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Original Article

Urban children at risk of violence: A qualitative study of experiences of parents, teachers, and service providers of collaborative support

Nurjannah Nurjannah[1*], Rina S. Oktari[2,3], Haiyun Nisa[3], Wida Y. Viridanda[4], Wenny Aidina[4] and Shr-Jie Wang[5]

[1]Department of Public Health, Faculty of Medicine, Universitas Syiah Kuala, Banda Aceh, Indonesia; [2]Department of Family, Faculty of Medicine, Universitas Syiah Kuala, Banda Aceh, Indonesia; [3]Graduate Program in Disaster Science, Tsunami and Disaster Mitigation Research Center (TDMRC), Universitas Syiah Kuala, Banda Aceh, Indonesia; [4]Study Program of Psychology, Faculty of Medicine, Universitas Syiah Kuala, Banda Aceh, Indonesia; [5]Danish Institute Against Torture (DIGNITY), Copenhagen, Denmark

*Corresponding author: nurjannah_dr@usk.ac.id

Abstract

Children who are at risk of involvement in violence need assistance from multisector agencies such as social services, law enforcement, health, and education. The aim of this study was to understand the perceptions and experiences of parents, teachers, and service providers (i.e., counselors, psychologists, paralegals, and social workers) on collaborative support for children at risk of violence in Banda Aceh, Indonesia. Twenty-four structured interviews were conducted with ten parents whose children were victims of sexual or physical abuse or were involved in substance abuse and theft and have received support from the Integrated Service Center for the Empowerment of Women and Children in Banda Aceh, Indonesia; ten service providers; and four teachers who either worked with the concerned children or knew them. Using a thematic analysis approach, the data was systematically coded and analyzed to identify important themes. Most parents who sought help or support from governmental agencies were referred by other service providers or recommended by relatives or friends. Parents hesitated to discuss their children's problems with the teachers, worrying about stigma, particularly for sexual abuse victims. The school's lack of collaboration with external agencies was consistent with the teacher's claim that they seldom work with other agencies outside of school, resulting in a siloed system of care. It can be concluded that the biggest barrier to communication and coordination among parents, teachers, and service providers is the parents' and service providers' lack of willingness and confidence to work with teachers. Clear policies are needed to establish a cross-institutional linkage structure that promotes shared responsibilities.

Keywords: Children at risk, multidisciplinary team, collaboration, qualitative study, Indonesia

Introduction

In the context of rapid urbanization and digitalization in the modern world, more and more children and adolescents are at risk of having poor development outcomes or failing to succeed because of the adversities faced during their lives [1]. Rapid urbanization and digitalization profoundly influence transitional societies like Indonesia. Children are identified as at risk

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because they experience intense and/or chronic risk factors in sociocultural, demographic, and biological domains [2]. Many studies have found that urbanization and digitalization trends and their effect on risk factors are associated with children's development [3-6]. The risk factors of poor development and poor health outcomes include poverty, family transition, lack of education, violence, substance abuse, having experienced abuse or trauma, and disability or illness [2,7]. Children exposed to these risk factors may experience toxic stress and exhibit problem behavior. While, to some extent, stress and adversity can be normal and important to human development, persistent and prolonged exposure to adversity, especially during childhood and adolescence, can result in toxic stress [8,9], which is related to prolonged activation of the body's stress response (i.e. when the body fails to fully recover). Toxic stress occurring during childhood can affect the neurological, endocrine, and immune systems and even change the structure of DNA, which is called epigenetic modification [8,9]. This may affect their development and their ability to respond to adversity in adulthood [8-10]. Children with toxic stress often have difficulty learning and finishing school, are more likely to be involved in criminal activities, violence, drug, or alcohol abuse, and engage in various health-risk behaviors such as early sexual activity and suicide attempts [9,11-13]. Without proper help and support, such conditions are harmful to an adolescent's relationships, school bonding, and future life paths. In the transitional society, vulnerable families are often unable to navigate the existing social support network due to inequality. Helping vulnerable families engage with the appropriate sectors (i.e., law enforcement, health and social services, and education) could reduce their risk factors and strengthen their protective factors.

Studies have found that evidence-based interventions for youths with severe emotional disorders, such as multisystemic therapy and wraparound services, require high levels of collaboration from various stakeholders [14-17]. However, there are very few empirical studies that illustrate how to provide the collaborative support that is needed for children at risk. A previous study in 2022 pointed out "despite the widespread acceptance of the need for multisectoral approaches, knowledge around how to support, achieve, and sustain multisectoral action is limited" [18]. Understanding the perceptions and experiences of stakeholders is an important step to develop an effective, multisectoral approach to address the complex challenges faced by children in the age of rapid urbanization and digitalization. This study explored the problems of the existing multisectoral collaborative supports provided to children at risk in Banda Aceh, the capital city of Aceh province in Indonesia. This study targeted parents, teachers, and service providers (i.e., counselors, psychologists, paralegals, and social workers) in the Integrated Service Center for the Empowerment of Women and Children (*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak*) in Banda Aceh who have been working with children involved in the multisectoral intervention. The study aimed to evaluate unmet needs and challenges in seeking, receiving, and providing support for children. The results of the study will add to the literature on how to support, achieve, and sustain multisectoral interventions and can provide recommendations for policymakers and related stakeholders about the support needed for at-risk children.

Methods

Study site

This study was conducted in Banda Aceh, the capital of Aceh province, one of Indonesia's 34 provinces. Banda Aceh is located in the western part of Sumatra Island. It was one of the most affected cities by the tsunami in 2004 and is currently the most densely populated city in the province, with an average population growth rate of 1.21% in 2020, resulting in overpopulation and housing problems [19]. The unemployment rate in Banda Aceh in 2022 was 8.62%, which was higher than the average of the Aceh of 6.17% [20]. A survey conducted in Aceh by the Government Agency of Women Empowerment and Children Protection in 2022 found that violence against children was highest in Banda Aceh, followed by North Aceh [21]. Banda Aceh is also considered the center of business and administration in the province, where migration inflows are relatively high, making it one of the fastest-growing urban cities in the province [22].

Study design and participants

There were three main groups of participants: parents, teachers, and service providers. The inclusion criteria are described in **Table 1**.

Table 1. Inclusion criteria of the study's participants

Inclusion criteria	Parents	Service providers	Teachers
Had children aged 12–17 years old	X		
Had received support and help for their children from the Integrated Service Center for the Empowerment of Women and Children in Banda Aceh, Indonesia	X		
Permitted for the researchers to interview the service providers and teachers	X		
Worked as a psychologist, social worker, counselor, or paralegal		X	
Worked with children of concern or knew them		X	X
Speak Indonesian or Acehnese	X	X	X

Researchers collaborated with service providers who worked with children of concern. To maintain the privacy of children and parents, the service providers first asked the parents if they were willing to participate in the study, then the service provider connected the parent with the researcher. Researchers assured the parents that their child's information would be kept confidential and the results of the study would be provided in aggregate form without any personal identifiers. After the parents agreed to participate in the study, consent for the interview was obtained and asked them for contact information for their child's teacher as well as permission to interview the teacher and relevant service providers. The service provider did not share any identifiable and sensitive personal information with the researchers. Finally, ten service providers, ten parents, and four teachers participated in this study. Fewer teachers participated in the study because either parents did not give consent, children were not enrolled (dropped out) in school at the time of the study or the researchers were unable to reach the former teachers in the schools.

Procedure

The research team developed the interview guide and protocols, recruitment materials, and an informed consent form. To promote personal public involvement (PPI), the research team also invited a social worker, a psychologist, and a paralegal to develop the initial interview guide and protocol. The final draft of the interview protocol was piloted with three participants (one parent, one teacher, and one social worker) to examine the appropriateness of the questions and to give the researchers some early insight into the feasibility of the study. Those involved in the pilot were excluded from participating in the study.

Researchers began the interviews by providing participants with an oral or written information sheet describing the study's objectives, benefits, risks, participant criteria (why they were invited to participate), and the confidentiality agreement. All participants signed an informed consent form before the in-depth interview was conducted. All interviews were arranged by a service provider who was the person in charge at the Integrated Service Center for the Empowerment of Women and Children, Banda Aceh, Indonesia, who connected the parents and the researchers. Two researchers conducted an approximately one-hour-long interview which was audiotaped and then transcribed. All audiotapes and data were kept on a secure server at the research institution and only the research team had access to the raw data, transcriptions, and data analysis. While the researchers used a scripted interview guide, each interview varied to accommodate different contexts of their relationship with the children of concern; the scripted interview guide included the following domains: (a) socio-demographic questions, (b) the reason parents requested support/help from the Integrated Service Center for the Empowerment of Women and Children, (c) how they got to know the agency, (d) signs and symptoms related to their children's behavioral changes, (e) whether the children were in conflict with the law, (f) available existing support and referral systems, and (g) the school-based interventions the parents were aware of.

Analytical approach

The data were analyzed using an inductive thematic approach. All interviews were transcribed in the local language, and the transcripts were imported to NVivo 12 (Lumivero, Denver, USA) [23]. Three of the interviews were conducted in Acehnese and transcribed into Indonesian. All data analyses were conducted in Indonesian to avoid the potential loss of data that may occur through translation. First, researchers read through the transcriptions and individually identified preliminary codes. The team discussed the preliminary coding and decided on important subthemes. Then, two of the authors coded the entire dataset. The data from parents, service providers, and teachers were initially analyzed separately. The themes from each group were assessed and compared. Next, the researchers narrowed down the data into key categories. Researchers resolved any differences in theme categorization.

Results

Socio-demographic data

Twenty-four participants were interviewed to discuss ten children of concern: ten parents (nine mothers and one father), ten service providers (two psychologists, two social workers, two paralegals, and four counselors), and four teachers (one subject teacher and three counseling teachers). Detailed information about the participants is summarized in **Table 2**. Three of the ten children dropped out of school, two were often absent and showed delinquent behavior in school, and the rest were attending school.

Table 2. Socio-demographic summary of participants included in the study

Characteristics	Participants		
	Parent (n=10)	Service provider (n=10)	Teacher (n=4)
Sex			
Female	9	6	3
Male	1	4	1
Age group (years)			
20–30	0	3	1
31–40	4	5	0
41–50	3	2	2
>50	3	0	1
Education attainment			
Elementary school	1	0	0
Middle school	2	0	0
High school	6	2	0
College/university degree	1	8	4
Employment status			
Employed	3	10	4
Self-employed	0	0	0
No formal job/homemaker	7	0	0

Existing collaborative support

The study examined the multisectoral collaborative support provided to these children at risk and how the referrals between different sectors functioned in this system. **Figure 1** depicts the schematic diagram of the existing support described by the in-depth interviews of parents, service providers, and teachers.

Parents were asked which place or institution they went first to get help or support. Depending on the problem, parents might go directly to a hospital (e.g., for children with an injury after a fight or accident). The hospital could then refer the case to a police officer if there was an indication of criminal involvement or to the Integrated Service Center for the Empowerment of Women and Children if the children required psychological and social support. Similarly, parents might also go directly to a police station to report criminal activity in the case of sexual abuse. Then, the police would refer the client to a hospital for forensic examination or physical treatment. In different cases, if police arrest a child for committing a crime such as stealing, drug abuse or drug dealing, then the police would place the child into a Juvenile Social Welfare Center/Juvenile Hall where these children would get support while waiting for trial or would be protected as a witness if they conflict with the law. The police officer could also refer children to

the Integrated Service Center for the Empowerment of Women and Children for cases where children require psychological, social, and legal support (e.g., sexual or physical abuse cases). Similarly, the agency can also refer the children to a police officer if the case is related to a crime.

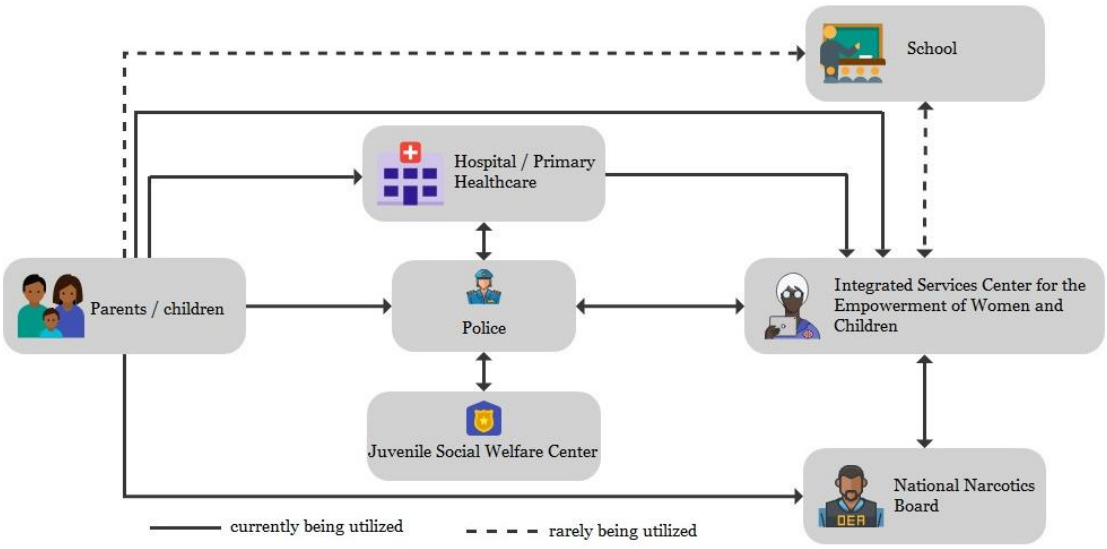

Figure 1. Schematic diagram of existing collaborative/referral support available for children at risk.

Additionally, parents might request help directly from the agency of Integrated Service Center for the Empowerment of Women and Children. From there, they could be referred to other institutions depending on the needs of the children (e.g., hospital, police, or legal aid). Parents could also ask for support from the National Narcotics Board, particularly for children who were involved in substance abuse. Ideally, parents could also ask schools for preventive support for their children's challenges because they were still in school, but parents rarely asked schools for assistance. Likewise, teachers seldom referred or asked for support from other agencies for children outside school and vice versa.

Emerging themes

Generally, the three groups of participants provided unique insights into the barriers and opportunities related to multisectoral collaborative support for children with behaviours of concern. There are similar and contradictory perceptions among the three groups.

Communication barriers

Lack of trust

Most parents identified a lack of trust and confidence as one of the leading barriers when dealing with schools. Due to stigma and shame, parents are reluctant to seek help or resources from teachers when their children are involved in sexual or drug abuse. Parents' previous negative experiences with teachers were also identified as a barrier to seeking help from teachers. Parents indicated that the teacher's response was often judgmental and could burgeon into a form of internalized self-stigma, especially for girls involved in sexual or drug abuse. Parent's fear of judgment fosters a reluctance to seek support from teachers. Another big concern from parents was teachers breaching confidentiality. The parents fear that the teachers gossip with other staff and information spreading within the school. The apprehension of being disrespected by the teachers negatively affects children's motivation to go to school. Parents stated:

"In my opinion, the school does not need to know (about my child's problems), because not all teachers have the same perspective... There are teachers.... I know about this.... who can be trusted, and some cannot (keep the secret) ..." (parent 2)

"If her teachers or friends know. They can talk about her; she can be embarrassed. That is why I do not want to report to the school, it may spread among the teachers or students" (parent 7)

"When he was at middle school Y (name of school) before he was rehabilitated, he often refute/defy his teacher, he seemed not himself...the school did not support him (he was being punished), I moved him to another middle school which supports him" (parent 9)

When it comes to students who face stigma from violence, such as sexual abuse, service providers share concerns regarding the perceived inability of teachers to keep a student's history confidential. According to one social worker, "*.... (the school) cannot be informed, depending on the case. For sexual abuse, unless it happens at school (then the school can be informed)"* (service provider 5). However, when the teachers were asked about supporting the students with behaviors of concern, they said that they would provide support as much as they could, following the school's policy and keeping the case confidential. One of the teachers said that she had a student case involving the law being reported only to the teacher, not the school formally. The student reported informing the teacher of her conflicts with schoolwork that could arise, for example attending court during school hours. In another case, one of the teachers mentioned that for her to be able to provide good support for the student of concern, she needed to tell the principal and vice principal about the problem. One teacher told the researchers that only three people in her school knew about her student's problems: the principal, the vice principal, and herself. She stated that the problem needed to be reported to the principal and the vice principal because they are school managers and should be aware of all problems in the school and support the teachers if they need one.

Attitude of service providers

A second subtheme related to stigma was the attitude of the service providers toward schools. Several service providers, including social workers, psychologists, and paralegals, stated that they were hesitant to report the children's problems to school and worried about jeopardizing their support to the children of concern. This was particularly true when the case required the court or police. For example, in a case that involved a child victim and a child perpetrator at the same school, the service provider was worried that the teacher might share confidential information with the perpetrator, affecting the case in court. The ability of teachers to engage and connect with their students and parents is questioned by the service providers, suggesting that teachers come off as judgmental toward students' sensitive issues such as sexual, drug-related, or other risky behavior must be perceptible to the parents and students.

Another reason for the service providers not to report the children's case to the school was that service providers needed to ask the parent's consent to tell the teachers at the school about their children's problems, and many did not give such consent. They stated:

"Yes, it could also depend on the parent (to inform or not the school)" (service provider 8)

"in this case, we sometimes do not want to go too far, worry that the teacher will have a different attitude towards the child (client), this is what we are worried so much, that the client will be stigmatized and discriminated.... It is often parents and I know (both the child problem, but not the school (teacher)...)" (service provider 6)

The same theme was confirmed by the service providers at the Integrated Service Center for the Empowerment of Women and Children, who experienced very low collaboration with schools in providing support for children with risky behaviors. A service provider stated:

"In my experience, I have not received any report from school yet, but I received the report from a counseling teacher from high school Z (school name), the teacher communicated with us (not the school per se) ..." (service provider 10)

Similarly, the teachers confirmed that they typically solve student problems within the school by involving other teachers (counseling, class, and subject teachers), principals, and parents and rarely refer the case to agencies outside the school, except for primary healthcare services. Several teachers stated that they worked with primary healthcare services, but not other agencies. Schools have collaborated with other agencies such as National Narcotics Board and police, but usually to promote educational programs such as Drug-Free Schools. Although schools collaborate with the local government and District Education Offices to implement Child-Friendly Schools, schools do not have a clear referral system for students with behavioral problems to the relevant agencies. Teachers stated:

"Yes, the school has worked with primary health care when we needed medical treatment for students who fought at school" (teacher 1)

"(we have a collaboration) with physicians at the primary care center (Puskesmas) close to the school...." (teacher 2)

"... (besides hospital or Puskesmas) ...we have a school committee (parents and teachers) involved" (teacher 3)

Organizational barriers

Lack of awareness of support for children

One of the conspicuous gaps in service provision was the lack of awareness and knowledge of the support available. Parents pointed out that they sought support based on another service provider's referral or simply using advice from relatives and friends. Out of ten parents, only two mentioned that they knew about the services available at specific agencies. Finding information about the available support for children engaged in at-risk behaviors or victims of abuse is difficult. When asked how they found out about the support, the parents commented:

"...after reporting to the police, I was referred to this office (Integrated Service Center for the Empowerment of Women and Children) because there will be support for my child..." (parent 5)

"Mr. X (the policeman's name) at the precinct. He told me that if it is related to children, I was suggested to go to this office (Integrated Service Center for the Empowerment of Women and Children)" (parent 2)

"I talked to my friend about my problem, she informed me about this office as her uncle works there..." (parent 4)

"When I talked to my neighbor about my daughter's problem, she informed me about the office, then I took her there and met Mrs. X (psychologist) (parent 7)

".... myself based on my knowledge. I know about the agencies that work with children..." (parent 9)

"I know about Drug and Narcotics Agency and Children Protection Agency; I know that if our children have been supported by the agency, they can keep going to school..." (parent 3)

Even if parents were in touch with an agency previously, they still found it challenging to find appropriate support from the same agency. This lack of knowledge hinders service accessibility for children. Schools are essential to connecting parents with social and public service support and should be able to guide parents and make referrals. However, due to mistrust and disconnect between parents and teachers, parents are cut out of the social support network.

Unintegrated support

While ineffective referral systems exist amongst different agencies, service providers stress that schools particularly experience this issue. When asked about dealing with students who are engaged in risky behaviors or are victims of abuse, teachers stated that most students' problems can be solved at school. These teachers mentioned that they are responsible for the student's behavior during school hours, within the school premises, or outside of the school when the students wear the school uniform. Beyond these instances, teachers are generally unaware of what happens to their students; thus, they do not feel obligated to take responsibility. Only one teacher admitted to requesting support from an agency outside of the school because he/she had a personal connection there. The teacher commented, *"Not as far as I know, only for X (student's name) because I know someone (in the child protection agency)"* (teacher 4)

Although there is an established professional relationship between the police, the Children Protection Agency, and the hospital, the teamwork between teachers and other service providers remains limited. The local authority is responsible for providing coordinated services by linking schools and public and private agencies. Many studies in developed countries promote schools as the linchpin between families and their community. However critical issues related to connectedness and communication between families and schools are seemingly ignored by policymakers and educators in Banda Aceh. Multisectoral collaborative support should align with the goals of the education sector. Unfortunately, there are few guidelines and resources in the Banda Aceh schools for the implementation of multisectoral collaborative support. Despite efforts to connect schools and their communities after the tsunami, Banda Aceh schools seem to be disconnected from the outside world and incapable of increasing accessibility to public services for vulnerable families.

Impact of COVID-19 pandemic

When the teachers were asked whether they can recognize the early signs or symptoms of children engaging in risky behaviors, the majority responded that they were able to notice the changes. For example, frequent tardiness in school, frequent missing classes, decreasing grades, and not paying attention during class are all noticeable signs. However, teachers also admitted that they missed many students' risky behavior during the COVID-19 pandemic since they did not see the students in person daily. Online schooling made it difficult for teachers to monitor their students as teachers faced engagement and connectedness issues throughout the lockdown period. Online classes continue to have many challenges, especially for students who do not have a necessary device (laptop, computer, or smartphone), internet access, or electricity due to power outages during the online classes. Thus, students often miss their online classes, and the teachers do not have the same opportunity for personal contact with the students. Even when parents could be contacted by the teachers, they might not reveal the real reason that their child did not attend the online classes. The child might miss the class because they needed to be in court, police office, or had psychological, social, or legal meetings with service providers.

Discussion

The results indicate the challenges and barriers for multisectoral collaborative support among parents, ser service providers, and teachers. One of the primary challenges identified is the presence of communication gaps among stakeholders. Parents and service providers did not communicate their children's problems to the school due to the stigma. Similarly, teachers cannot provide support because they are not aware of the problems and also due to the school's policy. Another major obstacle is the fragmentation of services that shows schools tend to work within their own silo leading to fragmented support efforts and gaps in service delivery. The illustration of challenges and barriers of each stakeholder is presented in **Figure 2**.

Even the scheme of the existing multisectoral collaborative support accessed by parents and children appears complicated (**Figure 1**). It is difficult to see where to start and how much support is connected to public/private agencies or services. There is no single service provider who can fully understand and provide comprehensive support for children at risk without parents and service providers recognizing problems, exchanging information, and taking prompt action together [24]. Comprehensive support requires collaboration among various government and

private agencies and institutions, including those that deal with justice, health, and care [25]. This poses a big challenge as various agencies may find it difficult to collaborate effectively to meet the needs of the children. This can lead to unstructured support services, inadequate support, and poor outcomes for children, especially for victims and survivors of sexual assault and abuse [26].

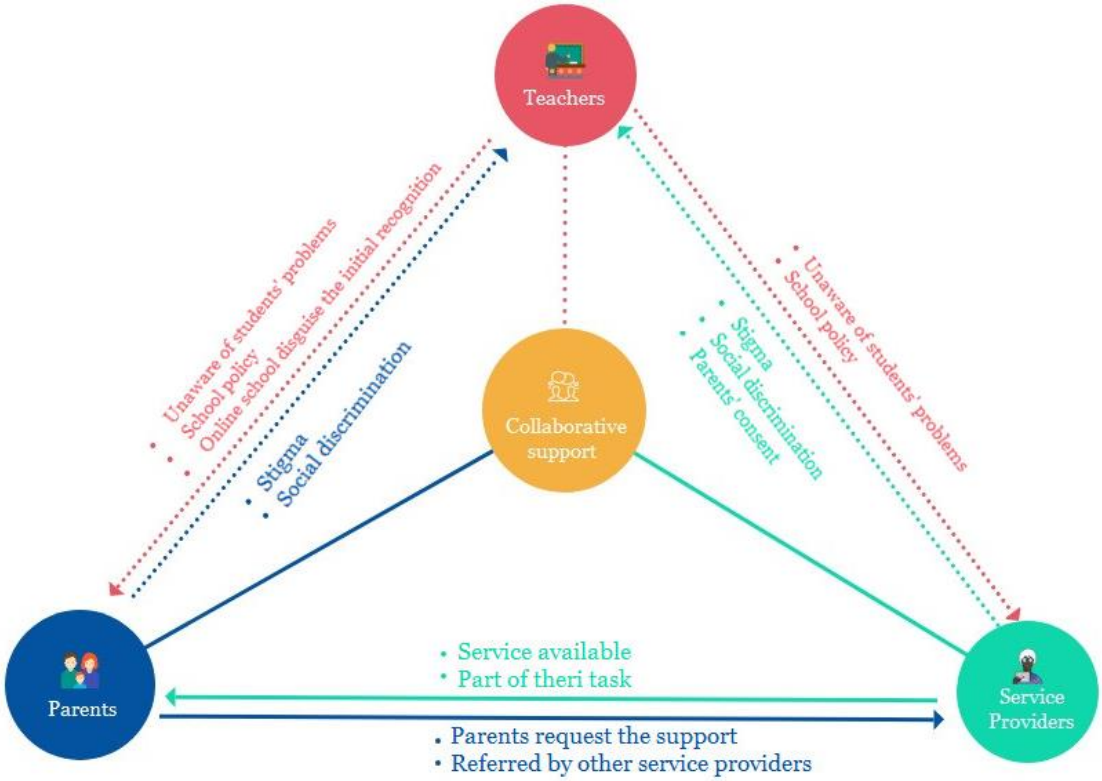

Figure 2. Schematic diagram of existing collaborative/referral support available for children at risk. Schematic diagram of expressed challenges and barriers for collaborative support of parents, teachers, and service providers. The bold arrow reflects good collaboration; the dashed arrow depicts poor (or insufficient) collaboration.

The current study shows that parents utilized the services based on the information readily available or advice from a relative or friend. It is unclear whether all families or only vulnerable families in Banda Aceh have limited knowledge and access to the available services. The lack of clear guidelines and coordination by national regulators and schools has undermined the ability of local services to effectively work with families. The need for a multidisciplinary team to provide information and guidance either for the children or for their parents is apparent. For example, the United States government developed Child Advocacy Centers to help child sexual abuse victims by coordinating investigative and therapeutic responses [27]. These Child Advocacy Centers consist of a multidisciplinary team of specialists from various fields of medicine, mental health, child welfare, and law enforcement who work together as a "one-stop shop" to provide various services by communicating and collaborating among agencies, including schools [28]. In Indonesia, an equivalent agency does not exist, but the Integrated Service Center for the Empowerment of Women and Children can provide a similar role as the Child Advocacy Centers. However, the agency does not seem to have an adequate public relations campaign to promote its services to the community [29,30]. It was indicated in this study that only one parent visited the Integrated Service Center for the Empowerment of Women and Children by her/his decision without prior advice from others.

To supplement the work of the Integrated Service Center for the Empowerment of Women and Children, another multidisciplinary team is needed that can provide a space for schools to effectively work with parents, students, and service agencies. Ideally, the multidisciplinary team would involve school personnel to account for the previously mentioned conflicts between schools, parents, and service providers. Emotional or behavioral problems often co-occur with poor academic performance and inconsistent school attendance. Teachers have the responsibility

for identifying these early signs, providing support, and preventing child abuse [31]. Teachers are required to protect children because Law of the Republic of Indonesia No 35/2014 about the amendment to Law No 23/2002 about child protection, article 54, chapter 1 clearly states that: "Children in and within the education unit are required to receive protection from acts of physical, psychological violence, sexual crimes, and other crimes committed by educators, educational staff, fellow students, and/or other parties". In addition, Aceh Qanun (Law) No 9/2019 focuses on the Implementation of Management of Violence against Women and Children; paragraph 5, field of education, article 38 states that education institutions should improve the competence of teachers to be able to do early detection of violence among children in schools, establish a friendly school policy for women and children, increase awareness about managing violence against women and children in the school environment and ensure children in conflict with the law continue to have their right to education fulfilled. However, the implementation of these laws at schools may differ because each school may have a different approach, lack of teacher competency, and different levels of parental involvement at school.

Schools are uniquely poised to connect families to relevant local public agencies (e.g., social services, mental health, and law enforcement). This is not the case in the current study for several reasons: the teachers are not aware of the abuse, the COVID-19 pandemic lockdown limits the interaction between teachers and students, other service providers did not engage with the teachers when supporting the children of concern, and parents did not inform the teachers due to stigma, especially in sexual abuse cases. All of these were attributed to communication barriers between parents and teachers, mistrust of teachers, and potentially prior negative experiences with the teachers. Physical distance, sociocultural differences (e.g., language, dress, values), meeting with parents only when money is needed, parent's lack of trust in teachers, resistance to cooperating, financial difficulties, teachers not informing parents of school-related issues and inappropriate schedule of school activities are just a few of the factors that prevent parents and teachers from having healthy communication [32].

We did not further explore teachers' individual moral judgment, which may explain variations in teacher's attitudes and reactions in discipline situations. However, recent studies in developed countries show that the teachers' stereotypes are related to the family's socio-economic status, which leads to bias in teacher judgment [33,34]. Parents with low socioeconomic status may have negative experiences with the teachers (i.e., being discriminated against or ridiculed), therefore, they will not reach out to certain teachers. Parents admitted that they tried to seek support at various agencies but not at schools. The parents lack trust in teachers to communicate their children's problems. Building trust between parents and teachers does not happen automatically and cannot be forced; trust needs to be cultivated naturally through positive interactions [35,36]. Although trust plays an essential role in the collaborative relationship between parents and teachers, it is poignant to note that there are not many opportunities for such interactions since parents and teachers often meet in events such as parent-teacher conferences or school events with limited meeting time and lack of one-on-one communication [37]. If parents and teachers do not have sufficient interaction before a crisis, it is more difficult to build trust during the crisis, especially when critical moments are their only opportunities to interact [38].

In addition, parents whose children are more likely to be stigmatized are less trusting of teachers. For example, children who were sexually abused are still regarded as a taboo in Indonesian society, where sex is not openly discussed, which makes disclosure of sexual abuse even more difficult [39]. Childhood sexual abuse victims are considered a disgrace and are seen as bringing shame to the parents and families [40]. Consequently, parents and families hesitate to disclose the incident to the community and public [41]. Indonesia's strong cultural values and religious attitudes could partly explain the stigma children and parents face. Particularly, cultures that value female bodies as sacred and pure may consider female victims of sexual abuse as tarnished [42,43]. These cultural pressures may significantly discourage victims or their families from disclosing the abuse due to feelings of guilt and shame [44]. The current study shows that parents hesitated to report sexual abuse to schools out of fear that news of the incident would circulate within the school community and bring embarrassment either to the students or the families. This study also confirmed that teachers felt they had the responsibility to protect the

student's privacy and confidentiality, but the parents still expressed concerns regarding teachers breaching student confidentiality. This issue requires better communication between parents and teachers to bridge this gap.

Similarly, stigma was also felt by families whose children experienced physical abuse, theft or were involved in substance abuse. The negative views from the community may result in unfair treatment and social discrimination of the student [45]. Individuals who struggle with substance abuse are seen as dangerous and unpredictable, and they are blamed for their condition. Highly negative labeling may also lead to discrimination [46]. Substance abuse is considered immoral. A study conducted in the United Kingdom indicated that individuals addicted to heroin were seen as more immoral than those with depression, but less immoral than those committing theft [47]. This study found that parents who have children with drug abuse did not report to school because they were worried that their children would be stigmatized, discriminated against, and seen as immoral. Like parents, service providers (e.g., counselors, psychologists, paralegals, and social workers) who have been working with the children of concern also have the same attitude towards schools for not disclosing the client's (child) problems unless the school reported the problem to them. From their professional observation, the children they worked with, especially those who were sexually assaulted, had substance and physical abuse, and committed theft experienced stigma and discrimination when the school found out about their problems. Finally, the lack of coordination and communication between parents, teachers, and service providers from governmental agencies was acknowledged as a challenge because of issues in finding a clear policy and mutual trust for cross-sectoral work.

Strengths and limitations of the study

The current study will inform the existing multisectoral collaborative support system. Previous studies focused primarily on the role of the Integrated Service Center for the Empowerment of Women and Children, and only a few attempted to include parents and teachers in evaluating the multisectoral collaborative support. Even scarcer are studies that attempt to look holistically at the service providers at the Integrated Service Center for the Empowerment of Women and Children and Juvenile Social Welfare Center/Juvenile Hall, teachers, and parents' experiences as indicators of ways to improve coordinated support – a research gap answered by this current study. Our study provides insight into the different challenges the three groups face. This information could aid in improving the strategies used to address the fragmented and unstructured support for children at risk. The views were expressed by service providers from various backgrounds, providing a more holistic perspective of the challenges faced by each profession. Additionally, the data was collected in the years during the COVID-19 pandemic, providing valuable insight on how services were accessed, and changes related to the COVID-19 pandemic.

This study has several limitations. First, our sample consisted of more service providers who work at the Integrated Service Center for the Empowerment of Women and Children than those who work in law enforcement and clinicians. Thus, the findings from this study may not reflect those service provider groups. Future studies should include perspectives from service providers that encompass a multidisciplinary team. Next, this study did not incorporate the viewpoint of the principal as the school administrator, as we only interviewed teachers. The principal has a significant role in shaping the school policy, providing training, collaborating with other agencies [31].

Conclusion

In the context of rapid urbanization and digitalization, social change has deeply affected the development of children, and more families are incapable of dealing with the complex problems children face. Many pressing health and well-being problems of children at risk cannot be solved alone within the family. Teachers are in a great strategic position to influence children's lives as key non-familial adults. The teacher's role is also more difficult now and comes with many new expectations in the transitional society. Teachers should not only focus on academic performance but also the well-being, development, and social inclusion of children. However, our study shows that there are not only communication barriers between parents and teachers but also

disconnectedness of schools with families and other providers in the community. More trusting and supportive relationships between teachers and parents are needed. Resources should be allocated to train teachers to maintain neutrality and professionalism, protect the confidentiality of children, and improve their communication skills. Schools are expected to play more active roles in connecting vulnerable families to the public service network. Policy guidance must be accompanied by governance mechanisms that define working methods, roles, and responsibilities in different sectors.

Ethics approval

The research's ethical approval was obtained from Universitas Syiah Kuala, Banda Aceh, Indonesia Number 124/EA/FK-RSUDZA/2021 on May 19, 2021, and the Danish Institute against Torture (DIGNITY), Copenhagen, Denmark, on September 10, 2021.

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Competing interests

The authors declare that there is no conflict of interest regarding the publication of this paper.

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Underlying data

The data used to support the findings of this study are available from the corresponding author upon reasonable request and part of the data cannot be shared due to privacy and ethical restrictions.

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