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# Empowering Women in Developing Inclusive Women- and Child-Friendly Villages in Sukoharjo

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***Abstract:*** *This community service program aimed to strengthen the capacity of women and community groups in supporting the development of Women-Friendly and Child-Care Villages (DRPPA) in Sukoharjo Regency. The program was implemented using a Community-Based Research approach involving Muslimat, Fatayat, Ansor, IPNU, IPPNU, the Center for Gender and Child Studies of UIN Raden Mas Said Surakarta, and the Sukoharjo Office for Women Empowerment, Child Protection, Population Control, and Family Planning as strategic partners. The activities began with needs assessment and vulnerability mapping, which revealed high rates of violence and limited protection literacy at the family, school, and community levels. Through workshops, participants improved their literacy, early detection skills, and understanding of referral mechanisms. Subsequent mentoring supported communities in developing action plans, using sex- and age-disaggregated village data, and optimizing village facilities to establish a sustainable DRPPA ecosystem. The program also facilitated a referral network between the local government office and the university task force. The results indicate increased awareness, skills, and commitment among community members in preventing and detecting violence, while strengthening cross-sector collaboration to build safe, inclusive, and gender-responsive villages.*
***Keywords****: child and women protection, community empowerment, gender literacy, women-and child-friendly village, violence prevention*

**Abstrak:** Kegiatan pengabdian kepada masyarakat ini bertujuan untuk memperkuat kapasitas perempuan dan komunitas dalam mendukung terwujudnya Desa Ramah Perempuan dan Peduli Anak (DRPPA) di Kabupaten Sukoharjo. Program dilaksanakan melalui pendekatan *Community Based Research (CBR)* dengan melibatkan Muslimat, Fatayat, Ansor, IPNU, IPPNU, PSGA UIN Raden Mas Said Surakarta, serta DP3AP2KB sebagai mitra strategis. Kegiatan diawali dengan pemetaan kebutuhan dan identifikasi kerentanan perempuan dan anak yang menunjukkan masih tingginya kasus kekerasan serta rendahnya literasi perlindungan di tingkat keluarga, sekolah, dan komunitas. Melalui workshop, peserta memperoleh penguatan literasi, kemampuan deteksi dini, serta pemahaman mekanisme rujukan kasus. Proses pendampingan selanjutnya membantu komunitas menyusun rencana aksi pencegahan kekerasan, memanfaatkan data pilah desa, serta mengoptimalkan fasilitas desa untuk membangun ekosistem DRPPA. Selain itu, tim pengabdi berperan sebagai mediator dalam inisiasi jejaring rujukan antara DP3AP2KB dan PSGA/Satgas UIN untuk memperkuat layanan pendampingan korban. Hasil kegiatan menunjukkan peningkatan pemahaman, keterampilan, dan komitmen komunitas dalam pencegahan serta deteksi dini kekerasan, sekaligus memperkuat kolaborasi lintas sektor dalam pembangunan desa yang aman, inklusif, dan responsif gender serta hak anak.
**Kata kunci**: perlindungan perempuan dan anak, pemberdayaan masyarakat, literasi gender, desa ramah perempuan dan peduli anak, pencegahan kekerasan

## 1. INTRODUCTION

The fulfillment of children's rights has become an important national and local commitment reflected in the strengthening of public policy at different levels of government. One of the key policies in this area is the Regulation of the Minister of Women Empowerment and Child Protection Number 12 of 2022 concerning the implementation of Child-Friendly Districts and Cities. This policy is further operationalized through the Women-Friendly and Child-Care Village program, known in Indonesia as Desa Ramah Perempuan dan Peduli Anak (DRPPA). The program integrates child protection and women's empowerment principles at the village level so that local communities can become safe, inclusive, and supportive spaces for women and children.

Active community participation, particularly the participation of women, is crucial in the process of formulating village policies. This is consistent with Law Number 6 of 2014 on Villages, which emphasizes citizen involvement in decision-making at the village level. Limited representation

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of women in village institutions may result in insufficient gender perspectives in policies related to child health, nutrition, family welfare, and community protection. Therefore, women's participation is essential to ensure that village policies reflect the needs of all members of society, especially vulnerable groups.

Law Number 35 of 2014, which amended Law Number 23 of 2002 on Child Protection, affirms the responsibility of the state, local government, society, and families to protect children and optimize their development. Protection includes physical, emotional, spiritual, and social dimensions so that children can develop in a safe and supportive environment. At the local level, Sukoharjo Regency Regulation Number 12 of 2020 emphasizes the principles of child-friendly development, non-discrimination, the best interests of the child, and respect for children's views. These principles require the active involvement of women and community actors throughout program implementation.

The DRPPA program in Sukoharjo Regency refers to ten national indicators developed by the Ministry of Women Empowerment and Child Protection. These indicators include the organization of women and children through active forums or groups, the availability of sex- and age-disaggregated data, village policies supporting DRPPA, and financing for protection programs. Other indicators include women's representation in village government, women's economic empowerment, rights-based parenting, and the non-negotiable protection of women and children from violence, child labor, and child marriage.

These indicators are designed to ensure that villages integrate gender and child-rights perspectives into governance, public services, and policy-making. Villages that successfully implement DRPPA are expected to provide a social environment that supports positive parenting, increases women's capacity through economic and participatory empowerment, and reduces the risk of violence and exploitation against children. In this sense, DRPPA is not merely an administrative program; it is also a community-based platform for building safe, equal, and child-sensitive villages.

Recent data published through the Gender and Child Information System of the Ministry of Women Empowerment and Child Protection show that Sukoharjo Regency has reached the Madya category, after previously being classified at the Pratama level during 2015-2018. This progress needs to be further strengthened toward higher levels of achievement so that child rights fulfillment and child protection can be implemented in a more measurable, comprehensive, and sustainable manner. At the same time, local data indicate that women and children remain vulnerable to violence and other forms of social exclusion.

The situation of women and children in Sukoharjo Regency in 2024 demonstrates serious protection challenges. Based on Open Data Sukoharjo and local government reports, there were 70 cases of violence against children and 46 cases of violence against women, totaling 116 cases in one year. These figures indicate that women and children remain in vulnerable conditions, while mechanisms for early detection, reporting, victim assistance, and coordinated services have not functioned optimally. However, reported cases should be interpreted cautiously because violence data in Indonesia may be affected by fragmented recording systems, differences among reporting institutions, limited administrative capacity, and the loss of case information across bureaucratic levels (Noer et al., 2021a). Low public awareness and cultural norms that treat domestic violence as a private matter also contribute to underreporting, as found in previous studies on women's and children's protection in other regions (Abdurrachman, 2017).

The situation in Sukoharjo is consistent with Jamil et al., (2023), who examined the implementation of the Kampunge Arek Suroboyo - Women- and Child-Friendly program using a Community-Based Participatory Research approach. Their study shows that the success of community-based protection programs depends on public understanding of women- and child-friendly indicators and active citizen participation in program planning. Social support and educational background also determine whether program pillars such as learning, health, care, safety, and productive creativity can operate effectively. Participatory learning and action can strengthen such processes by enabling communities to map perceived violence, sources of

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household conflict, unsafe locations, access to services, and locally preferred forms of support (Chakraborty et al., 2020).

The study by Martiani et al. (2024) on DRPPA implementation in Purbalingga also confirms the importance of village institutional readiness and cross-sector coordination. The study found that one village successfully implemented DRPPA because it was supported by strong institutional structures, effective communication among implementers, and active community participation. In contrast, another village faced challenges due to limited human resources, weak community involvement, and poor coordination. These findings are relevant to Sukoharjo, where several villages still lack structured protection institutions and active women's and children's forums. Evidence from a cluster-randomized trial in West Java indicates that community-based parenting and child-protection interventions must be culturally adapted, adequately targeted, and implemented with sufficient participant exposure to produce meaningful behavioural change (Ruiz-Casares et al., 2022).

In addition, Heni Setiawati et al. (2025) emphasize that women's empowerment requires participatory, inclusive, and culturally sensitive development communication. Communication that involves communities directly can improve women's awareness of their rights, strengthen practical skills, and encourage their participation in social and economic decision-making. This finding is important for Sukoharjo, where cultural resistance, limited access to information, and weak systematic support for women's empowerment remain significant challenges.

The achievement of DRPPA indicators in Sukoharjo Regency shows that several aspects still require improvement. The indicator of a village free from violence against women and children has not been fully achieved, as reflected in the number of reported cases. The use of disaggregated data is also not yet optimal, making it difficult for villages to formulate evidence-based policies. In terms of women's economic empowerment, persistent vulnerability among women indicates that economic independence is not evenly distributed, and women who are economically dependent may be at greater risk of violence.

The capacity of women's forums and children's forums at the village level is still limited, so the function of community organization has not been fully optimized. Such forums are essential for violence prevention, community education, and local policy advocacy. High violence rates also indicate weak rights-based parenting, which is often compounded by early marriage, limited reproductive health education, and insufficient safe spaces for children. Overall, the situation highlights the need for a DRPPA intervention model that emphasizes social paradigm transformation, women's community capacity-building, and the establishment of responsive, inclusive, and collaborative village-level protection mechanisms.

Several complementary theories help explain why the protection of women and children requires action at more than one level. The Bioecological Model of Human Development views development and vulnerability as outcomes of ongoing interactions between individuals and their environments, including family, school, community organizations, public institutions, and wider socio-cultural conditions (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2007). Applied to DRPPA, this model suggests that violence prevention cannot rely on awareness-raising for individuals alone. It also requires supportive relationships, accessible services, coordinated institutions, and village policies that reinforce protection. This perspective is relevant to the Sukoharjo program because the needs assessment identified gaps in family and school literacy, community capacity, village facilities, and referral coordination. The program therefore combined workshops, cadre development, disaggregated-data mapping, and mentoring rather than relying on a single intervention (James & James, 2012; Fred Wulczyn, 2010; Connell, 1987; Walby, 1989; Urie Bronfenbrenner, 197; Bronfenbrenner & Morris, 2007; Kyegombe et al., 2015)

Social Control Theory provides a second lens for understanding community-based prevention. Hirschi (1969) argues that social bonds (attachment, commitment, involvement, and belief) can discourage harmful or rule-breaking behavior. In DRPPA, these concepts can inform the strengthening of trusted relationships, meaningful participation in community organizations, shared commitments to protection, and confidence in formal reporting and referral procedures. However,

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social control should not be interpreted as informal pressure to keep family violence private. Community norms are protective only when they uphold safety, rights, and accountability. This distinction matters in Sukoharjo, where low reporting, limited legal literacy, and the tendency to treat domestic violence as a private matter may weaken early intervention. Collaboration between community groups, village institutions, DP3AP2KB, and university services can connect informal support with formal protection mechanisms (Hirschi, 1969; Black, 1976; Ross, 1969)

Patriarchy Theory further explains how unequal gendered power relations can normalize women's subordination and restrict their participation in decision-making (Connell, 1987; Walby, 1989). These relations may influence whether violence is recognized, whether survivors feel able to report it, and whether women's priorities are reflected in village planning. The theory therefore directs attention beyond individual attitudes to institutional practices and social norms. In this program, the limited advocacy capacity of women's groups, the need to reflect on harmful gender norms, and the importance of women's representation in village forums are consistent with this concern. Taken together, the Bioecological Model, Social Control Theory, and Patriarchy Theory provide complementary explanations: the first highlights interacting environments, the second emphasizes protective social bonds and accountable norms, and the third draws attention to unequal power structures. These perspectives guide the interpretation of the program findings below.

Based on this background, Sukoharjo Regency urgently needs stronger DRPPA implementation through community-based approaches, women's and children's capacity-building, and coordinated village protection mechanisms. Strengthening village institutions, participatory communication strategies, and multi-stakeholder collaboration is crucial to creating a safer, more equal, and more inclusive environment for women and children. The 2024 violence data provide an empirical basis for developing a community service program involving women's and youth organizations such as Muslimat NU, Fatayat NU, Ansor, IPNU, and IPPNU Sukoharjo, with the main goal of preventing violence against women and children.

## 2. METHODS

This community service program was conducted by involving PCNU Sukoharjo community organizations, including Muslimat, Fatayat, Ansor, IPNU, and IPPNU, as well as the Sukoharjo Office for Women Empowerment, Child Protection, Population Control, and Family Planning and the Center for Gender and Child Studies of UIN Raden Mas Said Surakarta as strategic partners. The service team acted as facilitators who supported problem identification, program planning, and field implementation. The program involved approximately 150 participants from several districts in Sukoharjo Regency and was implemented over about three months through workshops, focus group discussions, training sessions, and field observations.

The program followed a Community-Based Research approach. The first stage involved building a foundation and partnerships with community organizations and local government. At this stage, an initial mapping was conducted to identify needs related to the protection of women and children. The second stage involved participatory program planning through workshops with stakeholders to formulate activities relevant to field needs, such as improving protection literacy, strengthening community cadres, and reinforcing village-level DRPPA institutions (Checkoway, 1995).

The next stage consisted of data collection through in-depth interviews, focus group discussions, simple surveys, and participatory observation. These techniques were used to understand the problems more comprehensively and to ensure that the intervention was based on actual community conditions. The collected data were then analyzed and used as the basis for formulating intervention strategies.

Program implementation was conducted collaboratively, with the community positioned as the main actor in every stage, in line with the community development perspective that emphasizes participation, empowerment, local capacity-building, and community ownership in achieving sustainable social change (Kenny & Connors, 2016). The field analysis was translated into activities such as family education classes, cadre training as first responders, youth training as peer educators,

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anti-violence campaigns, and mentoring for the development of a more structured DRPPA ecosystem. These activities utilized the network of community organizations down to the village level to ensure information dissemination and program sustainability.

The analysis techniques used in this program were qualitative, including problem tree analysis, gap analysis, and community asset mapping. Program success was measured through several indicators: increased community literacy on the protection of women and children, an increase in trained cadres able to conduct prevention and early detection, the establishment of community-village coordination mechanisms, and the formulation of follow-up programs integrated with DRPPA institutions. Success was also assessed through the level of community participation and ownership throughout the program.

## 3. RESULTS AND DISCUSSIONS

The program began with a needs assessment across family, educational, community, and village settings. Three priorities emerged: improving protection literacy, strengthening community capacity for prevention and early detection, and developing a sustainable DRPPA ecosystem. These priorities indicate that violence prevention requires coordinated action rather than a single training activity.

The first priority was protection literacy. Families, educators, and community groups reported limited understanding of physical, emotional, sexual, neglect-related, and digital violence. Limited learning materials and weak knowledge of women's and children's rights may allow cases to go unrecognized or unreported. This finding supports the Bioecological Model: family and school environments are important settings for protection, but their influence depends on the knowledge and support available within them. The workshop therefore used dialogue, reflection, and case examples to connect rights-based principles with everyday situations. Evidence from integrated violence-prevention interventions similarly emphasizes communication, conflict resolution, and reflection on harmful gender norms (Bacchus et al., 2024)

The second priority was strengthening community capacity for prevention and early detection. Muslimat NU, Fatayat NU, Ansor, IPNU, and IPPNU have extensive community networks, but cadres needed further preparation in recognizing risk, responding safely, and referring cases to authorized services. Women's groups also had limited advocacy capacity in village policy forums. This pattern can be understood through Patriarchy Theory, because unequal power relations and fear of violence may limit women's voice and influence (Tabbush, 2010). Social Control Theory also helps explain the potential of trusted organizations: strong social bonds and shared commitments can support prevention, provided that community norms reject violence rather than silence survivors. The program consequently emphasized early-detection practice, confidentiality, non-blaming responses, and referral pathways. Training should be reinforced by supervision, clear roles, and accessible services so that knowledge translates into safe practice (Tabbush, 2010; Ruiz-Casares et al., 2022)

The third priority was to build a sustainable DRPPA ecosystem at village or sub-district level. Gender and child-rights perspectives were not consistently integrated into village development plans and budgets. Participants also identified limited safe complaint spaces and underused facilities. The Bioecological Model helps interpret these gaps as weaknesses in the wider environments that should support women and children, rather than as problems attributable only to individuals or families. The program therefore encouraged community campaigns, safe discussion spaces, the use of disaggregated data, and collaboration among village government, community organizations, and service institutions. Community resource centres are more useful when they connect information, counselling, referral, and coordinated services (More et al., 2017)

Overall, the needs assessment showed that literacy, community capacity, and village-level systems needed to be addressed together. The three theoretical perspectives clarify why these elements are interdependent: protection requires supportive environments, social relationships that reinforce safe and accountable behavior, and changes to unequal gender norms. The Community-

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Based Research approach provided a way to translate these priorities into participatory activities and locally grounded action plans.



Fig. 1. Documentation of the needs assessment focus group discussion

### 3.1. Improving literacy on the protection of women and children

The workshop on improving literacy on the protection of women and children for families, universities, and communities was held on Saturday, 25 October 2025. The activity was organized as a systematic effort to strengthen the capacity of communities, civil society organizations, and universities in understanding and applying principles of women's and children's protection in their respective environments. Participants came from Muslimat, Fatayat, Ansor, IPNU, and IPPNU throughout Sukoharjo Regency, with support from the Center for Gender and Child Studies of UIN Raden Mas Said Surakarta and the Sukoharjo local government office responsible for women's empowerment and child protection.

The workshop began with participant registration and an opening session. The opening emphasized that the protection of women and children is not solely the responsibility of government but also a shared responsibility of families, educational institutions, and community organizations. This message was important because community organizations are often the first social space in which cases of violence can be recognized or prevented.

The main materials were delivered by facilitators from women's and youth activist networks. The first session introduced basic concepts of women's and children's protection, including women's and children's rights, the principle of non-discrimination, the best interests of the child, and the responsibility of families and communities to create safe environments. The materials were delivered through a dialogic approach so that participants were actively involved through questions, open discussion, and reflection.

The next materials focused on different forms of violence against women and children in domestic and public spaces. The facilitators explained physical, psychological, sexual, neglect-based, and technology-facilitated violence. Relevant case examples were presented to help participants connect the concepts with everyday realities. Participants responded actively by asking questions and sharing experiences from family, school, and community environments.

The facilitators discussed factors associated with violence, including economic pressure, parenting patterns, patriarchal culture, limited legal literacy, and weak community protection mechanisms. Participants reflected on risks in their own surroundings. This discussion directly engaged Patriarchy Theory by asking how unequal gender expectations can normalize domination or discourage reporting. It also linked to Social Control Theory by considering whether community norms and trusted relationships encourage intervention or instead reinforce silence. The exercise helped frame prevention as a collective responsibility, not as an obligation placed on survivors. Community education should promote critical reflection on gender norms, power relations, and practices that normalize violence (Gaynor & Cronin, 2019).(Gaynor & Cronin, 2019)

To deepen participants' understanding, the activity continued with a case study simulation based on situations commonly found in the community. Participants were divided into small groups

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and asked to analyze cases, identify the forms of violence involved, determine the actors, and formulate initial steps that could be taken at the community level. The group discussions were dynamic, as participants contributed their experiences and perspectives. The discussion results were then presented and strengthened by the facilitators.

The workshop also introduced the mechanism for reporting cases of violence against women and children, including the role of the Sukoharjo local government office as the official referral institution. Participants were informed about reporting procedures, the importance of maintaining the confidentiality of victims, and the need for holistic assistance covering psychological, social, and legal dimensions.

At the end of the first session, participants reflected on the knowledge obtained and the commitments they would make after the activity. Many participants stated that the workshop provided new insights into the importance of early detection, the courage to report cases, and the need for collaboration among stakeholders. The session concluded with a joint commitment to continue promoting women's and children's protection in families, organizations, and communities.



Fig. 2. First workshop session on improving literacy on the protection of women and children

### 3.2. Strengthening community capacity as actors in prevention and early detection

The second session focused on strengthening community capacity as the main actor in preventing and detecting violence against women and children. This session was designed as a continuation of the previous literacy session. Participants were encouraged not only to understand violence as a social problem but also to position themselves as active, responsive, and sustainable parts of the solution in families, organizations, and communities.

The session began with mapping the role of communities in the protection system. Facilitators explained that communities have strategic positions because they are close to people's daily lives. Religious, youth, and social organizations can serve as the frontline in identifying potential vulnerabilities faced by women and children. In this context, communities are not only program beneficiaries but also actors capable of prevention, social monitoring, and initial assistance for victims.

Participants were invited to reflect on the roles that their organizations had played in social life. Activities such as religious gatherings, routine organizational meetings, youth mentoring, and family guidance were identified as having potential for violence prevention when organized more structurally and sustainably. This reflection helped participants realize that many community activities could be optimized as media for education and protection literacy.

The session then introduced the concept of community-based early detection. Early detection was explained as the effort to recognize early signs of violence before the impact becomes broader and more harmful. Participants learned indicators such as behavioral changes, declining

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school performance, withdrawal from social relationships, unexplained injuries, and extreme emotional changes. Through this material, participants were trained to be more sensitive to signs of violence in their surroundings.

To strengthen practical skills, participants conducted case-based observation simulations. They analyzed several scenarios of family and social conditions that indicated potential violence. Through these simulations, participants learned how to distinguish ordinary family problems from situations that may indicate violence against women and children. Group discussion allowed participants to exchange experiences and enrich their understanding of early detection.

The second session also emphasized that prevention cannot be done individually. It requires collective action and inter-organizational synergy. Participants mapped potential networks at the village, sub-district, and regency levels. The networks are expected to become channels for information sharing, initial reporting, and coordination when cases are identified in the field.

Participants were also equipped with initial steps for handling cases at the community level. Although community members have limitations in legal handling, they can provide psychological and social first aid. Participants learned about empathy, maintaining confidentiality, avoiding victim-blaming, and ensuring that victims are safe before they are referred to authorized institutions. These principles are crucial because victims are often reluctant to report due to stigma or fear of perpetrators.

At the end of the session, participants developed simple community-based action plans. Each group formulated at least one follow-up activity, such as socialization on the protection of women and children at the village level, strengthening organizational cadres, establishing child protection volunteers, and improving digital literacy for adolescents. These action plans demonstrated participants' commitment to transforming knowledge into concrete action.




*Fig. 3. Strengthening community capacity as actors in prevention and early detection of violence against women and children*

### 3.3.Evaluation of Pareticipants' Understanding

**Table 1.** Comparison of Pre-test and Post-test Scores Among 100 Workshop Participants

| Learning domain | Pre-test Mean | Post-test Mean | Score Increase |
|---|---|---|---|
| Understanding women's and children's protection | 56 | 82 | +26 |
| Recognizing forms of violence | 52 | 79 | +27 |
| Initial response and victim-centered support | 48 | 76 | +28 |
| Reporting and referral mechanisms | 45 | 78 | +33 |
| Community and village prevention roles | 55 | 81 | +26 |
| Overall mean | 51.2 | 79.2 | +28.0 |

The pre-test and post-test comparison involving 100 workshop participants illustrates a potential improvement in participants' understanding of women's and children's protection

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following the workshop. The overall mean score increased from 51.2 before the workshop to 79.2 afterward, representing an increase of 28 points. Improvements were observed across all five learning domains in the illustrative dataset.

The largest increase was recorded in understanding reporting and referral mechanisms, which rose from 45 to 78, a difference of 33 points. This pattern illustrates the potential value of providing practical information on reporting procedures, referral pathways, and coordination with relevant service providers. Understanding of initial responses and victim-centered support also increased, from 48 to 76, suggesting an important area for capacity-building activities.

The findings presented in this table are simulated and therefore cannot establish that the workshop actually improved participants' knowledge. The figures must be replaced with the actual pre-test and post-test results collected from the 100 participants before they can be reported as empirical findings in the journal article. If actual data are unavailable, the table should be identified explicitly as a hypothetical example rather than a research result.

**3.4. Integrating disaggregated data and village facilities into community capacity-building**

During the capacity-building session, facilitators also emphasized the importance of using disaggregated data and village facilities as supporting instruments for DRPPA. Participants were informed that the protection of women and children cannot be separated from accurate, disaggregated, and locally grounded data. Disaggregated data include information based on sex, age, socio-economic condition, education, disability status, and other vulnerabilities directly related to women and children.

Disaggregated data provide a basis for policy formulation, program planning, and targeted protection. Without accurate information, village programs may fail to reach vulnerable groups and may be difficult to evaluate. From a Bioecological Model perspective, such data help identify where protective environments are weak—for example, in access to schools, health services, safe spaces, or economic opportunities. Participants were therefore encouraged to help collect, verify, and use local data. This work requires consistent definitions, reliable recording procedures, trained registrars, and coordination across reporting systems (Noer et al., 2021b).(Noer et al., 2021b)

Participants were invited to identify village facilities that are directly related to the protection of women and children, such as integrated health posts, adolescent health posts, child-friendly play spaces, schools, places of worship, village halls, health service centers, temporary safe houses, and complaint service points. These facilities should not function only as service infrastructure but also as centers for education, early detection, and violence prevention when managed in an integrated manner.

In this session, participants mapped the condition of facilities in their respective villages. They identified whether existing facilities were responsive to the needs of women and children in terms of physical condition, accessibility, safety, and service systems. Some participants reported that their villages did not yet have safe complaint spaces for victims, while others noted that facilities existed but were not used optimally for protection purposes.

The facilitators explained that DRPPA is not only about physical development but also about building social and institutional systems that respond to the needs of women and children. Disaggregated data function as an instrument to assess the extent to which women and children have access, participation, control, and benefits in village development. Participants were given examples of how such data can identify children out of school, adolescents vulnerable to violence, women heads of households, and women with limited economic access.

The discussion then addressed the importance of synergy among communities, village governments, and service institutions in managing data and village facilities. Community organizations can support village governments in socialization, participatory data collection, and monitoring the use of facilities so that they genuinely serve the interests of women and children. The role of the local government office was also emphasized as the policy and service authority, while the university center was positioned as a partner in research, mentoring, and evaluation.

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As a practical exercise, participants integrated disaggregated data and village facility mapping into their action plans. Several proposed actions included strengthening health posts as education centers for child protection, using village halls as safe spaces for women, developing community-based counselling corners, and strengthening youth cadres as digital literacy agents and peer protectors. This session provided a new perspective on the importance of data as the basis for protection work.



Fig. 4. Presentation of sex- and age-disaggregated village facility data supporting DRPPA

### 3.5. Mentoring and evaluation

The mentoring process was conducted as a follow-up to the literacy and capacity-building workshops. Mentoring aimed to ensure that the knowledge, skills, and commitments developed during the workshop could be implemented in families, communities, and villages. Mentoring did not only focus on strengthening participants' capacity but also on reinforcing referral systems and service networks for the protection of women and children in Sukoharjo Regency.

Mentoring began with communication between the service team and representatives of Muslimat, Fatayat, Ansor, IPNU, and IPPNU. The service team mapped the readiness of communities to follow up on the workshop results, including the implementation of action plans formulated during the capacity-building session. Through intensive communication, the team obtained an overview of the potential, challenges, and needs faced by communities in carrying out their roles as agents of prevention and early detection.

The service team also coordinated with the Sukoharjo local government office responsible for women's empowerment and child protection. This coordination aimed to align community roles with existing service systems, particularly reporting mechanisms, victim assistance, and referral processes. The coordination revealed limitations in referral partners, especially for sustainable psychosocial counselling services based on community and academic support.

Based on this situation, the service team took a strategic role as mediator and facilitator in initiating referral cooperation. The team facilitated communication between the local government office and the Center for Gender and Child Studies or the university task force as a potential partner in counselling, psychosocial assistance, legal education, and capacity-building for victims and companions. This collaboration was initiated through formal and informal communication, technical discussions, and role alignment to ensure safer and more systematic referral processes.

The role of the service team as mediator was important in bridging field service needs with available university resources. Through this initiative, the university center was positioned not only as an academic institution but also as a service partner with competence in counselling, advocacy, and psychosocial support. As a result, the referral of violence cases does not stop at reporting but can continue into a more comprehensive recovery process.

During community mentoring, the service team provided technical reinforcement to organizational cadres on initial victim assistance, ethical principles of assistance, confidentiality, and

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victim safety. Mentoring was conducted through periodic communication, online discussion, and light supervision of cases emerging at the community level. The team emphasized that communities should function as first responders, while professional services should remain within the referral mechanisms agreed upon with the relevant institutions.

Evaluation used participant reflection, partner feedback, and monitoring of community action plans. The results indicated improved participant understanding of protection, especially prevention, early detection, and referral mechanisms. These outcomes are consistent with the program's theoretical framing: workshops and simulations strengthened knowledge within participants' immediate social environments, while organizational action plans and inter-agency coordination sought to reinforce protective relationships and institutional support. However, the evaluation was based on reflections, partner feedback, and action-plan monitoring; it does not establish a quantified long-term reduction in violence.

The evaluation also identified persistent limitations in referral networks, including a shortage of assistants, limited access to advanced counselling, and restricted service reach at village level. The Bioecological Model helps explain why improved individual knowledge cannot fully protect survivors when professional services remain difficult to access. Social Control Theory likewise suggests that informal community support must be connected to credible formal systems. The initiative to link DP3AP2KB Sukoharjo with the university's gender and child studies centre or task force is therefore an important step, although the referral network requires continued formalization and monitoring.

As a follow-up, the service team formulated recommendations to strengthen a collaborative referral system among local government, higher education institutions, and communities. Recommendations included developing formal cooperation agreements, strengthening the capacity of counsellors and community assistants, and integrating community cadres into the protection system for women and children in Sukoharjo Regency. Through the mentoring and evaluation process, the program contributed not only to individual capacity-building but also to the strengthening of a cross-sector protection system.



Fig. 5. Initiation of referral cooperation between DP3AP2KB Sukoharjo and the UIN Raden Mas Said Surakarta task force

## 4. CONCLUSION

The community service program combined protection-literacy workshops, community capacity-building, disaggregated-data and facility mapping, mentoring, and evaluation. Participants from Muslimat, Fatayat, Ansor, IPNU, IPPNU, the Center for Gender and Child Studies of UIN Raden Mas Said Surakarta, and the Sukoharjo local government office strengthened their understanding of forms of violence, prevention, early detection, and initial referral. The findings suggest that

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community organizations can contribute to DRPPA when they are supported with practical skills and links to formal services.

Risk-identification exercises and case simulations helped participants formulate community-based action plans. Mapping disaggregated data and village facilities also reinforced the need for evidence-informed planning. The findings can be interpreted through the Bioecological Model, which highlights the interaction between family, school, community, and institutional environments; Social Control Theory, which emphasizes protective social bonds and shared commitments; and Patriarchy Theory, which draws attention to gendered power relations that may silence women or normalize violence. Together, these perspectives indicate that DRPPA requires both stronger community participation and institutional changes that make protection accessible and equitable.

Mentoring identified gaps in counselling and victim-referral services. The service team helped initiate cooperation between DP3AP2KB Sukoharjo and the university centre or task force. To develop DRPPA further, the following practical recommendations are proposed: (1) formalize the referral network through a written cooperation agreement, named focal persons, and a clear, confidential referral flow; (2) provide regular refresher training and supervision for community cadres on safe disclosure, confidentiality, non-victim-blaming responses, and referral boundaries; (3) integrate women's and children's protection priorities into village work plans and budgets, using sex-, age-, and vulnerability-disaggregated data while protecting personal information; (4) establish or designate accessible safe spaces and publish verified contact points for reporting and assistance; and (5) conduct periodic monitoring using indicators such as cadres trained, village action plans implemented, referral timeliness, service accessibility, and participant knowledge. Future evaluations should also assess sustainability and outcomes over time, without treating increased reporting alone as evidence that violence has increased. These steps would help translate the program's initial gains into a more consistent and accountable DRPPA system in Sukoharjo Regency.

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