Analysis of the Roles of Various Actors in Addressing Sexual Violence Against Victims from Low Income Backgrounds

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Abstract

Sexual violence is a complex problem requiring a holistic approach through collaboration among various stakeholders. However, victims from low-income backgrounds continue to face numerous barriers to accessing legal, health, and psychosocial services due to limited resources, stigma, and weak inter-institutional coordination. This study aims to analyze the roles, influences, and relationships between stakeholders in addressing sexual violence among victims from low-income backgrounds using the MACTOR (Matrix of Alliances and Conflicts, Tactics, Objectives, and Recommendations) approach. The study employs a qualitative approach, utilizing primary data collected through interviews and questionnaires with seven key stakeholders: the Department for the Advancement and Protection of Women and Children (DP3A), health professionals, the Police Department's Women and Children's Protection Unit (PPA), non-governmental organizations (NGOs), victims' families, the local community, and psychologists. It also draws on a literature review. The results of the analysis show that the DP3A, psychologists, and the police PPA are the actors with the highest influence and greatest capacity to act within the care system. The convergence analysis indicates a strong alignment of goals among the main actors, while the divergence analysis reveals no significant conflicts of interest. These findings demonstrate that the effectiveness of victim support depends more on the quality of cross-sectoral coordination than on the dominant role of any single institution. This study contributes to this understanding by mapping the strategic relationships between actors using MACTOR analysis, thereby providing a basis for strengthening cooperative governance and formulating more inclusive policies to combat sexual violence, particularly for low-income populations.

Keywords: Low-income backgrounds, Mactor, Sexual violence

INTRODUCTION

Sexual violence is a societal problem that persists worldwide (Miele *et al.*, 2023). It is estimated that one in three women globally will experience physical or sexual violence in her lifetime (Iswara *et al.*, 2026). Sexual violence has long-term consequences, particularly through the decline in educational outcomes of those affected, which ultimately perpetuates the cycle of systemic poverty that will be difficult to break in the future (Ndibalekera *et al.*, 2025). People from low-income backgrounds are especially vulnerable to violence (Mihret *et al.*, 2025). Therefore, multidisciplinary collaboration is essential to ensure holistic and trauma-informed care (Dwyer and Wilkinson, 2026).

Previous research has highlighted the crucial role of various actors, with the criminal justice system including the police and public prosecutor's office at the heart of the legal process (Piamenta and Gal, 2026). Meanwhile, healthcare professionals have the task of protecting vulnerable adults and children through early detection via clinical consultations (Dwyer and Wilkinson, 2026). Local professionals also directly observe the daily interactions between victims and the system to identify gaps in safeguards (Innes, Rayment-McHugh and Beazley, 2026). In South Korea, the development of the Sunflower Center has become a model for

integrated support centers that offer medical, forensic, and legal counseling services under one roof (Choi, Kim and Kim, 2026). Furthermore, activists play a vital role in helping survivors learn about their rights and access the necessary legal services (Attrash-Najjar and Katz, 2025). Non-governmental organizations (NGOs) and international institutions play a crucial role in filling gaps in care that the state cannot close (Mushagalusa *et al.*, 2026; Shiffman *et al.*, 2026).

Effective coordination between government agencies, non-governmental organizations, and service providers is crucial to ensure the smooth provision of care to victims (Nayak and Banerjee, 2025). For instance, the contact point model in Finland allows victims to access free medical examinations and trauma care (Krogell *et al.*, 2026). On the other hand, there are still many regions where policy implementation and law enforcement at the local level are inadequate. In low-income countries, traditional norms often conflict with national guidelines, which complicates coordination among child protection stakeholders (Okech *et al.*, 2024).

A study in Vietnam has also shown that while schools provide strong support for the prevention of sexual violence, the involvement of parents from marginalized communities remains very low (Khuong and Duong, 2026). Barriers to access are further exacerbated by systemic problems, such as delays in the response of healthcare professionals investigating cases of sexual violence (Frank and Derouin, 2026). Forensic medical referral services often operate only during regular working hours, despite a need for 24 hour access (Lahoud, Nelson and Bergin, 2025). In addition to logistical obstacles, victims' access to justice is also hampered by stigmatization, staff apathy, and the lack of safe spaces in healthcare facilities (Nayak and Banerjee, 2025). At the most basic level, family is the first point of contact when reporting violence, but they are often restricted by cultural norms and place more value on the family's good reputation than on justice for the victims (Najjarnejad and Bromfield, 2022)

Although the literature on the psychological effects of sexual violence has been extensively researched, in depth studies on the influence of poverty and access to support services remain urgently needed (Ndibalekera *et al.*, 2025). Furthermore, weak inter-institutional coordination represents a structural barrier (Nayak and Banerjee, 2025). While multi-stakeholder approaches have been developed in some contexts, the assessment of cross-sectoral coordination of support services for marginalized populations remains very limited (Okech *et al.*, 2024).

Against this background, the present study aims to use the MACTOR (Matrix of Alliance and Conflict Tactics, Objectives and Recommendations) analytical tool to determine the nature of coordination between actors in handling cases of sexual violence. Furthermore, the MACTOR analytical tool has never before been used in research to assess coordination between actors in handling cases of sexual violence.

RESEARCH METHODOLOGY

This study employs a qualitative approach with a focus on descriptive research, utilizing both primary and secondary data. Primary data are collected directly by the researcher through the distribution of questionnaires and interviews with seven respondents, including representatives from the DP3A agency, health professionals, the Police Protection and Child Protection Unit (PPA), non-governmental organizations (NGOs), victims' families, members of the general public, and psychologists. The Objectives are: complete abolition of all service fees, reduction of processing time for issuing legal documents,, strict retention of digital and physical data to prevent the disclosure of victims' identities and medical records, provision of transportation or home visits to the victims'

residences to overcome geographical barriers and the victims' financial inability to travel to the service location, education and support for the victims' families so they can form a support network, and strengthening the system to protect victims from threats and intimidation by perpetrators

Secondary data are obtained through a literature review of previous studies. The analytical method used in this study is actor analysis (Mactor). The Mactor method is a systematic framework for identifying and analyzing roles, influences, dependencies, competitiveness, and convergences and divergences among actors within a given system or issue. The individual steps include actor identification, analysis of influence and dependencies, analysis of competitiveness, and analysis of convergence and divergence.

RESULTS AND DISCUSSION

Figure 1. Matrix of Direct and Indirect Influences (MDII)

MDII	Dinas DP3A	Tenag Kese	PPA Kepoli	NGO	Klrga_korb	Masyarakat	Psikolog	Ii
Dinas DP3A	17	16	16	15	13	12	16	88
Tenag Kese	14	14	14	15	12	11	14	80
PPA Kepoli	16	15	16	14	12	12	16	85
NGO	14	14	14	15	13	12	15	82
Klrga_korb	12	12	12	12	11	11	12	71
Masyarakat	8	8	8	8	8	7	8	48
Psikolog	16	15	16	15	13	12	16	87
Di	80	80	80	79	71	70	81	541

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The results of the MDII analysis show that the Department for the Advancement of Women and the Protection of Children (DP3A), psychologists, and the Police Women and Children's Unit (PPA) are the actors with the greatest influence in the system for combating sexual violence. The high influence of these three actors demonstrates their central role in coordinating the various services that victims need from legal protection and psychological support to coordinating referrals to relevant agencies. These findings show that the care of victims of sexual violence does not depend on a single institution but requires actors capable of sustainably integrating different forms of service.

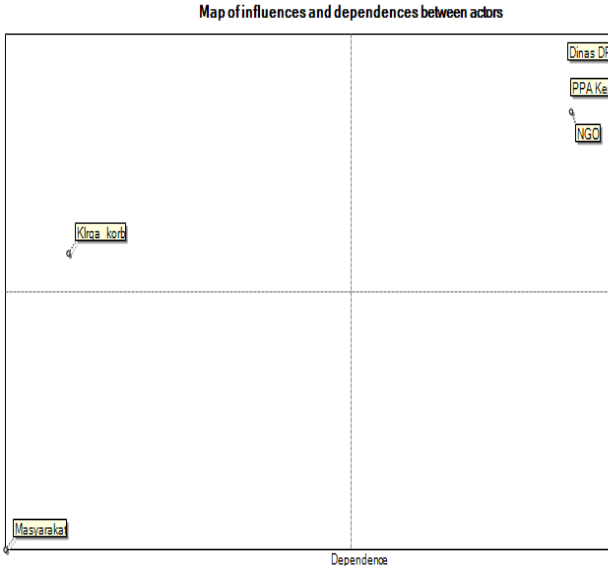
These results are consistent with the study by Piamenta and Gal (2026), which identifies the police as the main gateway to the criminal justice system and thus has a significant influence on the victim support process. Furthermore, Dwyer and Wilkinson (2026) emphasize that health and psychological professionals play a crucial role in providing trauma informed care from the early stages of victim support. The coordinating role of the DP3A as a government agency also reinforces the findings of Nayak and Banerjee (2025), which indicate that the success of victim support depends significantly on the ability of government agencies to coordinate cross sectoral services.

On the other hand, the victims' families and the community have relatively little influence. This finding shows that while these two actors are closest to the victims, their participation in the formal processing remains limited. This situation can be influenced by various factors, such as social stigma, lack of knowledge about reporting mechanisms, economic constraints, and fear of social repercussions that may arise after reporting a case. These findings support the study by Najjarnejad and Bromfield (2022) ,which shows that families often prefer an informal resolution of the case to preserve family honor rather than pursuing legal action.

Figure 2. Map of influences

The influence map shows that DP3A, the police's PPA, and psychologists are located

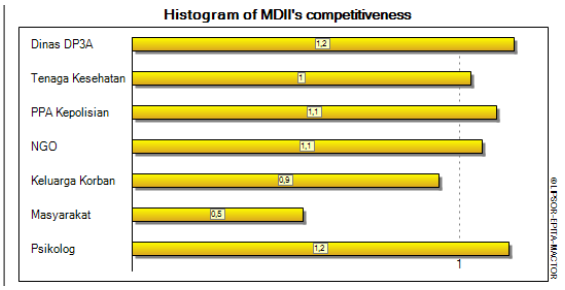
in the high influence quadrant, indicating that these three actors act as key drivers in the sexual violence response system.



This position underscores that policy changes and actions taken by these three actors will have a greater impact on the other actors than changes made by low-influence actors. Conversely, society and the families of victims are located in a low-influence quadrant, meaning they are more likely to experience the effects of other actors' decisions than to influence the decision making process itself. This situation demonstrates that the sexual violence response system remains dominated by formal actors, while community-based actors do not yet occupy a strategic position in determining how to respond to such cases. However, various studies show that families and communities are often the first to learn about sexual violence and therefore have significant potential to promote early reporting and prevent recurrence.

Figure 3. Histogram

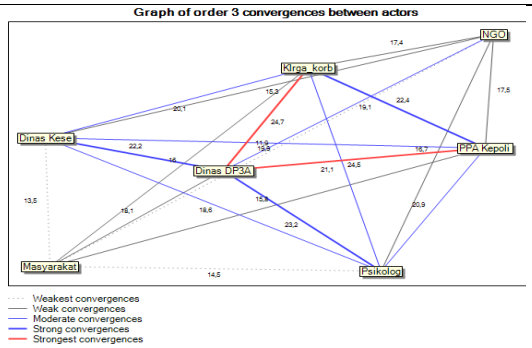
The results of the histogram show that the DP3A (Department of Children and Youth) and psychologists exhibit the highest competitiveness compared to other actors. This high competitiveness suggests that both actors possess greater capacity to influence the achievement of common goals within the system for combating sexual violence. This is due, in no small part, to the institutional authority of the DP3A in coordinating various programs for the protection of women and children, as well as the role of psychologists in providing sustained support for victims' recovery.



These findings demonstrate that the effectiveness of victim support depends not only on the strength of an institution's formal authority but also on the professional expertise of the actors involved. Conversely, the low level of community participation indicates that public engagement remains passive and is not yet supported by the necessary capacity to actively participate in the victim protection system. Therefore, improving public awareness of sexual violence and reporting mechanisms is a crucial step in strengthening the role of community based actors.

Figure 4. Convergences

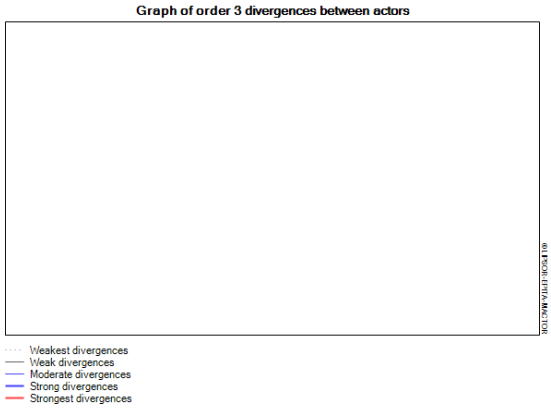
The convergence analysis shows that DP3A, the police's PPA, psychologists, and the victims' families exhibit a relatively high degree of goal alignment. These results indicate that these actors share a common goal in ensuring protection and recovery for victims of sexual violence. This goal alignment is an important factor in building effective cross-sectoral coordination.



the same goal to provide protection for victims

Figure 5. Divergences

The results of the divergence analysis show that there are no significant conflicts of interest between the actors involved in combating violence.



The results of this study are consistent with those of Choi et al. (2026) on the Sunflower Center in South Korea, which successfully integrated medical, psychological, legal, and social services through the coordination of various institutions. Similar results were also presented by Krogell et al. (2026), who demonstrated that integrated support centers in Finland were able to improve victims' access to services because all actors pursued

This finding suggests that all actors share the same normative goal to provide victims with protection, redress, and access to justice. However, the absence of divergences does not mean that the system for combating violence is functioning optimally. The study by Nayak and Banerjee (2025), shows that various implementation barriers, such as limited resources, weak interagency coordination, and complex bureaucratic procedures, can still impair the effectiveness of services, even in the absence of conflicts of interest between actors. Therefore, improved coordination and joint development of standard operating procedures are important steps to ensure that this alignment of goals is actually implemented in victim support practice.

CONCLUSION

This study demonstrates that addressing sexual violence among victims from low-income backgrounds requires cross-sectoral collaboration, with each actor playing a distinct role. The results of the MACTOR analysis identify the Department for the Advancement of Women and Child Protection (DP3A), psychologists, and the Police Women and Children's Protection Unit (PPA) as the actors with the greatest influence and capacity to act within the support system, while family and society continue to play a relatively limited role. The high degree of convergence and the absence of significant divergences indicate shared objectives among the actors, making the strengthening of coordination mechanisms and the implementation of collaboration key factors for improving the effectiveness of victim support. This study contributes by mapping the strategic relationships between actors using the MACTOR approach, thereby providing an empirical basis for developing cooperative governance and formulating more inclusive policies on sexual violence, particularly for economically disadvantaged populations.

RECOMMENDATION

Suggestions or recommendations based on the research findings were submitted to the relevant parties.

Based on the findings of the MACTOR analysis, several recommendations can be derived that can be considered to improve the effectiveness of measures against sexual violence for victims from low-income backgrounds.

First, local authorities need to strengthen cross-sectoral coordination mechanisms by developing common standard operating procedures (SOPs) involving the Department for the Advancement of Women and Child Protection (DP3A), the Police Service for Women and Children (PPA), health professionals, psychologists, non-governmental organizations (NGOs), and other support agencies. Enhanced coordination is needed to ensure that the referral, support, and recovery of victims is swift, integrated, and sustainable.

Second, the capacities of families and communities need to be strengthened through awareness programs on sexual violence prevention, reporting mechanisms, and victims' rights. Research shows that families and communities have relatively little influence on the support system; therefore, strengthening these two actors is important to improve early detection and accelerate victims' access to support services.

Third, the government must expand access to support services for victims from low-income groups by providing easily accessible, integrated services, including healthcare, psychological support, legal assistance, and forensic investigations, without financial barriers. These measures can reduce the disparities in access, which have thus far been one of the obstacles to providing support for victims.

Fourth, the development of digital information systems and inter-institutional referral mechanisms must be prioritized to improve the effectiveness of communication, facilitate the monitoring of case management, and avoid duplication of services.

Fifth, it is recommended that future studies increase the number of respondents, include more actors such as prosecutors, courts, social workers, and educational institutions, and compare the analysis results across different regions. Furthermore, combining MACTOR with other methods, such as Social Network Analysis (SNA) or DEMATEL, can provide a more comprehensive picture of the relationship patterns and influences between actors in the system for combating sexual violence.

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