



Handling of Child Abuse at the Social Affairs, Women's Empowerment, and Child Protection Office of Banjar Regency

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Abstract

This study analyzes the prevention and handling of child abuse in Banjar Regency, emphasizing the role of institutions, social networks, and cultural dynamics that influence the effectiveness of interventions. Employing a descriptive qualitative approach, data were collected through in-depth interviews, document studies, and field observations. The findings indicate that prevention strategies through socialization, education, and institutional capacity-building have increased community awareness, although challenges remain due to cultural resistance that normalizes domestic violence. Case handling is carried out through multi-channel reporting mechanisms, initial assessments, accompaniment, referrals, and social rehabilitation, with the UPTD PPA serving as the central coordinating hub across sectors. Case studies reveal the complexity of interventions, particularly concerning limited human resources, service access disparities, and social stigma. These findings underscore that child protection requires not only formal institutional interventions but also social norm transformation and family environment strengthening to create more adaptive and protective systems.

Keywords: child abuse, child protection, prevention, case handling, Banjar Regency

Introduction

Violence against children is a complex and multidimensional social issue that occurs on a global scale. The World Report on Violence Against Children emphasizes that child violence is a universal phenomenon that can occur across all layers of society, both in developed and developing countries (Pinheiro, 2006). UNICEF (2021) further highlights that violence against children represents a global challenge that hampers the achievement of the Sustainable Development Goals (SDGs), particularly Goal 16 on peace, justice, and strong institutions. This underscores that child protection should not be viewed merely as a domestic issue but as an integral part of the global development agenda (Nurwati et al., 2022).

In Indonesia, the problem of violence against children reflects alarming dynamics. Such cases not only reveal weaknesses in the child protection system but also show how cultural norms and social structures often tolerate violence as part of parenting practices or everyday interactions (Ainsworth, 2021). For instance, physical and psychological violence is frequently normalized as a form of discipline, while sexual violence remains concealed under stigma and shame, making it less likely to be reported (O'Leary et al., 2018; Nurwati et al., 2022; Rahman et al., 2023; Hasanah & Karimah, 2024). Consequently, cultural contexts exacerbate children's vulnerability as the most dependent and fragile social group.

Theoretically, this issue can be explained through Bronfenbrenner's (2005) ecological systems theory of child development, which posits that children grow and develop through multilayered interactions—within families, schools, communities, and the state. When one of these systems fails to provide support, children become more vulnerable to violence. This perspective is further enriched by Johan Galtung's (2016) theory of structural violence, which emphasizes that violence is not limited to physical acts but can also manifest in the form of deprivation from education, healthcare, and legal protection. Thus, violence against children is the outcome of systemic failures within the broader social structure (Pabia et al., 2022).

Within family studies, the phenomenon of fatherlessness or the absence of paternal roles has been linked to heightened child vulnerability to violence. Attachment theory, developed by Bowlby (2019) and expanded by Ainsworth (2021), explains that the absence of supportive parental figures disrupts emotional bonds, increases risks of psychological problems, and may lead to deviant behavior. This is particularly significant in the context of Indonesia Emas 2045, where the quality of future generations can only be realized if children are optimally protected from an early age (Maguire-Jack & Font, 2017).

Empirical data reinforces the urgency of this problem. The Ministry of Women's Empowerment and Child Protection (MoWECP) recorded over 18,000 cases of child violence in 2023, rising to 19,628 cases in 2024, with sexual and psychological abuse dominating reports. These figures are considered only the "tip of the iceberg," as many cases remain unreported due to stigma, fear, and limited access to protection services.

At the provincial level, South Kalimantan recorded 883 cases in 2023, increasing to 921 in 2024. In Banjar Regency, the escalation is even more pronounced. Official data from the Banjar Regency Office of Social Affairs, Women's Empowerment, Child Protection, Population Control, and Family Planning (Dinsos P3AP2KB) shows that cases rose steadily from 17 in 2021, to 18 in 2022, 19 in 2023, and spiked dramatically to 48 in 2024.

Table 1.1 Number of Reported Child Violence Cases in Banjar Regency (2021–2024)

Year	2021	2022	2023	2024
Cases	17	18	19	48

Source: Dinsos P3AP2KB Banjar Regency, 2024 (processed).

The significant surge in 2024 indicates two main factors: first, the persistence of child vulnerability to various forms of violence; and second, increasing public awareness and willingness to report cases, supported by more accessible complaint services and the proactive

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role of local government in conducting outreach. Based on case typologies, sexual violence consistently dominates, followed by psychological abuse, physical abuse, neglect, and exploitation.

Table 1.2 Types of Child Violence in Banjar Regency (2022–2024)

No	Type of Violence	2022	2023	2024	Total
1	Physical	3	1	9	13
2	Psychological	2	6	7	15
3	Sexual	12	12	22	46
4	Exploitation	–	–	2	2
5	Neglect	1	–	4	5
6	Others	–	–	4	4
Total		18	19	48	85

Source: Dinsos P3AP2KB Banjar Regency, 2024 (processed).

The dominance of sexual violence is a serious warning that children—particularly girls—remain highly exposed to threats to their personal safety. This highlights the urgent need for child-centered sexuality education, stricter parental supervision, and stronger law enforcement measures in favor of victims (Rempe et al., 2024).

Children’s vulnerability in Banjar Regency is not only shaped by structural conditions but also by economic and cultural factors. Lansford (2010) shows that families under economic strain are more prone to violent practices due to financial pressures. UNICEF (2017) further argues that structural poverty exacerbates children’s exposure to exploitation. Culturally, social norms that frame violence as a “family disgrace” aggravate the situation (Siregar, 2020). Finkelhor (2008) emphasizes that taboos around reporting often serve as major barriers to case disclosure.

Recent cases in Banjar Regency further demonstrate the complexity of this issue. For example, a sexual abuse case involving an elderly man against multiple children in Martapura District (Nisa, 2025), as well as child exploitation in public spaces through forced begging at traffic intersections (Firdha, 2024). These incidents illustrate that child violence can occur in both private and public spheres, with increasingly diverse patterns (Situmeang et al., 2023).

Constitutionally, the state is obligated to protect every child. Article 28B(2) of the 1945 Constitution affirms that “Every child shall have the right to live, grow, and develop and shall have the right to protection from violence and discrimination (Pemerintah Republik Indonesia, 1945)” This obligation is reinforced by Law No. 23/2002 (Pemerintah Republik Indonesia, 2002) on Child Protection, amended by Law No. 35/2014 (Pemerintah Republik Indonesia, 2014) and Law No. 17/2016 (Pemerintah Republik Indonesia, 2016) . At the local level, Banjar Regency has issued Regent Regulation No. 12/2019 on Services for the Protection of Women and Children from Acts of Violence, which regulates legal, medical, psychological, spiritual, and shelter services for victims (Pemerintah Kabupaten Banjar, 2019).

Nevertheless, policy implementation still faces serious challenges: limited human resources, inadequate facilities and infrastructure, suboptimal cross-sectoral coordination, low levels of outreach (Hesti et al., 2023; Huraerah, 2012; Jannah et al., 2023; Nugroho, 2016; Pribadi et al., 2023), and geographical constraints due to the vast territory of Banjar Regency. A paradox emerges when, on the one hand, child violence cases have risen sharply, while on the other, Banjar Regency was awarded the Child-Friendly Regency Award (Kabupaten Layak Anak – KLA) in the Nindya category in 2025. This contradiction raises critical questions about the extent to which such administrative accolades reflect the real conditions of child protection on the ground.

Previous studies have similarly pointed to the gap between formal policy and the practice of child protection. Huraerah (2012) and Nugroho (2016) highlight weak coordination and institutional capacity, while Bestary et al. (2022), Mukhlis et al. (2023), and Ulfa & Listyaningsih (2024) identify limited budgets, inadequate facilities, and low community awareness as major obstacles.

Given these complexities, this study seeks to assess the effectiveness of policies, programs, and services for child protection in Banjar Regency, with a particular focus on the role of the Office of Social Affairs, Women's Empowerment, Child Protection, Population Control, and Family Planning (Dinsos P3AP2KB). The research emphasizes both prevention and response to child violence implemented by the local government, aiming to contribute academically and practically to strengthening the child protection system at the local level.

Literature Review

Child protection can be understood as a system that integrates both preventive and responsive dimensions, drawing on theoretical perspectives from sociology, psychology, public health, and public governance. On the preventive side, socialization and public education programs are often explained through Social Norms Theory (Cislaghi & Heise, 2020), which emphasizes that the mere provision of information is insufficient to change behaviour if the collective norms legitimizing violence remain intact. Substantive change requires the presence of social proof capable of shifting community perspectives on discipline and violence. This view aligns with Ecological Systems Theory (Bronfenbrenner, 2005; Neal & Neal, 2013), which situates children within layered ecosystems—family, school, and community—highlighting that prevention is only effective when all these circles are reinforced. It also resonates with the Public Health Prevention Model (Hazra et al., 2022) which structures interventions at the primary level through education, at the secondary level through early detection, and at the tertiary level through rehabilitation.

To make preventive efforts more sensitive to children's lived experiences, Trauma-Informed Care (Substance Abuse and Mental Health Services Administration, 2016), emphasizes the importance of safety, trust, and empowerment so that awareness campaigns and services avoid retraumatization. From a governance perspective, these strategies reflect Network Governance Theory (Provan & Kenis, 2007), where government agencies, schools, civil society organizations, and children's forums collaborate to prevent fragmentation and

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sustain continuity. Similarly, the Rights-Based Approach (UNICEF, 2021) stresses that children must not be treated as passive recipients but as active participants in shaping prevention strategies. At a structural level, prevention cannot be separated from the roots of social vulnerability. Strain Theory (Merton, 1938) and later analyses (Ben-David & Gluck, 2021) highlight that violence often emerges from social frustration, inequality, and cultural legitimization of coercion. Thus, effective prevention must go beyond education toward structural transformation through gender equality, poverty alleviation, and social norm reconstruction.

On the responsive side, child protection mechanisms focus on recovery and justice for victims. This dimension is illuminated by Collaborative Governance (Ansell & Gash, 2008), which explains how governments, schools, health institutions, law enforcement, and civil society share responsibility in a cross-sectoral manner. Such collaboration creates what Huxham and Vangen (2005) call collaborative advantage, though its effectiveness is often constrained by cultural barriers such as stigma and silence. During case assessment, the principles of Trauma-Informed Care (Samhsa, 2014) and Stress-Coping Theory (Lazarus & Folkman, 1984) guide interventions to build trust, ensure safety, and help victims adapt to psychological pressure. Yet the shortage of professionals in rural areas illustrates structural violence (Galtung, 2016), where systemic inequities create gaps in access to services.

Referral and rehabilitation processes reflect Case Management Theory (Rapp et al., 2005), which stresses the importance of coordination across medical, psychological, and legal services. However, their effectiveness largely depends on Institutional Capacity Theory (Grindle, 1997), which highlights the role of human, financial, and infrastructural resources. Recovery processes are also closely tied to Resilience Frameworks (Ungar, 2013), which emphasize that successful recovery does not depend solely on the individual but requires ongoing support from families, schools, and communities.

Beyond institutional mechanisms, child protection is shaped by cultural and structural contexts that sustain violence. Social Pathology Theory (Merton, 1968; Giddens, 2021) explains how family disorganization, weak social control, and economic stress foster environments where violence is normalized rather than condemned (Deflem, 2017). This underscores that child protection cannot be understood merely as a matter of institutional mechanisms, but also as a broader social transformation that addresses stigma, patriarchy, and cultural silence.

Taken together, these theoretical perspectives demonstrate that child protection is a systemic process integrating preventive measures rooted in social norm transformation and community ecology with responsive mechanisms grounded in collaborative governance, trauma-informed care, and resilience building. Yet the sustainability of child protection depends not only on institutional capacity but also on cultural transformation and structural justice. Only through such a comprehensive approach can child protection genuinely prioritize the best interests of the child.

Research Method

This study employed a descriptive qualitative approach, deliberately chosen for its relevance to the main research objective, namely to gain an in-depth understanding of how child abuse cases are handled by the Office of Social Affairs, Women's Empowerment, Child Protection, Population Control, and Family Planning (Dinsos P3AP2KB) in Banjar Regency. This approach is oriented toward exploring meanings, experiences, and interpretations that emerge from actors directly involved in the process, whether as policymakers, technical implementers, or service recipients. As emphasized by Moleong (2019), qualitative research enables the researcher to understand social phenomena from participants' perspectives, while Creswell and Poth (2018) stress that qualitative inquiry is not merely about gathering information but also about interpreting the meanings embedded within social experiences.

The presence of the researcher in the field served as the primary instrument and as a bridge between the academic domain and empirical reality. In this role, the researcher functioned as a human instrument, actively directing, recording, and interpreting data on-site. Such presence was not passive but required reflective engagement, social sensitivity, and the ability to build rapport with informants to ensure data authenticity and contextual accuracy. As Denzin and Lincoln (2018) assert, qualitative research is naturalistic in nature, striving to capture reality as it unfolds in everyday contexts.

The research process began with the formulation of guiding research questions, designed to explore how mechanisms for handling child abuse are implemented, what challenges are encountered, and to what extent the program has been effective in achieving its stated indicators. These questions were then translated into research foci that directed data collection techniques, informant selection, and the analytical framework.

The study was conducted in Banjar Regency, focusing primarily on Dinsos P3AP2KB as the institution mandated to address child protection issues. The location was selected based on the consideration that Banjar Regency continues to face a high incidence of child abuse, possesses relatively comprehensive institutional arrangements, and provides sufficient access for academic exploration. The fieldwork took place from July to August 2025, encompassing preparation, data collection, and reporting stages.

Informants were selected using a purposive sampling technique, based on their involvement, knowledge, and strategic roles in relation to the issue under study. The informants consisted of structural officials, technical personnel such as psychologists and social workers, law enforcement officers, victims, as well as representatives from community organizations and child forums. This diverse composition was chosen to ensure that the data gathered would be holistic and representative of multiple perspectives.

To generate rich data, three primary techniques were employed: in-depth interviews, limited participant observation, and document analysis. In-depth interviews were conducted with key informants to uncover their experiences and perspectives on handling child abuse cases. Observation was used to examine service dynamics and interactions among actors in the field, while document analysis focused on collecting archives, official reports, and statistical

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data to substantiate the findings. These techniques complemented one another and were applied triangulatively to strengthen data validity.

Research instruments included interview guides, field notes, audio recorders, and supporting documents from relevant institutions. However, the most critical instrument remained the researcher, who reflexively determined which aspects were relevant, adapted strategies in the field, and interpreted findings within the theoretical framework.

The analytical framework employed in this study was based on Sutrisno's (2007) program effectiveness theory, which evaluates effectiveness through five indicators: program understanding, target accuracy, timeliness, goal achievement, and tangible change. These indicators served as benchmarks for assessing the extent to which child abuse handling in Banjar Regency has been carried out effectively.

Through this methodological design, the research sought not only to describe the mechanisms of child abuse case management but also to uncover the dynamics that accompany them—including successes, challenges, and policy implications. The findings are expected to provide both conceptual and practical contributions to strengthening child protection programs at regional and national levels.

Result and Discussion

The research findings indicate that efforts to prevent and respond to child abuse in Banjar Regency have been implemented in a structured manner through institutional mechanisms under the coordination of the Office of Social Affairs, Women's Empowerment, Child Protection, Population Control, and Family Planning (P3AP2KB), particularly through the role of the Technical Implementation Unit for Women and Children Protection (UPTD PPA). These two aspects—prevention and response—represent complementary pillars in establishing a comprehensive system of child protection.

In terms of prevention, the primary focus has been directed toward strengthening community awareness, education, and building cross-sectoral cooperation networks. Various programs such as public campaigns, training, and family counseling serve as the initial steps to reduce the likelihood of abuse. Prevention is positioned as a long-term strategy that emphasizes transformation of mindsets and social behavior so that risks of violence can be minimized from an early stage.

Meanwhile, in terms of response, the study found structured and technical service mechanisms in place, ranging from case reporting, initial assessment, victim assistance, referrals to specialized services, and finally recovery and social reintegration. These measures aim to ensure that child victims of abuse receive comprehensive protection, including legal, medical, psychological, and social support. However, the response process still faces challenges, such as limited human resources, uneven access to services, as well as cultural barriers and social stigma.

Overall, the findings suggest that child abuse prevention and response efforts in Banjar Regency are already supported by a clear framework and implemented in a continuous manner. Nonetheless, the effectiveness of these efforts still requires further strengthening, particularly in terms of institutional capacity, cross-sectoral coordination, and broader community engagement.

Research Findings

1) Prevention Efforts Against Child Abuse in Banjar Regency

Child abuse prevention efforts in Banjar Regency occupy a highly strategic position within the broader child protection system. Findings from this study indicate that prevention is understood not merely as a protective stage that shields children from the risk of violence but also as a process of cultivating collective awareness to foster a safe environment for children's growth and development. The Banjar Regency Office of Social Affairs, Women's Empowerment, Child Protection, Family Planning, and Population Control (P3AP2KB), in collaboration with the Regional Technical Implementation Unit for Women's and Children's Protection (UPTD PPA), schools, the Children's Forum, civil society organizations, and religious leaders, has implemented a range of prevention-oriented programs.

Overall, the prevention strategies in Banjar Regency can be categorized into three main dimensions: awareness-raising and education, institutional capacity strengthening, and the active involvement of communities and children within the protection ecosystem. These dimensions operate in parallel, although they continue to face resource limitations and sociocultural barriers.

Awareness-Raising and Education

The study reveals that awareness-raising and education remain the most frequently employed preventive instruments. Activities include school-based counseling, village-level meetings, seminars, and public campaigns via social media. Key messages focus on children's rights, forms of abuse, the consequences of violence, and procedures for reporting cases.

In schools, counseling teachers and the Children's Forum play an active role in disseminating information to peers. Several schools have even developed short child protection modules incorporated into extracurricular activities. At the community level, awareness programs often involve local and religious leaders, whose moral and social authority increases message acceptance.

However, challenges persist. Some communities are reluctant to accept the message of prevention, particularly where physical punishment is still perceived as a legitimate form of discipline. This cultural resistance limits the effectiveness of educational outreach. Furthermore, restricted internet access in certain areas prevents digital campaigns from reaching all intended audiences.

Institutional Capacity Strengthening

Beyond education, prevention has also been pursued through institutional capacity-building. UPTD PPA, schools, village authorities, and health institutions have been trained to

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recognize early warning signs of abuse and to carry out early detection. Teachers, village cadres, and midwives, for example, have received training to identify symptoms of children at risk of physical, psychological, or sexual abuse.

The study shows that such training has increased the number of reported cases originating from schools and villages, demonstrating the importance of equipping local actors with specialized knowledge. Nevertheless, the number of trained personnel remains limited. Many schools lack staff who have undergone specialized training, and numerous village cadres are still unfamiliar with proper reporting mechanisms.

In addition, financial constraints hinder program continuity. Training sessions are often sporadic, dependent on local government budgets or external donor support. Consequently, institutional strengthening remains fragmented and lacks sustainability.

Community and Child Engagement

Another prominent dimension of prevention efforts is the involvement of communities and children themselves. The Banjar Regency Children's Forum plays a critical role in articulating children's aspirations and providing a platform for their active participation. Children in this forum not only benefit from programs but also act as prevention agents through campaigns, peer support, and public discussions.

At the community level, engagement is carried out in collaboration with religious organizations, youth groups, and village-based associations. Religious leaders are frequently involved in disseminating anti-violence messages during sermons, while youth groups organize creative campaigns such as poster competitions or art performances on child protection themes.

Despite this, challenges remain. In some communities, resistance to children's participation is evident, as the belief that children should not have a voice in public affairs persists. This limits meaningful participation largely to urban areas, while children in rural villages remain marginalized in community dialogues.

Barriers and Challenges

Although diverse prevention programs have been implemented, several obstacles were identified. First, budget constraints have prevented programs from achieving wide coverage, with activities concentrated in easily accessible areas while remote villages remain underserved.

Second, the shortage of professional personnel—including psychologists, social workers, and facilitators—poses a serious challenge. The number of available professionals is insufficient compared to the size of the regency and the prevalence of abuse cases, leading to delays in response.

Third, cultural norms continue to be the most entrenched barrier. A “culture of silence” remains pervasive, particularly in cases involving family members. Many community members are reluctant to report abuse due to fear of shame or reputational damage. As a result, a significant number of cases remain hidden, despite ongoing prevention efforts.

2) Child Abuse Case Response Mechanisms

If prevention functions to reduce potential risks, case management of child abuse ensures that victims receive protection, recovery, and access to justice. Findings from this study indicate that the case-handling mechanisms in Banjar Regency have developed into a relatively structured system, although significant limitations remain. The process involves several key stages, beginning with case reporting, followed by initial assessment and accompaniment, referral to specialized services, and concluding with recovery and social rehabilitation.

Case Reporting

The study shows that case reporting mechanisms in Banjar Regency are relatively open, with multiple reporting channels available. Formal channels include the police, schools, village or subdistrict authorities, and hospitals, while informal channels consist of community reports, religious leaders, the Children's Forum, and peer initiatives.

All reports ultimately converge at the Regional Technical Implementation Unit for Women's and Children's Protection (UPTD PPA), which functions as the central coordinating body. At this institution, reports are recorded and verified before further action is taken. This multi-channel system makes it easier for victims or witnesses to report cases, without limiting access to formal legal pathways.

Nevertheless, delays in reporting are still frequent. Many victims or families postpone—or refrain altogether—from reporting due to fear of stigma, family pressure, or the belief that violence is a private matter. These cultural barriers often result in cases only being revealed once their impact has become severe.

Initial Assessment and Accompaniment

Following the receipt of a report, the next step is an initial assessment to evaluate the victim's condition and determine appropriate interventions. UPTD PPA, together with professional staff, conducts assessments across psychological, social, medical, and legal dimensions. This assessment serves as the basis for designing tailored support for victims.

Forms of accompaniment include temporary placement in a safe house for high-risk victims, psychological counseling, legal assistance, and family counseling when needed. Research findings indicate that assessments are not treated merely as administrative procedures but as an essential foundation for ensuring that victims' needs are adequately met.

However, a shortage of professionals presents a serious challenge. The number of psychologists and counselors in Banjar Regency remains very limited, leaving many victims—particularly those in rural areas—without specialized services. In such cases, accompaniment is often provided by multifunctional social workers, whose expertise is stretched across multiple responsibilities.

Referral to Specialized Services

In cases requiring more specialized interventions, UPTD PPA facilitates referrals to relevant institutions. Medical needs are typically referred to hospitals, psychological needs to clinical psychologists, and legal processes to the police and prosecutor's office.

While referral mechanisms exist, they do not always run smoothly. Key obstacles include limited service facilities, slow inter-agency coordination, and unequal access to services—especially in remote villages. In some cases, referrals are further hindered by families' reluctance to pursue legal processes, often out of concern for preserving family reputation.

Recovery and Social Rehabilitation

The final stage of case management is recovery and social rehabilitation, aimed at ensuring that child victims can safely resume their lives and have opportunities for optimal growth and development. Recovery efforts include ongoing counseling, family reintegration, and educational support to prevent school dropouts. In some cases, victims are also provided with basic skills training as a form of long-term empowerment. Parents or guardians may receive education on positive parenting to reduce the risk of repeated abuse.

Nevertheless, recovery processes face significant obstacles. First, budget limitations restrict the coverage and sustainability of recovery services. Second, some families reject continued interventions and prefer to resolve cases privately, leaving victims vulnerable to repeated harm. Third, persistent community stigma against child victims complicates reintegration efforts.

Barriers to Case Management

Overall, the study identifies several major barriers in managing child abuse cases in Banjar Regency:

- a) Resource Constraints – The number of psychologists, social workers, and counselors falls far short of actual needs.
- b) Service Accessibility – The regency's wide geographical area and difficult terrain hinder service delivery in rural communities.
- c) Culture of Silence – Stigma, shame, and the perception of violence as a family matter prevent cases from being reported or lead to their premature withdrawal.
- d) Budget Limitations – Recovery services are often unsustainable, relying heavily on annual program funding.
- e) Cross-Sectoral Coordination – Although networks exist, coordination is often slow, resulting in delayed responses to cases.

3) Case Study Patterns

The analysis of child abuse case handling patterns in Banjar Regency, based on five case studies, reveals a complex picture shaped by the diversity of abuse types, victims' backgrounds, family dynamics, and institutional responses. The documented cases include

physical violence, sexual abuse, neglect, and trafficking in persons (TIP) with commercial sexual exploitation as its *modus operandi*. This diversity underscores that children's vulnerability extends beyond the public sphere into the domestic domain, which ideally should serve as the primary protective environment.

A recurring pattern across the cases shows that most perpetrators came from the victims' close circles—stepfathers, neighbors, or extended family members—confirming the prevalence of hidden violence. This form of abuse often remains undetected due to cultural norms, shame, or social pressures. The response mechanism by UPTD PPA Banjar Regency generally follows a uniform pattern: initial reporting, rapid assessment, provision of emergency protection (including safe houses when necessary), and referrals to medical, psychological, or legal services.

For instance, in cases involving victims S (16 years) and H (17 years), who suffered severe physical violence, emergency medical care was prioritized to prevent fatal risks, followed by legal assistance. Meanwhile, victims D (12 years) and SE (17 years) required long-term psychological counseling to address deep trauma, reflecting a trauma-informed care approach. More complex cases, such as TIP victim S/E (17 years), demanded cross-sectoral coordination involving the police, safe houses, health services, and civil society organizations, illustrating that collaborative governance is crucial for both victim protection and law enforcement.

The findings reveal that collaborative work principles dominate the intervention pattern, with UPTD PPA serving as the central coordinating hub linking schools, village authorities, law enforcement, and health services. This synergy allows for more comprehensive responses compared to fragmented, sectoral interventions. Nevertheless, institutional limitations persist, particularly the lack of psychologists and counselors in rural areas, creating disparities in service quality between urban and peripheral victims.

Beyond institutional constraints, socio-cultural dimensions exacerbate children's vulnerability. Stigma against victims, the perception of violence as a private matter, normalization of child marriage, and familial involvement in criminal activities such as drug abuse all foster dysfunctional social environments. For example, in the case of D (12 years), parental criminality and lack of family support heightened her risk of sexual violence. Similarly, SE (17 years), living with a disability, became more vulnerable to exploitation amid weak community protection.

Overall, the case handling pattern in Banjar Regency can be considered systematic and multilayered, covering emergency response, psychosocial assessment, ongoing assistance, and referrals to legal and medical services. However, its effectiveness is constrained by structural barriers—limited human resources and budget—and cultural barriers such as stigma, discrimination, and the normalization of violence within families and communities. These findings highlight that child protection cannot rely solely on formal government interventions but requires social norm transformation, community empowerment, and family capacity strengthening to ensure a safe environment for children's growth and development.

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Thus, the handling pattern in Banjar Regency demonstrates a dual challenge: on the one hand, the presence of a relatively systematic intervention framework, and on the other, the persistence of complex social realities and entrenched cultural resistance.

Discussion

Child protection efforts in Banjar Regency can be understood as a system operating on two interrelated tracks: prevention and case response. Prevention seeks to minimize risks before violence occurs, while case response ensures that victims receive protection, recovery, and access to justice after abuse has taken place. When implemented simultaneously and multilayered, these two dimensions create a more resilient ecosystem of child protection. Within this framework, theories from sociology, public health, psychology, and public governance provide critical analytical tools to understand how strategies in Banjar Regency are constructed while also illuminating their limitations.

On the preventive side, strategies include socialization and education, institutional capacity-building, and community and child participation. Socialization builds collective awareness regarding forms of abuse, children's rights, and reporting mechanisms. Programs initiated by the Department of Social Affairs (Dinsos P3AP2KB), UPTD PPA, schools, and the Children's Forum have encouraged an increase in reporting, including through peer networks. Yet challenges arise when cultural norms continue to tolerate domestic violence as a form of discipline. This phenomenon resonates with Social Norms Theory (Cislaghi & Heise, 2020), which emphasizes that information provision alone is insufficient without transforming collective norms. Accordingly, the success of socialization depends on the emergence of social proof capable of shifting societal views.

At the same time, institutional strengthening has been pursued through training for teachers, village cadres, and community leaders to better detect signs of abuse. This aligns with Ecological Systems Theory (Bronfenbrenner, 2005; Neal & Neal, 2013), which highlights that children live within layered ecosystems—family, school, and community—and prevention is only effective when all these circles are reinforced. Banjar's strategies also reflect the Public Health Prevention Model (Hazra et al., 2022), which structures interventions into primary (education), secondary (early detection), and tertiary (rehabilitation) levels. However, to ensure prevention is sensitive to children's needs, a Trauma-Informed Care approach (Samhsa, 2014) is essential so that both socialization and services foster safety rather than retraumatization.

From a governance perspective, Banjar's prevention efforts mirror principles of Network Governance Theory (Provan & Kenis, 2007), with UPTD PPA functioning as a network broker linking schools, police, NGOs, and the Children's Forum. This synergy sustains program continuity and prevents fragmentation. Likewise, a Rights-Based Approach (UNICEF, 2021) underscores that children must not only be program recipients but also active participants. The Children's Forum serves as a tangible example of meaningful participation, where children's voices shape prevention strategies. Yet, field realities reveal that child abuse remains closely tied to broader social pathologies—gender inequality, asymmetrical power relations, and structural poverty. As Strain Theory (Merton, 1938) and recent analyses by Ben-David & Gluck (2021) argue, violence often emerges as a symptom of social frustration or

becomes institutionalized through cultural norms. Thus, effective prevention requires not only education but also structural transformation through gender equality, poverty alleviation, and reconstruction of new social norms.

If prevention targets risk potential, case response ensures that victims of abuse obtain protection and recovery. The response mechanism in Banjar is relatively structured, encompassing case reporting, initial assessment and accompaniment, referral to further services, and social rehabilitation. All stages are coordinated by UPTD PPA as the central hub, collaborating with schools, village authorities, police, health institutions, and civil society organizations. From the perspective of Collaborative Governance (Ansell & Gash, 2008), UPTD PPA's role as lead institution is vital for continuity, preventing fragmentation, and reinforcing child protection as a cross-sectoral responsibility. At the reporting stage, multi-channel mechanisms (police, schools, the Children's Forum, communities) demonstrate collaborative advantage (Huxham & Vangen, 2005), though stigma and cultural silence keep many cases hidden. This reflects social pathology (Merton, 1968; Giddens, 2021), where social norms normalize violence rather than condemn it.

In the assessment stage, UPTD PPA conducts psychological, social, and legal evaluations to design interventions. Trauma-Informed Care principles (SAMHSA, 2014) are evident here, aiming to create safety, build trust, and empower victims. This also aligns with Stress-Coping Theory (Lazarus & Folkman, 1984), which helps victims adapt to pressure. However, the shortage of psychologists in rural areas reveals structural violence (Galtung, 1990), where systemic inadequacies produce unequal access to services. Subsequent referrals to medical, psychological, and legal services reflect case management principles (Rapp et al., 2008), but institutional capacity limitations reinforce Institutional Capacity Theory (Grindle, 1997), which stresses that effectiveness depends on human, financial, and infrastructural resources. Recovery processes emphasize ongoing counseling, family reintegration, and educational support. Ecological Systems Theory (Bronfenbrenner, 1979) and resilience frameworks (Ungar, 2013) underscore that successful recovery depends not only on individuals but also on family, school, and community support. Yet, the normalization of domestic violence continues to hinder long-term recovery.

The complexity of child protection in Banjar becomes more evident in case study patterns. Among the five cases studied, diverse forms of violence (physical, sexual, neglect, and trafficking) show that risks emerge both in domestic and public spaces. The fact that most perpetrators come from immediate family or relatives reinforces literature findings on the high risk of hidden violence (Finkelhor, 2008). Response mechanisms were relatively consistent—reporting, assessment, emergency protection, medical-legal referrals, and social rehabilitation—in line with case management principles. In cases S (16) and H (17), rapid emergency protection proved crucial, while cases D (12) and SE (17) demonstrated the importance of intensive psychological support. The trafficking case of SE (17) underscored the significance of cross-sectoral coordination. Collectively, the cases highlight the role of collaborative governance but also expose capacity limitations—particularly the shortage of psychologists in rural areas—that risk creating service gaps.

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Beyond institutional factors, the case studies also reveal social pathologies that heighten children's vulnerability: cultural stigma, normalization of child marriage, and family involvement in criminality. As Merton's social pathology theory (1968) suggests, family disorganization, weak social control, and economic stress exacerbate the risks of violence. For example, case D (12) shows how parental criminality intensifies vulnerability, while case SE (17) highlights the lack of community protection for children with disabilities. Thus, while Banjar's response mechanisms are systematic, their effectiveness remains constrained by structural factors (human resources, budget, service access) and cultural factors (stigma, patriarchy, silence).

Overall, child protection strategies in Banjar Regency combine preventive efforts, case-handling mechanisms, and case study-based interventions within a robust theoretical framework. Yet their effectiveness is largely shaped by two overarching factors: uneven institutional capacity and persistent social pathologies that perpetuate violence. This indicates that child protection cannot rely solely on formal mechanisms but must also be accompanied by social norm transformation, structural justice, and active child participation in shaping protection strategies. Only through such a comprehensive approach can child protection become truly sustainable, substantive, and oriented toward the best interests of the child.

Conclusion

Efforts to prevent child abuse in Banjar Regency demonstrate that protection strategies cannot be understood merely as technical interventions but rather as complex and multilayered social processes. Socialization and education have played an essential role in fostering collective awareness, though they continue to face cultural resistance that normalizes domestic violence. Institutional capacity-building has shown effectiveness in detecting and responding to cases at an early stage, consistent with ecological approaches that place families, schools, and communities at the center of prevention. At the same time, the public health prevention model underscores that program effectiveness can only be achieved when primary, secondary, and tertiary strategies are implemented in an integrated and sustainable manner.

From a governance perspective, cross-actor coordination through network mechanisms has proven crucial in preventing service fragmentation, with UPTD PPA serving as the central connector. However, prevention effectiveness cannot be separated from broader structural dimensions such as gender inequality, poverty, and the normalization of violence within families. Long-term success thus depends on the capacity of local policies and practices not only to enhance social literacy on child abuse but also to transform social norms, strengthen child participation, and address the structural factors that perpetuate violence. These findings emphasize that sustainable prevention must be understood as part of cultural and structural transformation rather than merely as short-term programmatic interventions.

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