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CHILD PROTECTION INSTITUTIONS AND RELIGIOUS COMMUNITIES IN PREVENTING AND RESPONDING TO CHILD SEXUAL VIOLENCE IN DELI SERDANG

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Abstract

Child sexual violence requires responses that combine victim protection with prevention within families and communities. This study examines the responsive and preventive roles of the Child Protection Agency (*Lembaga Perlindungan Anak*, LPA) of Deli Serdang, the preventive perspectives and practices articulated by Islamic and Buddhist community representatives, and the relationship between these institutional and community-based domains. A qualitative descriptive case-study design was employed using semi-structured interviews with four purposively selected institutional informants and documentary data, including anonymized records of five child sexual violence cases and LPA assistance-monitoring records from June 2026. The findings show that LPA performs responsive functions through safety assurance, risk assessment, medical and psychological assistance, legal accompaniment, and confidentiality protection, alongside preventive *body safety* education for children and parents. Islamic and Buddhist representatives articulate a different preventive domain centered on family guidance, moral education, parental responsibility, interpersonal boundaries, compassion, and self-discipline. However, the study found no evidence of an established operational partnership, formal referral mechanism, joint program, or routine institutional communication between LPA and the religious actors examined. Their roles are therefore better characterized as functionally complementary but operationally separate. The study concludes that strengthening child protection in Deli Serdang requires clearer communication and referral mechanisms connecting community-based prevention with professional protection services while maintaining the distinct competencies of each actor. Because the evidence is based primarily on institutional representatives and documentary records, the findings should not be interpreted as evidence of intervention effectiveness or victims' lived experiences.

Keywords: *Child Protection; Child Sexual Violence; Religious Communities; Child Protection Agency; Institutional Coordination; Deli Serdang*

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A. Introduction

Child protection is a fundamental component of human rights protection because children are entitled to survival, development, participation, and protection from violence, exploitation, and discrimination. In Indonesia, this obligation is institutionally reinforced by Law No. 35 of 2014 amending Law No. 23 of 2002 on Child Protection, which places responsibility for child protection on the state, families, communities, and other relevant actors. Protection in this context extends beyond imposing criminal sanctions on

perpetrators. For children who experience violence, particularly sexual violence, an adequate protection framework must also safeguard their physical and psychological well-being and facilitate recovery from the consequences of victimization. This victim-centered orientation is consistent with Indonesian scholarship emphasizing that legal protection for child victims should extend beyond punishment to encompass recovery, rehabilitation, legal assistance, restitution, psychosocial support, advocacy, and other mechanisms necessary to restore victims' rights and welfare (Adnyana & Suardita, 2024; Aryanti & Suparno, 2024; Ilyasa, 2022; Krismawati et al., 2023; Mawarni et al., 2023; Utari et al., 2026).

Sexual violence against children represents a particularly serious form of rights violation because its consequences can extend across physical, psychological, and social dimensions. Children may be especially vulnerable when abuse occurs within relationships characterized by dependence, authority, emotional attachment, or unequal power. The domestic sphere therefore cannot automatically be assumed to function as a safe environment. Studies of violence against children in Indonesia have drawn attention to the role of family and immediate social environments in shaping children's vulnerability to abuse (Hidayat, 2021), while research on children after sexual victimization demonstrates that the social environment can also influence how victims are treated during recovery (Fernando et al., 2023). Socio-legal research similarly shows that the protection of child victims requires attention to both formal legal mechanisms and the social conditions surrounding recovery and access to support (Gemilang & Idris, 2024).

The complexity of child sexual violence also demonstrates the limitations of relying exclusively on a punitive response. Indonesian legislation increasingly recognizes this broader protection framework. Law No. 12 of 2022 on Sexual Violence Crimes regulates not only criminal accountability but also prevention, victim protection, treatment, and recovery. At the empirical level, however, studies continue to identify gaps between the formal protection guaranteed by law and its implementation, particularly in relation to victims' recovery and access to comprehensive support (Antoni et al., 2024; Putri et al., 2024). Antoni et al. (2024) identify continuing challenges involving public awareness, social stigma, law enforcement, and access to victim assistance, while Aryanti and Suparno (2024) specifically demonstrate legal and administrative uncertainties affecting the implementation of restitution for child victims, a problem also reflected in Indonesian research examining the practical fulfillment of restitution rights for children who experience sexual violence (Nurhaurima et al., 2021). Mawarni et al. (2023) similarly emphasize the relationship between normative protection and its practical implementation. Evidence from a local study in Aceh Utara further illustrates that the protection of child victims involves multiple institutions and cannot be understood solely through statutory provisions (Abdullah et al., 2022). These studies collectively indicate that effective child protection requires a system capable of linking legal intervention with social and institutional support.

Within such a system, child-protection institutions have an important intermediary function between victims and the services required after violence is reported. Their responsibilities may encompass immediate protection, assistance during legal proceedings, access to medical and psychological services, advocacy, rehabilitation, and public education. Rizqian (2021) emphasizes the involvement of parents, communities, and the state in protecting children who experience sexual violence. This perspective is particularly relevant to local child-protection agencies because the needs of victims frequently cross institutional boundaries. A child may simultaneously require physical safety, medical assessment, psychological assistance, legal support, and a family environment capable of supporting recovery. Consequently, the effectiveness of institutional protection depends not only on the existence of formal rules but also on the capacity to connect children and their families with appropriate services.

Prevention, however, occurs within a broader social environment than formal child-protection institutions alone can reach. Indonesian research on child sexual abuse prevention further indicates that preventive education can involve age-appropriate recognition of body parts and personal boundaries, parent–child communication, and self-protection knowledge (Hidayati & Nurhafizah, 2022; Mahanani et al., 2022). School-based research also demonstrates the strategic role of adults who interact regularly with children, including teachers, in delivering child sexual abuse prevention education (Mahanani & Paramastri, 2016). Families, schools, community organizations, and religious community actors participate in shaping everyday norms concerning responsibility, personal boundaries, self-protection, parenting, and interpersonal conduct. Religious community actors are particularly relevant in this study because they maintain recurring contact with families through religious gatherings, family guidance, moral instruction, and children's religious education. Within Islamic educational discourse, for example, child development includes age-appropriate instruction concerning worship and domestic conduct, including guidance derived from the hadith reported in Sunan Abū Dāwūd concerning children's prayer education and the separation of sleeping arrangements (Ahzamy et al., 2025). In the empirical setting examined in this study, Islamic community representatives also articulate *mahram*, privacy, and parental responsibility as moral resources for family-based prevention. Buddhist community representatives similarly draw upon religious education, family guidance, and ethical teachings concerning parental obligations, compassion, and self-discipline. In this study, these religious perspectives are treated as community-based preventive resources rather than as substitutes for professional, legal, medical, or psychological intervention when sexual violence has occurred.

This distinction is crucial because moral education and institutional protection perform different functions. Community-based religious education can contribute to preventive awareness before violence occurs, whereas child-protection institutions are equipped to respond when a child is at risk or when victimization has already been disclosed. Existing studies have examined legal protection, victims' rights, restitution, family resilience, and community participation in preventing violence (Aryanti &

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Suparno, 2024; Mawarni et al., 2023; Rizqian, 2021; Syaidah et al., 2024). Nevertheless, an important question concerns how community-based preventive mechanisms connect with formal child-protection systems. Earlier research in Aceh found that community-level protection concerns were frequently handled within families or informal networks and identified challenges in establishing stronger links between local mechanisms and formal child-welfare systems (Stark et al., 2012). More recent Indonesian studies similarly indicate that collaboration among child-protection institutions, government actors, religious leaders, and communities can support prevention and response (Harahap et al., 2025), while research in religious educational settings shows that fragmented institutional arrangements and the absence of integrated case-management and referral mechanisms can constrain victim-centered protection (Bukido et al., 2026). These findings make it particularly important to examine whether formal child-protection agencies and religious community actors are operationally connected through referral procedures, communication channels, coordinated prevention, or other forms of institutional collaboration.

Deli Serdang Regency provides a relevant setting for examining this issue. This study focuses on the Child Protection Agency (*Lembaga Perlindungan Anak*, LPA) of Deli Serdang and representatives of Islamic and Buddhist communities whose organizational or community activities relate to family guidance and child protection. The study does not presume that these actors already operate within an established collaborative framework. Instead, it distinguishes between the responsive and preventive functions performed by LPA and the preventive perspectives and activities articulated by religious community representatives, while examining whether operational coordination actually exists between them. This distinction is important because the presence of multiple actors concerned with children's welfare does not by itself demonstrate institutional integration.

The study therefore addresses three interrelated dimensions of child protection in Deli Serdang: the responsive, preventive, and victim-support roles performed by LPA Deli Serdang; the preventive perspectives and reported community practices described by the Islamic and Buddhist representatives; and the institutional relationship between formal child protection and community-based religious prevention, particularly the presence or absence of coordination and referral mechanisms. Its contribution lies not simply in documenting the roles of these actors, but in examining the institutional interface between two domains that are frequently discussed separately: professional victim protection and community-based prevention. The study specifically distinguishes functional complementarity from operational integration. This distinction is analytically important because the presence of actors performing potentially complementary child-protection functions does not necessarily indicate that an integrated protection system exists. By examining whether community-based prevention is connected to professional protection services through referral procedures, communication channels, or coordinated activities, the study identifies where institutional discontinuity may occur between prevention and formal response.

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B. Methods

This study employed a qualitative descriptive case-study design to examine how institutional and community actors understood and performed their respective roles in preventing and responding to child sexual violence in Deli Serdang. The case centered on LPA Deli Serdang and selected Islamic and Buddhist community representatives whose institutional or community roles involved child protection, family guidance, or preventive education. Rather than evaluating the effectiveness of these interventions, the study mapped the responsive and preventive functions attributed to each actor and examined whether operational coordination existed between the institutional child-protection and community-based prevention domains. The study was conducted in Deli Serdang Regency, North Sumatra, from June 18 to 30, 2026, with several interviews conducted in Medan because two Buddhist informants were based there and held regional organizational positions relevant to Buddhist communities in North Sumatra, including Deli Serdang. Primary data were obtained through semi-structured in-depth interviews with four purposively selected key informants. Informant selection was role-based rather than intended to achieve statistical or demographic representation. Participants were selected because they occupied institutional or community positions that provided direct knowledge of child protection, family guidance, or community-based preventive activities relevant to the research questions. They comprised the chair of LPA Deli Serdang, the founder of an Islamic *majelis zikir* in Deli Serdang, the chair of the North Sumatra Indonesian Buddhist Association (*Perwakilan Umat Buddha Indonesia*, WALUBI), and the secretary of WALUBI Medan. Accordingly, the religious informants' accounts are analyzed as institutionally situated perspectives provided by selected community representatives rather than as representative views of Muslim or Buddhist communities in Deli Serdang as a whole. The Buddhist informants' regional organizational positions were considered relevant to the study because their responsibilities encompassed Buddhist community activities in North Sumatra, including Deli Serdang.

Interview data were supplemented with documentary materials, including relevant legislation, institutional records, activity documentation, and LPA case and assistance-monitoring records. The documentary dataset included anonymized LPA records on five child sexual violence cases documented in June 2026, covering victim age, sex, victim–perpetrator relationship, and type of violence, as well as assistance-monitoring records indicating whether safety assurance, risk assessment, medical assistance, and psychological assistance had been provided between June 18 and 30, 2026. These documentary records were used solely to contextualize the types of cases contained in the dataset and to examine the assistance documented by LPA during the study period. Because the dataset consisted only of records made available for this study, it was not designed to estimate the prevalence, incidence, demographic distribution, or broader epidemiological pattern of child sexual violence in Deli Serdang. Data analysis followed the interactive qualitative procedures described by Miles, Huberman, and Saldaña (2014), consisting of data condensation, data display, and conclusion drawing and verification.

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The analysis was organized around three research-driven domains: (1) LPA's responsive and preventive roles, (2) the preventive perspectives and reported practices described by the Islamic and Buddhist community representatives, and (3) the institutional relationship between these domains, particularly evidence of coordination, referral arrangements, joint activities, or their absence. Interview accounts were compared across informants and examined alongside the available institutional and documentary records. This comparative process was used to identify convergent accounts, functional differences, and gaps between articulated community-based prevention and documented institutional protection practices. Credibility was supported through cross-source comparison by examining interview accounts across the participating institutional representatives and comparing relevant claims with the documentary evidence available from LPA Deli Serdang. This process did not eliminate the limitations associated with the small number of institutional informants but provided a basis for distinguishing documented practices from informants' normative or interpretive accounts.

Given the sensitivity of research concerning child sexual violence, safeguards were applied to data collection, access, analysis, and reporting. The four institutional and community informants were informed of the purpose of the study, participated voluntarily, and consented to being identified in their professional capacities. The study did not recruit or interview child victims, family members, or non-institutional witnesses. The researchers accessed only institutional case information made available by LPA Deli Serdang for academic analysis, and all potentially identifying information—including names, addresses, schools, and other personal identifiers—was excluded from the manuscript. Access to the anonymized case summaries and assistance-monitoring records was granted by LPA Deli Serdang, and the underlying institutional records were not reproduced or disseminated. The documentary data were used only to examine the assistance recorded by LPA and were not used to reconstruct victims' individual experiences or make claims about intervention outcomes. Consequently, the study provides an institutional and community-level account rather than direct evidence of victims' lived experiences or household-level intervention outcomes.

C. Results and Discussion

1. Results

1) LPA's Responsive and Preventive Roles in Addressing Child Sexual Violence

The documentary data obtained from the Child Protection Agency (*Lembaga Perlindungan Anak*, LPA) of Deli Serdang contained five cases of child sexual violence recorded in June 2026. All five victims were girls between 12 and 16 years of age. The recorded relationships between victims and alleged perpetrators varied: one involved a biological father, two involved uncles, one involved a close acquaintance, and one record categorized the relationship as “student.” These records represent the cases contained in the dataset made available for this study and should not be interpreted as representing the overall prevalence or distribution of child sexual violence in Deli Serdang.

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Table 1.
Characteristics of Child Sexual Violence Cases Documented by LPA Deli Serdang, June 2026

No.	Victim Code	Age	Sex	Relationship to Alleged Perpetrator	Type of Violence
1	QJ	16	Female	Close acquaintance	Sexual violence
2	Y	13	Female	Uncle	Sexual violence
3	F	12	Female	Biological father	Sexual violence
4	DF	15	Female	Student [as recorded in the original LPA record]	Sexual violence
5	CG	13	Female	Uncle	Sexual violence

Source: Anonymized LPA Deli Serdang case records, June 2026.

The case involving a biological father provided context for the LPA informant's account of vulnerability within family relationships. According to the chair of LPA Deli Serdang, prolonged domestic conflict, substance use attributed to the alleged perpetrator, and the unequal parent–child power relationship were relevant circumstances surrounding the case. The informant further considered the father's authority within the household to have contributed to the child's fear and difficulty in resisting or disclosing the alleged abuse. Because these interpretations derive from the LPA representative rather than from interviews with the victim, family members, or alleged perpetrator, they are presented as an institutional assessment of the case rather than independently verified causal explanations.

LPA's documented response centered on immediate safety and victim assistance. The chair of LPA explained that once a report was received, the initial priority was to ensure the child's safety, followed by an assessment of the victim's condition and assistance in accessing medical and psychological services. LPA also accompanied victims during legal proceedings and sought to protect their identities. This account is supported by the available assistance-monitoring records, which document safety assurance, risk assessment, medical assistance, and psychological assistance for all five cases included in the dataset. The assistance-monitoring records used case codes that could not be reliably cross-matched with the anonymized victim codes presented in Table 1 based on the documents available for this study.

Table 2.
Documented Assistance Components for Child Sexual Violence Cases Managed by LPA Deli Serdang

Case Code	Safety Assurance	Risk Assessment	Medical Assistance	Psychological Assistance
KSK-BK/DS	Provided	Provided	Provided	Provided
KSK-TM1/DS	Provided	Provided	Provided	Provided
KSK-TM2/DS	Provided	Provided	Provided	Provided
KSK-LP/DS	Provided	Provided	Provided	Provided
KSK-GL/DS	Provided	Provided	Provided	Provided

Source: LPA Deli Serdang assistance-monitoring records, June 18–30, 2026.

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The monitoring records therefore provide documentary evidence that these four components of assistance were recorded for each of the five cases. The available documents, however, do not provide standardized outcome measures of victims' medical or psychological recovery. Accordingly, the data demonstrate the documented provision of assistance but do not establish the effectiveness or long-term outcomes of these interventions. In addition to responding to reported cases, LPA described preventive activities directed toward children and parents. According to the chair of LPA, the agency conducts *body safety* education in schools and community settings to help children recognize private body parts, distinguish appropriate from inappropriate touching, refuse unwanted contact, and report potentially abusive behavior. Parents are also included in educational activities intended to strengthen supervision and communication with children. These activities indicate that LPA's role in the study setting encompasses both post-disclosure assistance and preventive education.

2) Preventive Perspectives and Reported Practices Described by Religious Community Representatives

The interviews with religious community representatives revealed a different domain of child protection centered primarily on moral education, family guidance, and community-based prevention. The Islamic informant described *majelis zikir*, *majelis taklim*, and community religious gatherings as settings in which family responsibilities and appropriate domestic conduct could be communicated. The preventive perspective articulated by the informant emphasized parental responsibility, *mahram* boundaries, children's privacy, appropriate sleeping arrangements as children develop, and the importance of creating a morally protective family environment. These elements were presented by the informant as religiously grounded resources for strengthening parental awareness and establishing interpersonal boundaries within the household.

The Islamic informant particularly referred to Q.S. An-Nisa 4:23 when explaining prohibited sexual relationships within *mahram* relations and to the hadith concerning children's prayer education and separation of sleeping arrangements as part of age-appropriate domestic education. Within the interview account, these teachings were connected to the broader responsibility of parents to establish boundaries and protect children within the family. The data collected in this study, however, do not measure whether exposure to these teachings reduces the incidence of child sexual violence. The findings therefore represent the preventive framework articulated by the Islamic community informant rather than evidence of the effectiveness of religious instruction as an intervention.

The Buddhist informants similarly described child protection through the framework of family responsibility, moral discipline, compassion, and self-control. They identified Buddhist Sunday Schools (*Sekolah Minggu Buddhis*, SMB), family and marriage guidance, and religious instruction in temples as community settings through which these values are communicated. The informants referred particularly to the *Sigalovada Sutta* in explaining reciprocal responsibilities within family relationships and

parental obligations toward children, while the *Mangala Sutta* was associated with moral conduct and responsible family life. They also referred to *Atthasila* in discussing self-discipline and control over sexual conduct.

The Buddhist representatives further described *metta* (loving-kindness) and *karuna* (compassion) as values relevant to the treatment and protection of children. According to their accounts, Buddhist community activities seek to cultivate these ethical principles through religious education and family guidance. As with the Islamic findings, however, the available evidence consists of institutional representatives' accounts of teachings and community practices. The study did not observe these activities directly or assess behavioral outcomes among participating families. These findings therefore establish the preventive perspectives and practices articulated by the Buddhist representatives but do not demonstrate their effectiveness in preventing child sexual violence. The Islamic and Buddhist interview data reveal a shared emphasis on family responsibility, interpersonal boundaries, moral self-regulation, and the protection of children, although these principles are articulated through different religious concepts and institutional settings. Within the accounts examined in this study, the contribution attributed to the religious community actors lies primarily in preventive moral education and family guidance rather than in professional case management after sexual violence has been reported.

3) Institutional Relationship and Coordination Gaps

Despite the potentially complementary functions identified above, the study found no evidence in the collected interview or documentary data of an established operational partnership between LPA Deli Serdang and the Islamic or Buddhist community organizations represented in this study. No joint program, formal referral procedure, shared case-management mechanism, routine institutional communication channel, or jointly implemented prevention activity was identified in the available data.

Instead, the actors described their activities as operating largely within separate institutional domains. LPA's activities involved case response, safety assessment, medical and psychological assistance, legal accompaniment, victim confidentiality, and *body safety* education. The Islamic community representative described preventive education conducted through *majelis zikir*, *majelis taklim*, and other religious gatherings. The Buddhist representatives described preventive and family-oriented education through temples, Buddhist Sunday Schools, family guidance, and Buddhist ethical teaching. The available evidence therefore indicates functional differentiation rather than demonstrated operational integration.

This distinction is central to the empirical findings. LPA and the religious community actors represented in the study may perform functions that are conceptually complementary, but the data do not support the conclusion that these functions currently constitute an integrated child-protection network in Deli Serdang. In particular, no formal mechanism was identified through which a religious leader or community institution could systematically refer a suspected child sexual violence case to LPA, nor was

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evidence found of a shared protocol governing communication and case referral between these actors.

The findings therefore identify a coordination gap between structural-institutional protection and community-based religious prevention. In the current arrangement documented by this study, LPA primarily occupies the institutional response and protection domain, while the religious community actors represented by the informants primarily occupy the moral-educational and family-prevention domain. Their roles coexist but remain operationally separate. The principal institutional gap therefore lies at the interface between community-based prevention and professional child-protection services: the study identified complementary functions on both sides, but no established mechanism through which concerns identified within community settings could be systematically communicated or referred to LPA. Formal referral procedures and routine institutional communication should therefore be understood as prospective institutional developments rather than as existing forms of collaboration demonstrated by the present data.

2. Discussion

The findings demonstrate that child protection in the setting examined in Deli Serdang operates through two distinct but potentially complementary domains: institutional protection provided by LPA and community-based prevention articulated by religious representatives. LPA's role is primarily rights- and service-oriented, encompassing immediate safety, risk assessment, medical and psychological assistance, legal accompaniment, confidentiality, and preventive *body safety* education. The available monitoring records provide documentary support for the provision of four components of assistance—safety assurance, risk assessment, medical assistance, and psychological assistance—across the five cases included in the dataset. This finding reinforces the argument that legal protection for child victims cannot be reduced to criminal prosecution because victims require mechanisms that address their safety, recovery, and access to assistance. Previous Indonesian studies similarly emphasize that protection for child victims requires not only legal guarantees but also rehabilitation, psychosocial support, legal assistance, advocacy, confidentiality, and other concrete mechanisms for restoring victims' rights (Apriliani, 2022; Aryanti & Suparno, 2024; Gemilang & Idris, 2024; Krismawati et al., 2023; Mawarni et al., 2023; Alfian et al., 2026). The present study extends this perspective at the local institutional level by showing how these protection functions are reflected in LPA's documented case-assistance practices.

The findings also indicate that prevention forms an important component of LPA's activities. The *body safety* education described by the LPA informant addresses children's recognition of personal boundaries, inappropriate touching, refusal, and disclosure, while education directed at parents emphasizes supervision and communication. These activities place prevention alongside post-disclosure assistance rather than treating child protection exclusively as a response after violence has occurred. This orientation is

consistent with Indonesian research emphasizing family resilience and preventive environments (Hidayat, 2021; Syaidah et al., 2024), as well as studies showing the relevance of age-appropriate sexual education, self-protection knowledge, and school-based preventive education for children (Hidayati & Nurhafizah, 2022; Mahanani et al., 2022; Mahanani & Paramastri, 2016). This emphasis on family responsibility also resonates with recent Indonesian scholarship examining child protection within both Islamic and positive-law frameworks, which positions the family as an important site of prevention while maintaining the necessity of formal legal protection when violence occurs (Fadhilah et al., 2025).

The domestic case discussed by the LPA informant further illustrates why child sexual violence cannot be interpreted solely through individual behavior. The informant associated the case with prolonged family conflict, substance use, and an unequal parent–child power relationship. Because these explanations derive primarily from the institutional informant's assessment rather than direct interviews with the victim, family members, or alleged perpetrator, they should not be interpreted as independently verified causal factors. Their analytical significance instead lies in drawing attention to the vulnerability created when parental authority intersects with a child's dependency and limited capacity to disclose abuse. This is consistent with the broader premise that child protection requires attention to the social and familial conditions surrounding victimization rather than an exclusive focus on criminal liability (Gemilang & Idris, 2024; Hidayat, 2021). In this context, the protection of children within families requires mechanisms that enable disclosure and access to external assistance when authority within the household itself becomes a source of vulnerability.

A different preventive logic emerged from the Islamic and Buddhist community representatives. Their accounts located child protection primarily within moral education, parental responsibility, interpersonal boundaries, self-discipline, and family guidance. The Islamic informant articulated *mahram* boundaries, privacy, parental responsibility, and age-appropriate domestic education as resources for strengthening protective family relationships. The reference to children's prayer education and the separation of sleeping arrangements is consistent with Islamic educational discussions of developmental stages based on the hadith reported in Sunan Abū Dāwūd (Ahzamy et al., 2025). In the present study, however, these teachings are analytically relevant as moral and educational resources articulated by the informant; they should not be interpreted as empirically proven interventions against child sexual violence.

A comparable pattern appears in the accounts of the Buddhist representatives. *Sigalovada Sutta*, *Mangala Sutta*, *metta*, *karuna*, and *Atthasila* were invoked to explain parental responsibility, compassion, moral conduct, and self-discipline, while Buddhist Sunday Schools and family guidance were described as institutional settings through which these values are communicated. The significance of these findings lies not in demonstrating that Buddhist moral instruction prevents sexual violence—the study did not measure such an effect—but in showing how Buddhist representatives construct child protection within an ethical framework of family responsibility and self-regulation. The

Islamic and Buddhist accounts therefore converge at the level of preventive orientation despite differences in their theological foundations: both locate part of child protection within the moral environment of the family and the responsibilities of adults toward children.

This convergence must nevertheless be distinguished from professional case intervention. The evidence suggests that community-based religious prevention and institutional victim protection operate at different points within the broader child-protection process and through different mechanisms. The religious representatives primarily described activities situated in the preventive domain of family guidance, moral education, and interpersonal responsibility, whereas LPA demonstrated documented functions related to safety assessment and victim assistance once a case entered the formal protection system. These domains are therefore potentially complementary but not interchangeable. Moral or religious education cannot substitute for medical, psychological, or legal intervention once sexual violence has occurred, just as formal case intervention does not encompass the everyday community settings in which preventive norms and family responsibilities are communicated. The analytical significance of this differentiation lies in the interface between the two domains: complementarity becomes institutionally meaningful only when community-level concerns can be connected to professional protection services through appropriate communication and referral pathways.

The most consequential finding, however, is that functional complementarity has not translated into demonstrated operational integration. The available interviews and documents contained no evidence of joint programs, formal referral procedures, shared case-management mechanisms, routine institutional communication, or coordinated prevention between LPA Deli Serdang and the religious community actors represented in the study. This finding cautions against interpreting the simultaneous presence of multiple child-protection actors as evidence of institutional synergy. The available evidence instead indicates parallel but differentiated functions: LPA operates predominantly through institutional protection and victim assistance, whereas the religious representatives describe activities centered on moral education and family guidance. These functions address different components of the broader child-protection process, but their coexistence does not in itself constitute collaboration. The critical issue is therefore not the absence of relevant actors, but the absence of an identified institutional bridge connecting community-based preventive settings with professional child-protection services.

This referral and coordination gap has important implications for the local child-protection framework. Community institutions with recurring access to families potentially occupy a strategic position for recognizing concerns, communicating protective norms, and directing families toward appropriate services. However, the present study identified no formal referral pathway through which concerns emerging within the community settings represented by the religious informants could be systematically communicated to LPA or directed toward professional child-protection

services. The implication is not that religious leaders currently mishandle cases—the available evidence cannot establish that—but that the absence of an identified referral pathway leaves an institutional connection between community-level prevention and professional protection services underdeveloped. This finding is comparable to earlier evidence from Aceh showing difficulties in connecting community-based child-protection mechanisms with formal welfare systems (Stark et al., 2012). It also corresponds with more recent research in Indonesian religious settings that identifies fragmented institutional governance and the need for stronger referral and case-management mechanisms (Bukido et al., 2026). At the same time, evidence from an LPAI setting in North Sumatra indicates that multi-stakeholder collaboration involving child-protection personnel, religious leaders, communities, and government actors can provide an institutional basis for prevention and response when such relationships are actively developed (Harahap et al., 2025). A formal referral framework could therefore be considered as a future institutional development, with clearly defined boundaries between community-based preventive roles and professional responses requiring legal, medical, or psychological expertise. Such a mechanism would transform conceptual complementarity into an operational relationship without requiring religious community actors to assume functions beyond their competence.

The findings also require methodological restraint. The primary interview data were obtained from four purposively selected institutional and community representatives: the chair of LPA Deli Serdang, one Islamic community leader, and two WALUBI representatives. These informants provide relevant institutionally situated knowledge, but their accounts should not be interpreted as representative of Muslim or Buddhist communities in Deli Serdang as a whole. They predominantly reflect organizational, leadership, and normative perspectives on child protection and prevention. The study did not interview child victims, family members, grassroots religious participants, teachers in Buddhist Sunday Schools, participants in Islamic religious gatherings, health professionals, psychologists, or law-enforcement personnel. Nor did it directly observe the preventive activities described by the informants. Consequently, the study cannot independently establish how consistently the reported community activities are implemented, how participating families interpret them, or whether either religious education or LPA preventive activities produce measurable changes in behavior or the incidence of violence. The findings should therefore be understood as a mapping of institutional settings, articulated preventive frameworks, and coordination arrangements rather than an evaluation of intervention effectiveness.

D. Conclusion

This study shows that child protection in Deli Serdang involves two distinct but potentially complementary domains. LPA Deli Serdang performs institutional protection and prevention functions through safety assurance, risk assessment, medical and psychological assistance, legal accompaniment, confidentiality protection, and *body safety* education. The Islamic and Buddhist community representatives examined in this

study describe a different preventive domain centered on family guidance, moral education, parental responsibility, interpersonal boundaries, compassion, and self-discipline. The principal finding, however, is that functional complementarity between these domains has not translated into demonstrated operational integration. No established referral procedure, joint program, shared case-management mechanism, or routine institutional communication between LPA and the religious community actors examined was identified in the available data. The critical institutional gap therefore lies at the interface between community-based prevention and professional child-protection services.

Strengthening this interface requires communication and referral arrangements that enable community actors to direct suspected or disclosed cases toward appropriate professional services without assuming legal, medical, or psychological functions beyond their competence. This implication should be interpreted within the study's evidentiary boundaries. The findings are based on four purposively selected institutional and community representatives and a limited set of anonymized LPA records; they neither represent Muslim or Buddhist communities in Deli Serdang as a whole nor measure intervention effectiveness or victims' lived experiences. Future research should therefore examine how referral mechanisms operate in practice, how families and grassroots community members experience these protection arrangements, and whether stronger institutional linkages improve access to appropriate victim-support services.

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