



**CHARACTERISTICS OF STUDENTS WITH DISABILITIES, PARENTS, TEACHERS IN SEXUAL VIOLENCE PREVENTION EDUCATION**

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**ABSTRACT**

This study aims to identify the characteristics of students with disabilities, as well as the role of parents and teachers in the prevention of sexual violence in extraordinary schools in Bengkulu City. The method used is qualitative descriptive, involving students with disabilities, parents, and teachers in SLBN 1 and SLBN 4 Bengkulu City. The number of samples in this study was 214 people using the purposive sampling technique was selected to ensure the participation of relevant individuals. Data were collected through semi-structured interviews and observations, and then analyzed thematically to identify key themes. The results showed that the majority of respondents with disabilities were in grade VI, with variations in the types of mild and moderate disabilities. The role of parents, especially housewives with high school education, is very influential in supporting sexual education programs. On the other hand, teachers who have a S1 education and work as civil servants are key actors in the implementation of this education, although they still face challenges such as the lack of special training. The use of interactive educational media, such as animated videos, has been identified as an effective tool in improving the understanding of students with disabilities. The study concludes that collaboration between students, parents, and teachers is essential for the success of sexual violence prevention programs. The recommendations submitted include increasing teacher training and developing educational materials that are in accordance with the cognitive needs of students with disabilities. A holistic approach involving schools, families, and communities is also recommended to create a safe and supportive learning environment.

Keywords: children with disabilities; holistic approach; prevention; sexual violence

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**INTRODUCTION**

The phenomenon of sexual violence against children with disabilities has become a serious issue that is recognized globally. Children with disabilities are at higher risk of sexual violence than children without disabilities. Based on a survey of 5,873 children aged 0-17 years in the United States, about 22% of children with disabilities are suspected of experiencing sexual violence (Farlina & Mutia, 2019). High prevalence rates, ranging from 14-65%, have been reported by various studies, including a study conducted by Wissink et al. (2018). This condition requires effective interventions and prevention strategies, especially in school environments that serve children with special needs.

Factors that affect the risk of violence in children with disabilities can be grouped into internal factors, such as genetic disorders and brain disorders, as well as external factors, such as maternal diet during pregnancy and less supportive environmental conditions (Abdullah, 2022). These factors, along with the limitations of the cognitive abilities of children with disabilities, make them more vulnerable to abuse. According to a World Health Organization (WHO) report, one of the recommended prevention strategies is sexual education taught from an early age. This education must be able to help children recognize

body parts, distinguish between genders, and maintain personal hygiene (Ummah et al., 2023). The provision of sexual education aims to teach children with disabilities about personal boundaries and train them to be able to recognize and report inappropriate behavior (Strnadová et al., 2022). However, the challenge in implementing sexual education for children with disabilities is to ensure that the methods and media used can be easily understood by students. Engaging learning media, such as booklets, posters, and animated videos, have been shown to help improve the understanding of children with disabilities about sexual violence prevention materials (Jatmika et al., 2019).

The role of parents and teachers in sexual education is very important. Parents need to be actively involved in this process, considering that the cognitive limitations of children with disabilities require special assistance. Studies show that parents' education and employment affect the extent to which they can support sexual violence prevention programs (Brown & Hill, 2020). In addition, teachers as facilitators must also be equipped with adequate training to be able to deliver sexual education materials effectively (Murphy & O'Callaghan, 2021). This study aims to identify the characteristics of students with disabilities, as well as the role of parents and teachers in health education for the prevention of sexual violence in extraordinary schools. By understanding the influential sociodemographic factors, it is hoped that more holistic and effective prevention strategies can be developed to protect children with disabilities.

## **METHOD**

This study uses a qualitative descriptive method to identify the characteristics of students with disabilities, the role of parents, as well as the perspective and involvement of teachers in health education programs for the prevention of sexual violence in extraordinary schools in Bengkulu City. The number of samples in this study was 214 people using the purposive sampling technique was selected to ensure the participation of relevant individuals. The research was conducted in several extraordinary schools in Bengkulu City, namely at SLBN 1 Bengkulu City and SLBN 4 Bengkulu City, involving the main participants, namely students with disabilities, students' parents, and teachers who teach at the school. Participants were selected using the purposive sampling technique, which allows the selection of individuals who are directly related to the research topic.

The research instruments used were semi-structured interview guides and observation sheets that were compiled to capture the cognitive, affective, and behavioral aspects of students as well as responses from parents and teachers regarding the ongoing program. The data collected was analyzed using thematic analysis methods. The analysis process involves the following stages: transcription of interview data and observation results, open coding to identify key themes and subthemes, categorization to group data based on similar characteristics, interpretation of results through data triangulation to ensure validity and reliability of findings. This research follows the principles of research ethics by obtaining written consent from participants and maintaining the confidentiality of their data and identities. Ethical approval from the relevant university ethics committee has also been obtained. The researcher conducted a validity and reliability test on the knowledge and attitude instruments of children with disabilities. The validity and reliability test was carried out on September 24-25. The final interpretation states that the instrument used is valid and reliable. Has obtained ethics approval and the Ethics committee of the Faculty of Nursing, Andalas University (Number.386.feasible/KEPKFUNAND). The analysis data used SPSS version 26 software. The analysis includes descriptive statistical tests such as frequency and percentage distribution

**RESULT**

Table 1.

Frequency Distribution of Respondents by Gender, Type of Disabled and Class

Characteristics Responden	Intervention Groups (n=47)		Control Group (n=47)	
	f	%	f	%
Gender				
Man	28	59,6	26	55,3
Woman	19	40,4	21	44,7
Types of Blindness				
Mild Blindness	25	53,2	33	70,2
Moderately Visually Impaired	22	46,8	14	29,8
Class				
Class IV	7	14,9	10	21,3
Class V	11	23,4	20	42,6
Class VI	29	61,7	17	36,2

Table 1, based on data on the characteristics of children with disabilities by gender, shows that in the intervention group (n=47), the majority of respondents were men with a total of 28 people (59.6%), while women totaled 19 people (40.4%). In the control group (n=47), there were 26 male respondents (55.3%) and 21 female respondents (44.7%). These data showed that in both the intervention and control groups, men were more dominant than women, with a slightly higher proportion in the intervention group. Based on the type of disability, it was found that the intervention group had a relatively balanced distribution between mild and moderate impairment, namely 25 people (53.2%) for mild and 22 people (46.8%) for moderate impairment. On the other hand, in the control group, there were more respondents with mild impairment, amounting to 33 people (70.2%), while only 14 people (29.8%) were moderately disabled. The intervention group had a more even proportion, while the control group was more dominated by mild impairment. In the characteristics of children with disabilities for the classroom, the distribution of respondents by class showed the dominance of class VI students, amounting to 29 people (61.7%). There are only 7 students in class IV (14.9%), and 11 students in class V (23.4%). The control group had a more even distribution with 10 students (21.3%) in grade IV, 20 students (42.6%) in grade V, and 17 students (36.2%) in grade VI. The intervention group had the highest number of respondents in class VI, while the control group had a more balanced distribution in all three classes.

Table 2.

Distribution of Frequency of Parent Respondents by Gender, Age, Education, Occupation, Number of Children, Child Status, Number of Families, Home Status, Number of Rooms and Number of Rooms

Characteristics Responden	Intervention Groups (n=47)		Control Group (n=47)	
	f	%	f	%
Gender				
Man	4	8,5	6	12,8
Women	43	91,5	41	87,2
Age				
26-35 years old	23	48,9	8	17,0
36-45 years old	22	46,8	35	74,5
46-55 years old	2	4,3	4	8,5
Education				
SD	3	6,4	0	0
SMP	9	19,1	7	14,9

Characteristics Responden	Intervention Groups (n=47)		Control Group (n=47)	
	f	%	f	%
SMA	24	51,1	29	61,7
D3	3	6,4	3	6,4
S1	6	12,8	6	12,8
S2	2	4,3	2	4,3
Work				
Housewives	31	66,0	28	59,6
Private	6	12,8	7	14,9
Civil servants	7	14,9	8	17,0
Honoror	3	6,4	4	8,5
Number of Children				
1 Child	9	19,1	2	4,3
2 Child	16	34,0	22	46,8
3 Child	13	27,7	17	36,2
4 Child	6	12,8	5	10,6
5 Child	3	6,4	1	2,1
Child Status				
Biological Children	47	100,0	47	100,0
Stepchild	0	0	0	0
Number of Families				
3 People	9	19,1	2	4,3
4 People	15	31,9	22	46,8
5 People	14	29,8	18	38,3
6 People	7	14,9	5	10,6
7 People	2	4,3	0	0
Home Status				
Own home	42	89,4	47	100,0
Contract	5	10,6	0	0
Number of Rooms				
1 Room	6	12,8	2	4,3
2 Rooms	24	51,1	23	48,9
3 Rooms	15	31,9	19	40,4
4 Rooms	2	4,3	3	6,4
Number of Bathrooms				
1 Bathroom	32	68,1	32	68,1
2 Bathrooms	15	31,9	15	31,9

Table 2, data on the characteristics of parent respondents showed that the majority of both the intervention and control groups were women, with a higher proportion in the intervention group (91.5%). The intervention group was dominated by respondents aged 26-35 years (48.9%), while the majority of the control group was aged 36-45 years (74.5%). The highest education in both groups was high school, and most respondents worked as housewives. Both groups had varying numbers of children, with many respondents having 2 children. All respondents were biological children and most had their own homes, while the number of rooms and bathrooms was also similar in both groups. Although there are differences in some characteristics, many similarities are seen especially in family status and residence.

Table 3.  
Distribution of Teacher Respondent Frequency by Gender, Age, Education and Occupation

Characteristics Responden	Intervention Groups (n=16)		Control Group (n=10)	
	f	%	f	%
Gender				
Man	1	6,3	1	10,0
Women	15	93,8	9	90,0
Age				
26-35 years old	4	25,0	0	0
36-45 years old	10	62,5	8	80,0
46-55 years old	2	12,5	2	20,0
Education				
S1	12	75,0	8	80,0
S2	4	25,0	2	20,0
Work				
Civil Servants	15	93,8	7	70,0
Government employees with work agreements (PPPI	1	6,3	3	30,0

Table 3, data on the characteristics of teacher respondents shows that the majority of the two intervention and control groups are women with 93.8% and 90%, respectively. The intervention group was dominated by respondents aged 36-45 years (62.5%), Meanwhile, the majority of the control group is also 36-45 years old (80%). The highest education in both groups was S1 with a proportion of 75% in the intervention group and 80% in the control group. Most of the respondents worked as civil servants, reaching 93.8% in the intervention group and 70% in the control group. Although there are some differences, the two groups have similarities in gender and a high level of education.

## DISCUSSION

This study evaluates the characteristics of students with disabilities, the role of parents, and the involvement of teachers in health education programs for the prevention of sexual violence in exceptional schools in Bengkulu City. The results showed important differences in terms of demographic distribution and sociodemographic factors that affect the effectiveness of health education programs. Characteristics of Visually Impaired Students, the results of the study in Table 1 show that the students with disabilities in the intervention and control groups have different distributions in terms of gender, type of disability, and class. Sebagian besar responden di kelompok intervensi adalah laki-laki (59,6%), sementara kelompok kontrol juga didominasi oleh laki-laki (55,3%). Data ini konsisten dengan temuan sebelumnya yang menunjukkan bahwa partisipasi dalam program pendidikan sering kali lebih tinggi pada siswa laki-laki (Strnadová et al., 2022). The type of disability in the intervention group was more evenly distributed, while the control group was dominated by mild disability (Wissink et al., 2018). The implications of this variation in disability levels are very significant because they can affect students' responses to sexual education, where children with moderate disabilities may require a more intensive approach (Handayani, 2019). Intellectual and barriers of each child to ensure the effectiveness of the intervention (Strnadová et al., 2022).

The Role of Parents, data from Table 2 revealed that most of the respondents' parents in the intervention group were female (91.5%) and had a high school education background (51.1%). In the control group, the proportion of parents with high school education was even higher (61.7%). Research by Brown and Hill (2020) confirms that parents' level of education

is directly related to their level of involvement in child health education programs. Parents with higher education tend to have a better understanding of the importance of sexual education and are more proactive in supporting their children. Most of the parents in the intervention group were aged 26-35 years (48.9%), meanwhile, in the control group, the majority were 36-45 years old (74.5%). Parents' age plays an important role in the dynamics of educational support, where younger parents may be more open to interactive and media-based approaches to education (Braddock & Parish, 2019). The Role of Teachers in Health Education Programs, table 3 shows the characteristics of teachers in both groups, with the majority of respondents being female (93.8% in the intervention group and 90.0% in the control group). S1-educated teachers dominated both groups, with 75% in the intervention group and 80% in the control group. Most teachers work as civil servants, which indicates job stability and potential for better skills in providing quality education (Murphy & O'Callaghan, 2021). However, the challenges faced by teachers in this study include the limitations of training related to teaching sexual education for children with disabilities. According to Thompson and Stanford (2021), These limitations hinder the effectiveness of teaching, so additional training is essential to increase teachers' capacity to deliver appropriate sexual education materials.

Implications of Using Educational Media, the study found that interactive educational media, such as animated videos, were effective in increasing the understanding and participation of students with disabilities. Ummah et al. (2023) showed that interactive media tailored to students' learning preferences can increase information engagement and retention. The use of this media is important to overcome the cognitive barriers that children with disabilities have (Hall & Grieve, 2020). Challenges in the Implementation of Educational Programs, this study identifies several challenges in the implementation of health education programs. One of the main challenges is the limited resources and support, both from families and educational institutions. Parental participation is greatly influenced by the number of children and the burden of household responsibilities (Braddock & Parish, 2019). The majority of parents in the study had 2-3 children, which affected their level of involvement in sexual education programs.

Sociodemographic Factors Influencing Participation, participation Sociodemographic factors, including age and number of children, play an important role in influencing the level of parental participation in health education programs. Younger parents tend to be more flexible in accepting new approaches to education (Brown & Hill, 2020). In addition, support from spouses and social networks is also important in ensuring the active involvement of parents (Handayani, 2019). The Collaborative Role between Parents and Teachers, the main conclusion of this study emphasizes the importance of collaboration between parents and teachers. Effective sexual education for students with disabilities requires a holistic approach, involving parents in the learning process at home and teachers in teaching in schools (Victoria et al., 2024). Parents and teachers must work together to ensure that children receive a consistent and sustainable education, both in the school environment and at home.

Recommendations for Program Development, based on the findings of this study, several recommendations are suggested to improve the effectiveness of sexual education programs for students with disabilities: 1)Teacher Training: Teachers should be provided with additional training related to the teaching of sexual education tailored to the needs of children with disabilities (Murphy & O'Callaghan, 2021; Thompson & Stanford, 2021). 2)Development of Educational Materials: The use of interactive media such as animated

videos and booklets should be expanded to maximize student understanding (Jatmika et al., 2019; Ummah et al., 2023). 3) Holistic Approach: Approaches that involve families, communities, and health institutions must be integrated to create a supportive and safe environment (Braddock & Parish, 2019). Research Implications for Education Policy, the results of this study have important implications for education policymakers. Authorities need to consider mandatory training for teachers and the development of sexual education programs that are inclusive and tailored to the needs of children with special needs (Victoria et al., 2024). In addition, policies that support collaboration between schools and families should be strengthened to ensure the full participation of all parties involved.

## CONCLUSION

This study highlights the importance of collaborative roles between students with disabilities, parents, and teachers in the implementation of sexual education programs. Active support from parents, adequate teacher competence, and the use of educational media that are in accordance with children's cognitive needs are key elements in the success of this program. With a holistic approach, sexual education can be an effective tool to prevent sexual violence against children with disabilities and create a safe and supportive environment.

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