured not solely by the completion of initial assistance or the legal process, but by a sense of security, social functioning, educational continuity, family support, and a reduced risk of relapse. As a first step, local governments can establish biennial action plans with realistic targets, appoint cross-regional coordinators, and publish aggregate evaluation reports annually. Universities can support the development of indicators, training, and independent evaluation. All of this strengthening must maintain the child's rights, maintain confidentiality, use non-blaming language, and ensure that access to services is not dependent on economic capacity, location of residence, or family social status. **Limitation:** Regional policies should include service standards, coordination, data protection, outcome indicators, and evaluation mechanisms. Public education should involve schools, village governments, religious leaders, traditional leaders, families, health workers, and children in a safe and age-appropriate format. **Future Research:** The West Aceh Regency Government is advised to establish an integrated service protocol based on case management, assign a person in charge for each case, expand the mental health referral network, guarantee long-term recovery funding, and provide a mobile service strategy for hard-to-reach areas. Future research could evaluate service user experiences, budget capacity, and recovery outcomes longitudinally, with strict ethical procedures in place.

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