

SCHOOL READINESS IN PREVENTING SEXUAL HARASSMENT OF CHILDREN WITH INTELLECTUAL DISABILITIES IN SPECIAL NEEDS SCHOOLS (SLB-C) IN BANDUNG CITY

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Abstract Background: Children with intellectual disabilities are more vulnerable to sexual abuse due to limited knowledge, self-protection skills, and understanding of body boundaries. In Bandung City, prevention efforts have been implemented but still face several challenges, primarily because the issue is considered sensitive, difficult to communicate, and has not yet been developed into a structured prevention program.

Objective: This study aims to explore school readiness in preventing sexual abuse among children with intellectual disabilities in special needs (SLB-C) schools in Bandung City.

Methods: This study used a qualitative case study design conducted in five special needs (SLB-C) schools in Bandung City, West Java, Indonesia. Informants consisted of 16 participants, including 11 teachers and 5 principals, who were purposively selected based on their involvement in teaching, assisting, or managing educational services for children with intellectual disabilities. Data were collected through focus group discussions with teachers and in-depth interviews with principals. Data were analyzed using descriptive thematic analysis.

Results: The findings indicate that school readiness has begun to emerge through teachers' and principals' recognition that preventing sexual abuse is a critical issue for children with intellectual disabilities. However, this readiness is still constrained by institutional barriers, including limited teacher capacity, the absence of specific policies and standard operating procedures (SOPs), a lack of routine programs, limited learning media, and suboptimal family involvement and cross-sector collaboration.

Conclusion: School readiness for sexual harassment prevention needs to be strengthened through structured, sustainable, and collaborative school-based prevention programs supported by clear guidelines, teacher training, appropriate learning media, parental involvement, and external institutional support.

Keywords: Children with intellectual disabilities; school readiness; sexual harassment; prevention; special needs schools (SLB-C)

BACKGROUND

Children with disabilities have the right to equal access to health education, protection, and safe services without discrimination, including access to appropriate information. Despite this right, children with intellectual disabilities remain particularly vulnerable to sexual harassment. Previous studies have reported that they are 2–8 times more likely to experience sexual harassment than children in the general population^{1–3}. This increased vulnerability is closely associated with limited knowledge of sexual harassment and inadequate self-protection skills^{4–7}.

The local context in Bandung City further highlights the urgency of strengthening sexual harassment prevention efforts. Reports from 2017–2019 and 2020–2022 showed that sexual violence remained a significant issue in the city. In response, the government has introduced several measures, including reproductive health modules, teacher training, and regulations to prevent violence in educational settings. Nevertheless, a preliminary study conducted with teachers from four schools indicated that these efforts had not fully addressed the challenges faced in practice. Teachers continued to report limited confidence in delivering sexual harassment prevention education to children with intellectual disabilities, as the topic was viewed as sensitive and difficult to communicate. They were also concerned that students might have difficulty understanding the material or might interpret it incorrectly. Consequently, such education was often provided only after specific incidents occurred, rather than being implemented as a structured preventive program.

Accordingly, this study explores school readiness for sexual harassment prevention among children with intellectual disabilities in SLB-C Bandung. Rather than focusing solely on instructional needs, this study examines how schools identify the urgency of the problem, recognize existing barriers and resources, and position key stakeholders in prevention efforts. Particular attention is given to the roles of teachers, principals, parents, health services, and external institutions in supporting a collaborative school-based prevention program. Understanding this readiness is expected to provide a foundation for strengthening partnerships and developing more coordinated, sustainable, and contextually appropriate strategies to protect children with intellectual disabilities from sexual harassment.

METHODS

Study setting and design

A qualitative case study design was used in this study. The research was carried out in five SLB-C schools located in Bandung, West Java, Indonesia, which provide educational services for children with intellectual disabilities. Data were obtained directly from teachers and principals to gain a deeper understanding of their experiences and perceptions regarding sexual harassment prevention education for children with intellectual disabilities.

Study population and sampling procedure

This study involved 16 informants, consisting of 11 teachers and 5 principals from five SLB-C schools, with each principal representing their respective school. Teacher informants were those responsible for school health activities, science subjects, or self-help skills learning. The teachers were selected based on the study criteria and recommendations from the school principals. All informants were recruited purposively by considering their direct involvement in teaching, assisting, or managing educational services for children with intellectual disabilities.

Data Collection and Variable measurement

Focus group discussion and in-depth interview guides were developed to explore school readiness for sexual abuse prevention among children with intellectual disabilities. The guides examined teachers' and principals' perspectives on how schools recognized sexual abuse prevention as a priority, the institutional barriers encountered, the internal assets and capacities available within schools, and the stakeholders who could support collaborative prevention efforts. The questions

were open-ended to allow participants to describe their experiences, concerns, available resources, and expectations related to school-based prevention.

Data were collected through a focus group discussion with teachers and individual interviews with principals. The focus group discussion explored teachers' experiences in identifying children's vulnerability, challenges in implementing prevention education, school resources, and perceived needs for collaboration with parents and external institutions. The interviews with principals provided institutional perspectives on school support, policy readiness, program implementation, learning facilities, and opportunities for partnership development. Follow-up questions were used to clarify responses and obtain more detailed explanations.

School readiness was explored through four main domains: recognition of sexual abuse prevention as a school priority, institutional barriers to prevention, school assets and internal capacity, and stakeholder support for collaborative prevention. These domains guided data collection and served as the basis for organizing the findings. All discussions and interviews were documented, audio-recorded with participants' consent, and transcribed verbatim. Data were analyzed using descriptive thematic analysis. The transcripts were read repeatedly to gain an overall understanding of the data, after which meaningful statements were identified, coded, and grouped into categories. The categories were then organized into themes that reflected patterns of school readiness for sexual abuse prevention among children with intellectual disabilities.

Ethic Consideration

All informants provided written informed consent before participating in the research procedures. Ethical approval for this study was granted by the Health Research Ethics Committee of the Faculty of Public Health, Universitas Indonesia, under approval number Ket-16/UN2.F10.D11/PPM.00.02/2025.

RESULT AND DISCUSSION

Result

Recognition of Sexual Abuse Prevention as a School Priority

The findings indicate that schools recognized sexual abuse prevention as an important priority for children with intellectual disabilities. This recognition emerged from teachers' experiences in facing cases and facts related to children's vulnerability. One teacher stated, "It is heartbreaking, especially when the abuse is committed by someone close to the child." Teachers also expressed sadness, concern, disappointment, and a sense of helplessness when reflecting on students' vulnerability. They perceived that children with intellectual disabilities often experience confusion in understanding and expressing their sexual needs. One teacher stated, "Children with disabilities are confused about how to express their sexual needs." This condition was considered to increase the risk of sexual abuse, particularly when children have limited understanding of body boundaries, appropriate behavior, and self-protection.

At the school leadership level, recognition of this issue was reflected in principals' support for socialization and violence prevention activities. One principal stated, "For me, it is important to support socialization and violence prevention efforts if they are facilitated." This indicates that sexual abuse prevention had begun to be viewed as an issue requiring special attention in schools, although its implementation still required facilitation and more structured programs.

Institutional Barriers to Sexual Abuse Prevention in Schools

Teachers reported that they did not yet have sufficient capacity and understanding to deliver sexual abuse prevention education to children with intellectual disabilities. One teacher stated, "Teachers have limitations and sometimes find it difficult to detect when children with intellectual disabilities try to express their sexual needs." Another teacher emphasized that "teachers lack understanding." This view was reinforced by a principal who stated, "The school still needs training for teachers so that they can deliver sexual abuse prevention material appropriately to children." These findings indicate that the main barrier is not only related to teachers' willingness, but also to limited knowledge, skills, and confidence in delivering sensitive material.

Another barrier was the absence of a routine and structured prevention program. A teacher stated, "Education is usually provided when an incident occurs; it has not yet become a routine and

structured program.” This condition was consistent with a principal’s statement that “the school only has general rules and does not yet have written regulations specifically addressing sexual abuse prevention.” Another principal added that “the guidance received by the school has mostly focused on bullying prevention and has not specifically addressed sexual abuse.” Limited learning media and supporting facilities also hinder prevention efforts. A teacher stated, “There is no media that can be used, so supporting media are needed.” This was reinforced by a principal who stated, “Specific learning media for sexual abuse prevention are not yet available, although such media are strongly needed by the school.”

In addition to internal school factors, family involvement was also identified as a challenge. Teachers noted “limited understanding and supervision among parents.” Another teacher emphasized the need for school-family communication by stating, “Communication between parents and teachers is needed to respond to children’s needs.” A principal also highlighted the importance of home supervision, particularly in relation to technology use, stating that “restrictions on gadget use at school and at home need to be implemented.” Teachers further emphasized the need for external support to strengthen prevention efforts. They stated that programs should involve resource persons such as reproductive health experts and collaboration with public health centers. However, a principal explained that “collaboration with the public health center has so far been limited to annual health examinations.”

School Assets and Internal Capacity for Prevention Readiness

School readiness was reflected in teachers’ willingness to receive training and capacity building to deliver sexual abuse prevention education more appropriately. One teacher stated, “As a teacher, I need training so that I am better prepared to provide sexual abuse prevention education to children.” Another teacher emphasized that strengthening efforts were needed not only for teachers but also for parents: “Parenting for parents is also important, in addition to strengthening educators.” This support was reinforced by a principal who stated, “The school supports training for teachers so that prevention material can be delivered more appropriately.”

School leadership support was also viewed as an important asset for sustaining the program. A teacher stated, “Principal support is important so that prevention activities can be implemented in schools.” In line with this, a principal stated, “The school supports socialization and violence prevention activities, including efforts to prevent sexual abuse among children.” Another principal added, “The school is willing to facilitate teachers’ involvement in partnership activities and the development of prevention programs.”

In addition to institutional support, teachers’ experience in assisting children with intellectual disabilities represented an important internal capacity. Teachers had close relationships with the children and understood their characteristics, limitations, and daily learning needs. One teacher stated, “Children with intellectual disabilities need simple, repeated explanations that are appropriate to their abilities.” A principal also emphasized that teachers are the closest actors to children at school and therefore should be involved as the main implementers of prevention education. These findings indicate that school readiness is shaped not only by structural support, but also by teachers’ commitment, experience, and capacity to directly assist children.

Discussion

This study shows that school readiness for sexual abuse prevention among children with intellectual disabilities has begun to emerge, although it has not yet been fully institutionalized. This readiness was reflected in teachers’ and principals’ recognition of sexual abuse prevention as a priority issue, the initial support provided by school leadership, and internal assets such as teachers’ commitment and their experience in assisting children. However, school readiness remained constrained by institutional barriers, including limited teacher capacity, the absence of specific policies and SOPs, limited learning media, and suboptimal family involvement and intersectoral collaboration.

Teachers’ and principals’ recognition of the importance of sexual abuse prevention represents an initial foundation for school readiness. Teachers perceived this issue as a real concern because of their close interaction with children and their daily experiences in observing the vulnerability of children with intellectual disabilities. Teachers’ positive attitudes toward sexuality education and sexual abuse prevention may support the success of school-based programs. This

finding is consistent with previous studies showing that teachers' appreciation of the importance of sexuality education can enhance the confidence of children with intellectual disabilities in making wiser decisions related to sexuality^{8,9}. Principal support is also an important factor, as school leadership can strengthen teacher capacity and transform prevention efforts from individual initiatives into an institutional agenda¹⁰.

Nevertheless, awareness and initial support are not sufficient to ensure the sustainable implementation of prevention programs. The findings indicate a gap between recognizing sexual abuse as an important issue and the institutional readiness of schools to respond to it. Teachers acknowledged the importance of prevention, but they still had limitations in understanding, detecting, and responding to the expression of sexual needs among children with intellectual disabilities. Similar conditions have been reported in previous studies, which found that teachers often experience difficulties in addressing sexuality and sexual abuse issues among children with disabilities¹¹⁻¹³. Other studies have also shown that, without adequate skills, teachers' responses tend to be emotional and reactive rather than preventive and proactive^{11,12}. Therefore, strengthening teacher capacity should be understood as part of school institutional readiness, rather than merely as an individual teacher need.

Institutional barriers were also evident in the absence of specific policies, SOPs, and routine programs addressing sexual abuse prevention. School efforts remained largely situational, particularly when certain incidents occurred, and had not yet been developed into structured preventive programs. Clear regulations, systematic programs, and firm reporting and response mechanisms are essential components of a safe school environment. Previous studies have emphasized that the absence of clear policy frameworks and procedures can hinder the effective implementation of violence and sexual abuse prevention programs in schools^{14,15}. This finding strengthens the argument that enhancing principals' roles in promoting policies, SOPs, and routine programs is an important part of institutionalizing prevention efforts in schools.

Evidence from school-based sexual abuse prevention programs indicates that program success depends not only on raising awareness, but also on institutional commitment reflected in policies, communication systems, resource allocation, and coordination among program implementers^{16,17}. In the present study, the absence of such policies was reflected in prevention efforts that remained reactive or situational rather than preventive and structured. Strengthening principals' roles in promoting school-level regulations is therefore important as part of the school's institutional commitment to preventing sexual abuse among children with intellectual disabilities.

Beyond policy-related barriers, limited teacher knowledge, skills, and confidence were important challenges in program implementation. This finding is consistent with previous studies showing that teachers' professional readiness often constrains the effective implementation of sexuality education and sexual abuse prevention in schools¹⁸⁻²⁰. Although modules and training related to sexual abuse prevention are available, their presence has not always been sufficient to address teachers' practical needs. Previous studies have also reported that many teachers considered the training they received inadequate for addressing sexual health and sexual abuse prevention issues, highlighting the need for more specific training and resources tailored to the context of children with intellectual disabilities^{12,13}. This suggests that training should not be limited to general content, but should be practical, repeated, and aligned with school conditions.

Limited learning media and supporting facilities also hindered school readiness. Children with intellectual disabilities require concrete, simple, and visual materials that are delivered repeatedly according to their abilities. Without appropriate media, teachers may find it more difficult to explain concepts such as body boundaries, safe and unsafe touch, and self-protection. Previous studies have shown that training supported by interactive multimedia or learning media can improve implementation accuracy and teachers' confidence in delivering prevention education²¹. In addition, involving teachers in the development of media or interactive tools that are aligned with classroom needs can help improve communication strategies and strengthen teachers' readiness in actual teaching practice^{22,23}. However, learning media should still be situated within a broader school system, as media alone, without policy support, training, and family involvement, is insufficient to ensure program sustainability.

School readiness also cannot be separated from family involvement and cross-sectoral support. In this study, parental involvement and collaboration with public health centers were not yet optimal, although sexual abuse prevention requires continuity across schools, homes, and supporting services. Collaboration among teachers, parents, and students has been shown to improve early identification and responses to sexual violence, thereby contributing to a safer

environment for children²⁴. This finding indicates that school readiness should be understood as collaborative readiness, namely the ability of schools to establish communication and cooperation with families, public health centers, and external parties with expertise in reproductive health and child protection.

The role of the family becomes increasingly important because behavioral changes and risk exposure occur not only at school, but also at home and in children's social environments. Intervention studies involving children with intellectual disabilities have shown that group-based programs can improve prevention knowledge, but they are not always effective in improving preventive behavior when they are not supported by natural environments and sustained practice²⁵. In this regard, strengthening parental roles should also be considered as an important part of the child's surrounding environment. This finding differs somewhat from studies that emphasize the success of school-based educational programs, as it shows that increased knowledge does not automatically lead to behavioral change. Therefore, strengthening parental roles should be included in prevention strategies, including through parenting programs, school-home communication, and supervision of gadget use. Parent training programs have been shown to improve parents' communication attitudes and competence in teaching sexuality-related topics to children with intellectual disabilities²⁶.

Although several barriers were identified, the schools were not entirely without readiness. Principal support, teachers' positive attitudes, and teachers' experience in assisting children with intellectual disabilities represented internal assets that could serve as a foundation for developing prevention programs. Teachers had close relationships with the children and understood their learning characteristics, making them potential key implementers of prevention education when supported by adequate training, learning media, policies, and collaboration. Therefore, strengthening school readiness should be directed toward integrating teacher capacity, leadership support, school policies, learning media, family involvement, and cross-sectoral collaboration.

Overall, these findings confirm that school readiness for sexual abuse prevention among children with intellectual disabilities is a gradual and collaborative process. Schools already had awareness, leadership support, and teacher commitment as initial assets, but this readiness had not yet been fully institutionalized through policies, SOPs, learning media, routine programs, and cross-sectoral collaboration. Therefore, the development of prevention programs should move from situational activities toward structured, sustainable school-based programs that involve families and external institutions.

CONCLUSION

This study shows that school readiness for sexual abuse prevention among children with intellectual disabilities has begun to develop but has not yet been fully institutionalized. Readiness was reflected in teachers' and principals' awareness, leadership support, teacher commitment, and experience in assisting children. However, implementation remained limited by insufficient teacher capacity, the absence of specific policies and SOPs, limited learning media, and suboptimal family and cross-sectoral collaboration. Strengthening school readiness therefore requires structured, sustainable, and collaborative school-based prevention programs supported by clear guidelines, teacher training, appropriate media, parental involvement, and external institutional support.

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