

Social Work Practice in Social Rehabilitation for Child Survivors of Sexual Violence in Indonesia

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ABSTRACT:

Background:

Sexual violence against children constitutes a serious violation of human rights, with profound physical, psychological, and social consequences that require comprehensive and sustained responses; within this context, such violence is closely linked to gendered power relations and vulnerabilities shaping children's experiences and recovery processes.

Objective:

This study aims to examine social work practices in social rehabilitation for child survivors of sexual violence at an Integrated Service Center Pangudi Luhur Bekasi, Indonesia.

Methods:

A qualitative phenomenological approach was employed, with data collected through in-depth interviews, observations, and document analysis involving five purposively selected informants, consisting of three social workers, one acting head of the center, and one administrative head; data were analyzed through reduction, display, and conclusion drawing.

Results:

The findings indicate that social rehabilitation is implemented through stages including assessment, service planning, interventions across family, community, and residential settings, as well as monitoring and post-service support, with social workers performing multiple professional roles within a survivor-centered approach.

Conclusion:

The study concludes that strengthening professional capacity, cross-sector coordination, and inclusive strategies is essential to support the sustainable recovery of child survivors.

Keywords: Social work practice, sexual violence, child survivors, social rehabilitation, Indonesia

1. Introduction

Sexual violence constitutes a serious violation of human rights, involving non-consensual acts with sexual connotations that result in harm and distress for those affected (Sari et al., 2022). It may take the form of coercion, threats, or pressure to engage in sexual activities and can be perpetrated by individuals across different social contexts (Fielding-Miller et al., 2024). More broadly, sexual violence encompasses a range of acts, including rape, forced sexual relations, and other forms of abuse occurring before, during, or after sexual activity, as well as coercion into specific sexual acts or exploitation for commercial purposes (Löfström-Bredell et al., 2025). These acts are often characterized by unequal power relations, intimidation, and control, which contribute to environments of fear, silence, and vulnerability.

Children are among those most affected by these dynamics due to their developmental stage and social positioning. Sexual violence against children refers to interactions in which a child is involved with an older individual or someone in a position of authority—such as a family member, caregiver, or other known person—and is subjected to sexual exploitation (Kirk-Provencher & Jeglic, 2023). Such experiences may involve coercion, manipulation, deception, or other forms of pressure. Importantly, sexual violence does not always require physical contact and may also occur in non-contact forms, including exposure to or dissemination of sexual content (Rusyidi & Krisnani, 2020). These experiences can have lasting effects on children's physical well-being, emotional health, and social functioning.

At the global level, efforts to address sexual violence against children are grounded in a

human rights framework that recognizes children as rights holders, as reflected in the Convention on the Rights of the Child (CRC). This framework underscores the responsibility of states to prevent violence and to ensure access to recovery and reintegration services. In Indonesia, legal and policy frameworks have been developed to strengthen child protection systems; however, their implementation continues to face challenges, including limited cross-sector coordination, resource constraints, and unequal access to social rehabilitation services (Wismayanti et al., 2021).

Existing policy responses in Indonesia have often positioned sexual violence primarily as a criminal issue, leading to a stronger focus on legal sanctions for perpetrators than on the recovery needs of survivors. In practice, child survivors require approaches that prioritize protection, psychosocial support, and long-term recovery within integrated systems of care. Sexual violence may manifest in various forms, including rape, forced sexual activities, exploitation, forced marriage, and other coercive practices ((Sari et al., 2022). National frameworks also identify multiple forms of sexual violence, such as sexual harassment, exploitation, trafficking for sexual purposes, forced prostitution, and other practices involving coercion and control (Komnas Perempuan, 2019).

Empirical evidence highlights the scale and persistence of the issue. National reports indicate a substantial number of cases of gender-based violence, including sexual violence, occurring in both public and private spheres (Komnas Perempuan, 2019). Data from child protection institutions show that cases of violence against children remain consistently high, with sexual violence representing one of the most reported

forms (Komnas Perlindungan Anak, 2023). Regional data further indicate that West Java records one of the highest numbers of reported cases in Indonesia. These patterns reflect broader structural conditions that shape vulnerability, access to protection, and the ability to seek support.

The persistence of sexual violence against children is closely related to unequal power relations that may limit children's capacity to resist or disclose harmful experiences (Januar et al., 2024). Situations involving coercion, threats, or manipulation can further constrain children's ability to seek help (Satar et al., 2021). In many cases, perpetrators are individuals within the child's immediate social environment, including those in positions of trust or authority, such as caregivers or educators. As such, sexual violence against children represents not only a legal violation but also a profound disruption to their physical, emotional, and social well-being (Mathews & Collin-Vézina, 2017).

In responding to these challenges, social work plays a critical role in supporting the recovery and well-being of child survivors. Social workers are professionals equipped with specialized knowledge, skills, and values to deliver planned, integrated, and sustained interventions aimed at restoring social functioning across individual, family, and community contexts. Through social rehabilitation processes, social workers engage in multiple roles, including facilitating access to services, providing psychosocial support, advocating for survivors' rights, and coordinating with multidisciplinary professionals. These approaches contribute to more holistic and survivor-centered responses to sexual violence.

The Integrated Service Center Pangudi Luhur in Indonesia represents one institutional context where such practices are implemented. Between 2023 and 2024, the center handled a substantial number of cases involving child survivors of sexual violence, including cases with diverse and complex needs, such as those related to health conditions, disabilities, and social vulnerabilities. These conditions highlight the importance of

context-sensitive, coordinated, and inclusive approaches in social rehabilitation practice (Pangudi Luhur Integrated Service Centre, 2025).

Based on this context, this study examines social work practice in social rehabilitation for child survivors of sexual violence at the Integrated Service Center Pangudi Luhur Bekasi. Specifically, the study addresses two research questions: (1) How are social rehabilitation processes implemented for child survivors of sexual violence? and (2) How is interdisciplinary collaboration carried out in supporting these processes?

2. Methodology

Design

This study employed a qualitative research design with a phenomenological approach to explore Social Work Practice in Social Rehabilitation for Child Survivors of Sexual Violence. A phenomenological approach was selected to capture the lived experiences and professional perspectives of those directly involved in delivering Social Rehabilitation services (Creswell & Creswell, 2023). This design enables an in-depth understanding of how practices are carried out within real-life contexts, particularly in addressing complex and sensitive issues such as Sexual Violence affecting Child Survivors.

Informant Recruitment

Informants were selected using purposive sampling to ensure relevance to the research objectives. The study involved five informants who were directly engaged in Social Rehabilitation practices at the Integrated Service Center Pangudi Luhur Bekasi. These included three social workers working with Child Survivors of Sexual Violence, one acting head of the center, and one administrative head.

The selection of informants was based on their professional roles, experience, and direct involvement in Social Work Practice within Social Rehabilitation processes. This approach ensured that the data reflected informed perspectives and practical insights related to the implementation of services for Child Survivors.

Table 1. Research Informant

Initial	Age (Years)	Gender	Role
DSW	37	Female	Social Worker
LSW	46	Female	Social Worker
HSW	35	Female	Social Worker
HC	52	Male	Head of Centre
HA	55	Male	Head of Administrative

Note. This table shows the characteristics of the informants.

Data Analysis

Data were collected through in-depth interviews, observations, and document analysis to provide a comprehensive understanding of Social Work Practice in Social Rehabilitation. The analysis followed a systematic process consisting of data reduction, data display, and conclusion drawing.

Data reduction involved selecting, focusing, and simplifying the collected information to identify key themes related to Social Rehabilitation processes. Data display was conducted by organizing the information in a structured manner to facilitate interpretation. Finally, conclusions were drawn by identifying patterns, relationships, and meanings emerging from the data, ensuring that findings remained grounded in the experiences and perspectives of the informants.

Ethical Considerations

This research was conducted with careful attention to ethical principles, ensuring respect for participants' rights, confidentiality, and anonymity. Participation was entirely voluntary, and no individual was obligated to take part in the study. Each informant was provided with a clear

and comprehensive explanation of the research purpose, procedures, and their role in the study prior to participation.

3. Results

The results of this qualitative study provide a comprehensive account of social work practice in social rehabilitation for child survivors of sexual violence at the Integrated Service Center Pangudi Luhur Bekasi, Indonesia. The results describe both the sequential stages of social rehabilitation and the interdisciplinary collaboration that supports service delivery. The presentation of results is organized according to the stages of social rehabilitation observed during the study.

Stages of Social Rehabilitation for Child Survivors of Sexual Violence

The initial stage of social rehabilitation focuses on identifying the child survivors and documenting their basic information. Informants indicated variations in how identity data were recorded and prioritized across case documentation. Based on information provided by three informants, the identity profiles of child survivors reflect diverse backgrounds.

Table 2. Results of Identifying the Child Survivors

Social Worker	Client	Gender	Age	Religion	Education
DSW	ASF	Female	15	Islam	Junior High School
LSW	SAF	Female	10	Islam	Kindergarten
HSW	NAF	Female	16	Islam	Junior High School

Note. This table shows Child Survivors Identity

The recorded data generally include initials, gender, age, religion, educational background, and place and date of birth. Informant DSW described a child survivor with the initials ASF, a 15-year-old muslim girl enrolled in junior secondary school. Informant In reported a child survivor with the initials SAF, an ten-year-old muslim girl attending kindergarten. Informant HSW described a child survivor with the initials NAF, a 16-year-old muslim girl enrolled in junior secondary school.

These variations indicate that while identity documentation follows a general structure, each case reflects unique social and demographic characteristics. Following this stage, social work practice proceeds to a more in-depth assessment to understand the impacts of sexual violence on child survivors.

The assessment stage revealed diverse conditions among child survivors, particularly in relation to mental health, emotional responses, and daily functioning. Informant DSW described a child survivor who appeared physically and emotionally stable. In contrast, In reported a child survivor who perceived the violence experienced as something normal, which was associated with previous exposure to inappropriate sexual content and relational dynamics within the family.

Informant HSW identified more complex psychological conditions in one case, including auditory hallucinations, feelings of emptiness, and emotional dysregulation, reflected in sudden changes between laughter and crying. These variations demonstrate that the impacts of sexual violence are not uniform and require differentiated responses within social rehabilitation.

Sleep patterns also varied across cases. One child survivor was reported to have regular sleep patterns, while another experienced disrupted sleep associated with recurring psychological distress. Changes in eating patterns were observed, particularly at the early stage of social rehabilitation, where decreased appetite affected daily functioning.

Anxiety was expressed in multiple forms, including fear, withdrawal, and concerns about social acceptance and future life. In some cases, child survivors avoided communication or relied on others to respond on their behalf. These conditions highlight the importance of comprehensive assessment in identifying the specific needs of each child survivor as a foundation for social rehabilitation.

Intervention planning was conducted through a case conference involving relevant professionals. The outcomes of this process were tailored to the needs of each child survivor. Informant DSW reported decisions related to educational continuity, including school relocation and provision of learning support.

Informant In described broader planning outcomes, including access to education, facilitation of administrative documents, provision of basic needs, psychosocial support, and economic support for the family. Informant HSW emphasized that the primary focus of the case conference was the recovery and well-being of both the child survivor and the family, particularly in restoring social functioning and ensuring continuity in education.

The implementation stage reflected the agreed intervention plans. This included coordination with relevant institutions, such as social services, educational authorities, and law enforcement, as well as internal coordination within the Integrated Service Center Pangudi Luhur Bekasi.

Preparation activities involved the development of case reports, planning for transition or termination processes, and coordination among stakeholders to ensure alignment in service delivery. Resource mobilization was carried out through collaboration with families, government institutions, and professionals, including psychologists, psychiatrists, and healthcare providers.

Therapeutic interventions were delivered using individualized approaches. Informant DSW emphasized motivational support, while LSW applied structured behavior modification strategies combined with psychosocial support. Informant HSW described the use of

psychosocial approaches and behavior change strategies tailored to each child survivor's condition.

Observed changes indicate positive progress in social rehabilitation. Child survivors who initially showed withdrawal became more open and engaged in daily activities. Emotional stability improved, and relationships within the family context became more supportive. In one case, significant improvement was observed within a short period, reflected in increased emotional regulation and acceptance of the situation.

At the time of the study, the termination process had not yet been fully completed and remained in the planning stage, pending confirmation of stable living conditions and continued access to education.

Interdisciplinary Collaboration in Social Rehabilitation

Interdisciplinary collaboration emerged as a key component in the implementation of social rehabilitation. Social work practice involved coordination with multiple professionals, including social counselors, psychologists, psychiatrists, and external institutions.

Internal collaboration within the service setting demonstrated strong coordination, including shared responsibilities, joint case discussions, and continuous communication to support follow-up actions. Collaboration with social counselors focused on complementary roles, where social workers provided direct support while counselors delivered educational sessions related to personal development and well-being.

Engagement with psychologists and psychiatrists was conducted when assessment results indicated the need for specialized mental health support. Collaboration with external institutions, including law enforcement, social services, and child protection agencies, ensured that social rehabilitation processes aligned with legal frameworks and supported access to essential services.

Coordination with educational institutions ensured that child survivors could continue their education without discrimination, while

collaboration with healthcare providers facilitated access to necessary health services. Overall, the results indicate that cross-sector collaboration plays a significant role in strengthening social rehabilitation and supporting the recovery of child survivors of sexual violence.

4. Discussion

Social work practice in social rehabilitation at the Integrated Service Center Pangudi Luhur Bekasi reflects an institutional response to sexual violence that is experienced within broader structures of gendered power relations, particularly affecting child survivors who are girls. As highlighted by Nandasari & Jatningsih (2022), responses to sexual violence are not only technical interventions but also represent efforts to address structural inequalities that shape vulnerability. Within this context, the availability of social rehabilitation services that integrate psychosocial and social support becomes a critical component in responding to the high prevalence of sexual violence (Hamdy et al., 2024).

The results demonstrate that social rehabilitation is implemented through a structured sequence of stages, including identification, assessment, intervention planning, implementation, monitoring, and preparation for termination. This process reflects a case management approach that aligns with established models of social work practice (Subardhini, 2025). However, the results also show that implementation is not always linear, as each child survivor's experience is shaped by distinct social, psychological, and relational contexts. From a phenomenological perspective, these variations highlight how experiences of sexual violence are interpreted differently by child survivors, particularly girls, whose understanding of violence may be influenced by prior exposure, social norms, and power relations.

The assessment stage reveals significant diversity in the ways child survivors experience and interpret sexual violence. Some child survivors perceive the violence as "normal," indicating internalized understandings shaped by unequal gender relations and prior exposure to harmful

experiences. This condition may limit recognition of harm and delay access to support. In contrast, other cases present more complex psychological responses, including symptoms such as hallucinations and emotional instability, which extend beyond common post-traumatic reactions (Keeshin & Monson, 2022). These differences reinforce the need for social work practice to adopt sensitive and individualized assessment approaches that move beyond standardized procedures.

Variations in sleep patterns, emotional responses, and communication behaviors further demonstrate that trauma is experienced in diverse ways. Child survivors may express anxiety through withdrawal, silence, or concerns about social acceptance and future life, particularly in contexts where stigma remains strong. These patterns reflect how gendered expectations and social perceptions can influence how child survivors, especially girls, process and respond to sexual violence. As such, social rehabilitation requires approaches that are not only trauma-informed but also attentive to gendered experiences and social context.

Intervention planning through case conferences demonstrates the capacity of social work practice to integrate multiple dimensions of support, including education, administrative access, economic assistance, and psychosocial recovery. While these efforts reflect effective coordination, the results indicate that intervention strategies in practice may still rely on limited approaches, such as reward-based behavior modification (Uli & Atika, 2024). This suggests a gap between existing practice and the broader range of evidence-based interventions recommended for child survivors of sexual violence (Herawati et al., 2018). Strengthening professional capacity is therefore essential to ensure that social rehabilitation fully addresses the complexity of trauma experienced by child survivors (Gomiero et al., 2026).

The observed changes in behavior, including increased openness, participation, and emotional stability, indicate that social rehabilitation can contribute positively to recovery when implemented consistently. However, the

incomplete termination stage highlights that recovery is not limited to psychological stabilization. It also involves broader processes of social reintegration, including access to stable housing and education, which may extend the duration of social rehabilitation (McPherson et al., 2025). From a gender perspective, these processes are particularly important in ensuring that child survivors are able to re-engage with their social environment without stigma or exclusion (Caluaco et al., 2025).

The effectiveness of social work practice is closely related to the professional capacity of social workers and the institutional conditions in which they operate. High caseloads, as identified in the results, may limit the ability of social workers to provide individualized and trauma-informed support (Ramírez et al., 2023). This condition reflects structural challenges that may affect the quality of social rehabilitation and requires attention to workload management and professional development (Kurniasari, 2018). In addition, the reluctance of child survivors to disclose their experiences highlights the importance of building trust through sensitive and respectful engagement (Kam, 2019).

The results also indicate that intervention focus may shift toward broader family recovery, which, while important, can risk reducing attention to the specific needs of child survivors. This raises important ethical considerations regarding the principle of prioritizing the best interests of the child in all stages of social rehabilitation (Keeshin & Monson, 2022). Maintaining a clear focus on the experiences and recovery needs of child survivors remains essential, particularly in contexts where family dynamics may be directly related to the experience of sexual violence.

Interdisciplinary collaboration plays a significant role in strengthening social rehabilitation. The involvement of social workers, social counsellors, psychologists, psychiatrists, and other professionals reflects a comprehensive approach aligned with recommended frameworks for responding to sexual violence (Dovi et al., 2022). Referral pathways to mental health services demonstrate an integrated system of care,

particularly when psychological symptoms require specialized intervention.

Coordination with education and social institutions also ensures that child survivors can access their fundamental rights, including education and identity documentation (Ghani & Sitohang, 2022). However, the results suggest that maintaining a consistent focus on trauma recovery within collaborative practice remains a challenge. In some cases, the direction of intervention may shift toward addressing broader social issues rather than the specific experiences of child survivors. Strengthening coordination mechanisms is therefore necessary to ensure that social rehabilitation remains aligned with survivor-centered and trauma-informed principles (Yao et al., 2024).

These results contribute to ongoing discussions on social work practice in social rehabilitation, particularly within contexts where resources may be limited. Strengthening the capacity of social workers through training in diverse intervention approaches is essential to enhance the quality of practice (Uli & Atika, 2024). At the same time, maintaining manageable caseloads is necessary to ensure that professional practice remains effective and responsive (Istyawan et al., 2026).

Future research may explore the long-term sustainability of recovery among child survivors following the completion of social rehabilitation. Overall, while the Integrated Service Center Pangudi Luhur Bekasi demonstrates a structured and collaborative approach, ongoing efforts are needed to ensure that social work practice consistently prioritizes the recovery, dignity, and well-being of child survivors within a gender-responsive and inclusive framework.

5. Conclusion

This study concludes that social work practice in social rehabilitation at the Integrated Service

Center Pangudi Luhur Bekasi reflects a structured and contextually grounded response to sexual violence experienced by child survivors in Indonesia, particularly girls within gendered patterns of vulnerability. The results show that social rehabilitation is implemented through interconnected stages, including assessment, intervention planning, implementation, and monitoring, supported by interdisciplinary collaboration involving social, psychological, and psychiatric services.

The findings highlight that, within the Indonesian context, the effectiveness of these processes is closely linked to the professional capacity of social workers, institutional support, and the availability of resources across service systems. Variations in assessment outcomes and intervention approaches indicate the need for more diverse, context-sensitive, and culturally responsive methods that reflect the lived experiences of child survivors of sexual violence in Indonesia.

This study also underscores the importance of maintaining a consistent trauma-informed and survivor-centered approach, ensuring that the specific needs, experiences, and rights of child survivors remain central within social rehabilitation practices. Strengthening professional competence, improving caseload management, and enhancing cross-sector coordination are essential to support more effective and sustainable recovery processes within the Indonesian social service system.

Overall, advancing social work practice in social rehabilitation in Indonesia requires not only technical improvements but also a sustained commitment to inclusive and gender-responsive approaches that promote the dignity, well-being, and long-term recovery of child survivors of sexual violence.

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Author Declaration

The authors declare that there are no competing interests associated with this study. The authors are solely responsible for the content and writing of this paper. The research was conducted with full respect for ethical principles, ensuring confidentiality and the protection of all participants involved.