

Child sexual abuse prevention: A qualitative study of teachers' educational needs

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Abstract

Background: Child sexual abuse (CSA) has emerged as a global concern, particularly affecting children in Indonesia. However, there remains a scarcity of research on CSA within the Indonesian context.

Objective: This study aimed to explore the educational needs of primary school teachers in preventing child sexual abuse.

Methods: A qualitative descriptive study design was employed, with eight teachers and school principals selected through purposive sampling. Data were collected through focus group discussions and analyzed using content analysis.

Results: Six categories emerged: 1) The risk of sexual abuse, 2) The necessity for clear CSA preventive regulations and sanctions for abusers, 3) Lack of CSA program socialization, 4) The need for structured CSA prevention education for children, 5) The importance of effective coordination with various relevant stakeholders, and 6) The presence of barriers and obstacles.

Conclusion: This study provides valuable insights into the educational prerequisites for teachers to implement CSA prevention measures effectively. The findings emphasize the pressing need for school teachers to develop and implement CSA prevention programs, with the government's and nursing professionals' support, to enhance educators' abilities in combating CSA. Nurses have a pivotal role in preventing and addressing child sexual abuse, and they should actively contribute to improving child safety and well-being through knowledge, collaboration, and advocacy for comprehensive prevention strategies.

Keywords

child sexual abuse; educational needs; prevention; school teachers; Indonesia; nurses

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Background

The issue of child sexual abuse (CSA) has become a global problem that threatens children worldwide (Lim et al., 2021). Every year, millions of children face sexual abuse and exploitation (UNICEF, 2021). Globally, one in four girls and one in thirteen boys experience child sexual abuse (Smallbone & Wortley, 2017). Children are susceptible to CSA on a global scale (Bustamante et al., 2019). In Indonesia, CSA is a significant concern (Solehati et al., 2022), with a yearly increase in reported cases (Erlinda, 2014). According to the Indonesian Child Protection Commission (2016), 5,327 CSA cases were reported during 2011–2016. The Indonesia Witness and Victim Protection Agency (2019) released statistics in 2019 that demonstrate a surge in CSA cases in Indonesia, specifically in 2017 (81 cases), 2018 (206 cases), and 2019 (350 cases). Children are identified as the most vulnerable to being victims of abuse because of their physical (Garbin et al., 2011). Children in Indonesia constitute a vulnerable group and are at risk of experiencing CSA (Wismayanti et al., 2019). Children can experience CSA from their peers or adults (Rumble et al., 2020).

There are many risk factors and causes of CSA, including the lack of children obtaining adequate information from parents, teachers, and the surrounding environment. The

absence of sex education, including CSA prevention, can result in children lacking sufficient knowledge about self-protection (Lin et al., 2011). One reason for this knowledge gap is the presence of a taboo culture. In Indonesian culture, all matters related to sex are considered taboo, including discussions about CSA (Child Frontiers, 2010). Many parents and teachers feel uncomfortable when it comes to providing sex education to their children.

Being a parent of a child or adolescent means understanding that they are vulnerable both as individuals and as a group, as vulnerability is a fundamental, innate human quality (Silva et al., 2020). Children require protection and security from adults for proper development (Egry et al., 2017). Children's safety concerns everyone, including educators and the community (Finkelhor, 2009). The prevention of CSA is a critical effort to protect children from sexual assaults. The importance of CSA prevention education is paramount for the protection of children (Finkelhor, 2009). The ideal CSA prevention program is implemented in schools. Evidence shows this program effectively increases students' awareness of CSA (Brassard & Fiorvanti, 2015; Fryda & Hulme, 2015; Walsh et al., 2018). Children who participate in the CSA program are more knowledgeable about personal safety issues and possess advanced CSA preventive skills than children who do not (Allen et al., 2020).

The Indonesian government has undertaken CSA prevention programs. The Indonesian government has implemented initiatives to prevent CSA, including Law Number 23 of 2002 involving child protection, Law Number 44 of 2008 concerning pornography, and the National Anti-Sex Crime Against Children program (GN-AKSA), all of which are intended to protect children from CSA (Solehati et al., 2022). As educators, teachers should possess adequate knowledge, attitudes, and behaviors to prevent CSA. The level of knowledge and beliefs held by individuals responsible for minors plays a vital role in preventing CSA (Márquez-Flores et al., 2016). School-based CSA prevention education assumes that teachers are willing to participate in CSA prevention, can identify CSA, and are aware of how to report CSA (Allen et al., 2020). Unfortunately, most government programs do not reach teachers.

Many teachers still lack an understanding of CSA. The majority of educators also believe that an abuser cannot be the same age as the victim due to the psychological profile of CSA perpetrators implying abusive behavior (Márquez-Flores et al., 2016). Many teachers in Indonesia have not received CSA prevention training, essential for understanding CSA prevention. According to Wismayanti et al. (2019), there is currently a limited understanding of CSA prevention in Indonesia. Despite being the closest adults to children aside from parents, teachers are crucial professionals for providing students with CSA information (Jin et al., 2017). Children's knowledge of CSA can be enhanced by receiving comprehensive education from teachers through educational programs (Kandi et al., 2022).

Several challenges can impede teachers from delivering CSA lessons, such as the limited number of teachers who receive CSA training, lack of knowledge in identifying and reporting CSA, and insufficient knowledge of what follows after submitting a CSA report (Márquez-Flores et al., 2016; Zeuthen & Hagelskjær, 2013). One problem related to CSA prevention education in Indonesia is teachers' comprehension of the CSA program. These issues include determining the likelihood of CSA occurring in their students, their prior experience in delivering CSA education, and the educational requirements necessary to support the program. Thus, it is crucial to assess the educational needs of teachers in an effort to prevent CSA effectively, tailoring CSA prevention program interventions to meet these needs.

Nurses play a critical role in CSA prevention efforts, serving as caregivers, advocates, education providers, collaborators, decision-makers, counselors, and researchers (Hidayat, 2012). Nurses' role as educators is essential in disseminating knowledge about CSA to the community, including teachers, as part of a promotive and preventive effort in CSA prevention. Nurses can educate teachers about various aspects of CSA prevention and encourage them to impart this knowledge to their students. In the healthcare sector, nurses are involved in preventing and managing child abuse, integrated into the Child Protection Program, including preventive, promotive, and referral efforts. Nurses also function as counselors for victims of sexual abuse, providing essential support to individuals in need (Hidayat, 2012).

Research has not been conducted to assess the need for CSA prevention education for teachers in Indonesia, particularly by nurses. Considering the significant role nurses

play in child welfare and safety, especially concerning child sexual abuse, it is crucial to explore teachers' educational needs. Maternity, pediatric, psychiatric, and community nurses can collaborate with other professionals to empower teachers in safeguarding children from sexual abuse. Assessing teachers' educational needs is vital to tailor CSA prevention efforts to meet their specific requirements, addressing the issue of child sexual abuse effectively.

Unfortunately, there is still limited research on CSA in Indonesia (Rumble et al., 2020), including studies on educational needs for CSA prevention. Existing research explores teachers' knowledge and beliefs regarding CSA (Márquez-Flores et al., 2016), concerns about the lack of formal professional training for educators in child safety (Scholes et al., 2012), and teachers' experiences in implementing CSA prevention programs. However, research specifically focusing on teachers' educational needs related to CSA prevention is lacking. This study aimed to assess the educational needs of CSA prevention for primary school teachers.

Methods

Study Design

This research utilized a qualitative descriptive design. The flexibility, simplicity, and applicability of qualitative descriptive designs make them popular in nursing and healthcare research in various healthcare contexts (Doyle et al., 2020). The aim of qualitative descriptive research was to investigate the "what," "who," and "where" of a phenomenon using various data collection techniques. Transparency and adherence to reporting requirements were ensured by following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong et al., 2007). The research team comprised health professionals with backgrounds in nursing and expertise in abuse. Both male and female members were part of the research team, and none of the team members had prior relationships with any of the study participants.

Participants

The study was conducted in 2018 at two primary schools in Bandung, West Java, Indonesia. These schools were chosen due to their proximity to a bus station, known for a higher risk of sexual abuse incidents. Additionally, these schools served as models for CSA prevention programs in the Bandung district, which has a Sundanese cultural background. Bandung Regency was selected as the study area because of its high prevalence of CSA cases in West Java, Indonesia.

The research used a purposive sampling technique to select eight teachers and principals from these two primary schools. According to Creswell and Creswell (2018), the typical number of participants in qualitative research ranges from 3 to 10. The inclusion criteria required the homeroom teachers of Primary School 03 and Primary School 04 to have at least five years of teaching experience, be in good health, and be willing to participate. Non-permanent teachers were excluded from the study.

Initially, researchers requested the school principals of the two elementary schools to identify potential participants based on the teachers' teaching experience. Subsequently, the researchers directly contacted these individuals to ensure they

met the inclusion criteria. The school principals and teachers who met the requirements were then provided with an explanation of the research that would be conducted, and every participant contacted gave their consent to participate. According to [Lincoln and Guba \(1985\)](#), data saturation in this study was achieved when no new data or topics emerged from the interviews, which occurred after interviewing eight individuals.

Data Collection

Data were collected through focus group discussions (FGD) in 2018 to examine the educational needs for CSA prevention among primary school teachers. FGD is a frequently employed method in qualitative research to understand social issues comprehensively ([O. Nyumba et al., 2018](#)). Focus group discussions were conducted after the teachers had finished teaching their students. Each primary school had a focus group consisting of eight participants. The research team facilitated the FGDs. Before the research began, there was no connection between the researchers and the participants. As the research progressed, from the initial contact to the conclusion of the FGD, the interaction between the researchers and participants developed gradually. The lead researcher and two other study team members conducted face-to-face FGDs after receiving training in the data-gathering process. These discussions were conducted in a private and comfortable location, such as the school hall. During the face-to-face FGD, the researchers adhered to social distance concepts. Participants provided informed consent before participating in the FGD, and every individual contacted and invited to join the study granted their approval ([Sandelowski, 2000](#)).

The FGD began with an opening question to establish trust between the interviewer and the participants. Introductions, consent-seeking, and obtaining approval to audio-record the FGD were integral parts of the process. The research team developed FGD guidelines to explore teachers' perceptions of CSA, children's vulnerability to sexual deviance, and teachers' expectations regarding CSA prevention.

The FGD guide included questions such as: "What is your understanding of CSA?"; "Do you think there are signs of sexual deviance in children at school?"; "What factors do you think can contribute to CSA?"; "In today's everyday life, what do you do to prevent CSA?"; "What are your thoughts on government programs related to CSA?"; "What do you believe schools need to address the issue of CSA, and why and how?". The FGD continued to discuss the necessity of CSA prevention training for teachers to protect children from sexual offenses.

All FGD results were recorded and conducted in Indonesian. A note-taker and a moderator were present to facilitate the group and moderate the discussion. The researcher acted as the moderator in the FGD and was responsible for recording the discussion. Each interview lasted between 50 and 60 minutes or until no new information was gathered. The recording was used during the interview sessions, and participants took notes on their observations.

Data Analysis

In qualitative descriptive research, it is crucial to maintain the analysis at a level that ensures the research participants can

easily understand and utilize the findings ([Chafe, 2017](#)). As noted by [Lambert and Lambert \(2012\)](#), data analysis in qualitative descriptive research is data-driven and tends to be inductive and exploratory in nature. However, one can also employ a deductive strategy ([Kim et al., 2017](#)).

In this study, data collection and analysis occurred simultaneously. Once data saturation was achieved, the FGD results were transcribed verbatim in Indonesian. The researchers transferred the FGD data to Microsoft Word, and the analysis was conducted manually using content analysis ([Boulton & Hammersley, 2006](#)). The process involved several steps: 1) repeatedly listening to the participants' voices; 2) transcribing the FGD findings word for word; 3) extensively reading and rereading the transcriptions to gain a complete understanding of the entire dataset; 4) coding the data to create informative labels; 5) grouping codes into sub-categories; 6) identifying similarities and patterns among sub-categories to form overarching categories; and 7) reviewing and refining the categories and sub-categories to ensure they aligned with the research questions and the existing body of literature. Additionally, the results were translated from Indonesian to English for reporting purposes.

The main author generated the categories and content during the data collection and analysis process. Three other coauthors reviewed the primary author's work to ensure consistency in coding, the development of categories, and the extraction of statements supporting each category and sub-category. The coauthors engaged in coding, categories, and data interpretation discussions.

Trustworthiness/Rigor

This study applied the trustworthiness criteria developed by [Lincoln and Guba \(1985\)](#) and [Polit and Beck \(2017\)](#), including credibility, dependability, confirmability, and transferability. To enhance credibility, the researcher repeated participants' statements after each focus group discussion (FGD) to confirm their understanding. Moreover, data accuracy, relevance, and meaning were substantiated with evidence and explanations. Dependability was established through the consensus of two or more independent individuals. If the same qualitative investigation is replicated with the same participants, coders, and context, dependability anticipates that the results will be reproducible. Transferability was promoted by maintaining a research diary, defining clear study stages, regularly coordinating weekly, and ensuring precise data coding. This ensures that the study's findings can be applied to other empirical contexts. To ensure confirmability, the research team engaged in collective reading and analysis of the data, along with discussions about the research methodology during meetings. Additionally, transferability was promoted by intentionally including participants based on inclusion criteria and study objectives, addressing the diverse educational needs of teachers for CSA prevention. Field notes were maintained throughout the study to ensure dependability, and the advisory team served as auditors, providing their expertise in this process.

Ethical Consideration

Ethical approval for this study was granted by the Health Ethics Commission of Universitas Padjadjaran (number 1085/UN6. KEP/EC/2018 on 2 October 2018). The methods employed to

collect data were thoughtfully designed to ensure confidentiality. The participants received verbal and written explanations detailing the study procedures, potential risks and benefits, and the expected duration of the study. Informed consent forms were obtained from the school principal and teachers. Participants were informed they could withdraw from the study until data collection was concluded. All interview data were anonymized during data transcription, and participants were identified by assigned numbers, such as P1 to P8, to safeguard their privacy. The researchers securely stored the collected data. After the interviews, all participants were compensated with transportation fees and merchandise. No physical or mental harm was inflicted upon the participants during the study.

Results

The participants included seven women aged 29 to 59 years and one man aged 54 years. All participants had attained a bachelor's degree as their highest level of education. The participants were made up of six elementary school teachers (three from Elementary School 03 and three from Elementary School 04) and two principals (one from Elementary School 03 and one from Elementary School 04) (Table 1).

Table 1 Characteristics of the participants

	Age (year)	Gender	Profession	Education Level	Location
P1	59	Female	Headmaster	Bachelor	Elementary School 03
P2	38	Female	Teacher	Bachelor	Elementary School 03
P3	29	Female	Teacher	Bachelor	Elementary School 03
P4	58	Female	Teacher	Bachelor	Elementary School 03
P5	55	Female	Headmaster	Bachelor	Elementary School 04
P6	54	Male	Teacher	Bachelor	Elementary School 04
P7	53	Female	Teacher	Bachelor	Elementary School 04
P8	45	Female	Teacher	Bachelor	Elementary School 04

Six categories emerged: 1) The risk of sexual abuse, 2) The necessity for clear CSA preventive regulations and sanctions for abusers, 3) Lack of CSA program socialization, 4) The need for structured education on the prevention of CSA in children, 5) The importance of effective coordination with various relevant stakeholders, and 6) The presence of barriers and obstacles (Table 2).

Table 2 Categories and sub-categories of teachers' educational needs toward child sexual abuse prevention

Categories	Sub-categories
The risk of sexual abuse	<ul style="list-style-type: none"> ▪ Showing porn videos ▪ Desire to watch porn videos in boys ▪ Social control
The necessity for clear CSA preventive regulations and sanctions for abusers	<ul style="list-style-type: none"> ▪ Dress code ▪ Enforcement of religious rules ▪ The cultivation of religious values ▪ Rule enforcement and sanctions for violating the rules ▪ Unstructured sanction
Lack of CSA program socialization	<ul style="list-style-type: none"> ▪ Lack of socialization of rules ▪ No CSA prevention material in the curriculum yet ▪ No CSA program yet ▪ It is necessary to have structured education on the prevention of CSA in children
The need for structured education on the prevention of CSA in children	<ul style="list-style-type: none"> ▪ Requires reproductive health education in children ▪ The introduction of reproductive health into religious and natural science subjects ▪ Informal prevention program ▪ The introduction of reproductive health into school subjects ▪ Require a CSA prevention plan program ▪ Require a prevention step ▪ Need an application for sexual abuse prevention
The importance of effective coordination with various relevant stakeholders	<ul style="list-style-type: none"> ▪ None of the programs run by the Puskesmas (public health center) are related to CSA prevention ▪ The health program carried out was just on the subject of nutrition ▪ The health program conducted regarding pap smear examination
The presence of barriers and obstacles	<ul style="list-style-type: none"> ▪ Limited facilities ▪ Taboo talks about reproductive health ▪ Difficulty in explaining reproduction material to students ▪ Taboo to talk about sexual education

Category 1: The risk of sexual abuse

Sub-category 1.1: Showing porn videos

Participants disclosed instances where some children watched porn videos, such as one sixth-grader who downloaded a porn video and shared it with friends. Several participants shared their perspectives:

"...Only last year, a sixth-grader was in class, watching a porn video, and then one student downloaded it and shared it with his friends..." (P1)

"...Yes, I do not know if they were curious or not... I had no idea... there were about ten boys invited to watch pornographic videos, which he also shared with his female friends... so I was afraid something bad would happen..." (P2)

"...Ten boys watched the video... but only the girls refused..." (P3)

"...Yes... I suddenly inspected it, and they stopped watching it... It caught me by surprise..." (P3)

"...As far as my monitoring at school... thank God there were no strange incidents with children, except for the incident last year about the child watching a porn video... other than that, there has

never been a story that this child was involved in a sexual abuse case..." (P4)

Sub-category 1.2: Desire to watch porn videos in boys

Participants revealed that children, especially boys, start to become curious about new things, including sexual curiosity, often driven by watching pornographic videos:

"...I think it is like wanting to watch porn videos... boys want it out of curiosity.... the girls do not want to, it seems like a taboo for girls..." (P4)

Sub-category 1.3: Social control

Participants emphasized the need for rules or norms to prevent CSA. They pointed to social control as a way to address this issue:

"There is still social control at school." (P1)

"Other female friends reported to the teacher about the video seen by male friends." (P3)

Category 2: The necessity for clear CSA preventive regulations and sanctions for abusers

Sub-category 2.1: Dress code

Participants suggested modest and non-stimulating clothing for girls to prevent CSA. They believed that provocative clothing could trigger perpetrators' thoughts of sexual crimes:

"...If the girl's skirt is beyond the knees, the inside part of the body will not be visible, but if the skirt is above the knees, her panties will be visible when she sits astride... girls should wear shorts below their skirts as prevention..." (P2)

Sub-category 2.2: Enforcement of religious rules

Participants stressed the importance of enforcing religious rules to reduce CSA incidents:

"...There has been no CSA prevention program in schools, so to reduce the number of CSA incidents, it is necessary to increase understanding of the religion they believe in and the existence of real sanctions for those who violate the norms." (P2)

Sub-category 2.3: The cultivation of religious values

Participants believed that instilling religious values in daily life as behavioral and attitude controls could support CSA prevention:

"...Instilling religious values that are applied in the form of attitudes and behavior... it has been arranged in such a way...such as the presence of mahram and non-mahram as well..." (P2)

Sub-category 2.4: Rule enforcement and sanctions for violating the rules

Participants called for strict regulations and sanctions for violators to reduce CSA incidents:

"...The children who watched pornographic videos have been called by their homeroom teacher..." (P4)

"...In the past, the penalty was for the child to be kept in the teacher's room, not allowed to study..." (P1)

"...The child's cellphone was taken; the child was not allowed to attend the class that day...and his parents were called to school..." (P1)

"...The child told him to be quiet in the school room... the parents were called... to discuss the child's problem with the parents...."

asked to take care of the child together so they do not commit such violations again..." (P6)

"...Yes, it could be that the child who committed the violation was expelled..." (P5)

Sub-category 2.5: Unstructured sanction

Participants noted that sanctions were often given without a structured approach, involving calling parents and negotiation:

"...Sanctions given in the form of a reprimand to students and calling parents and then negotiating and not yet clearly structured..." (P1)

Category 3: Lack of CSA program socialization

Sub-category 3.1: Lack of socialization of rules

Participants revealed that no CSA prevention program had been introduced in schools:

"...There has been no prevention or socialization..." (P8)

Sub-category 3.2: No CSA prevention material in the curriculum yet

Participants believed that there were no materials related to CSA prevention in the national elementary school curriculum:

"...There is no curriculum that contains CSA prevention..." (P5)

Sub-category 3.3: No CSA program yet

Participants expressed that there had been no specific program for CSA prevention:

"...There is no special program in that direction..." (P1)

"Information about sexual abuse in children is still informal and given by each teacher..." (P5)

Category 4: The need for structured education on the prevention of CSA in children

Sub-category 4.1: Requires reproductive health education in children

Participants emphasized the need to introduce reproductive health education to children from an early age:

"...Usually, sixth-grade children are introduced to the fact that during puberty, there are different changes between boys' and girls' body parts..." (P6)

Sub-category 4.2: The introduction of reproductive health into religious and natural science subjects

Participants suggested incorporating reproductive health education, especially related to sexuality, into both science and religion courses:

"...Usually, reproductive health material is included in religious lessons and explained by each religion teacher... it is also introduced in the reproduction chapter in science lessons..." (P5)

Sub-category 4.3: Informal prevention program

Participants highlighted that existing prevention programs were informal and needed formalization:

"...yes, it is still an individual... yes, prevention if we just talk like that... so it reminds the children... there is no special program for children so far..." (P1)

Sub-category 4.4: The introduction of reproductive health into school subjects

Participants suggested introducing reproductive health, especially related to sexuality, into various school subjects, such as physical education:

"...So if there is reproductive health material, we introduce it to boys and girls, they must act and behave this way... so it was explained that when children grow up, they will have an interest in the opposite sex... it's called puberty... there are changes in body shape... not specifically but included in the subject matter while also lecturing about what we have experienced and what we know..." (P5)

Sub-category 4.5: Require a CSA prevention plan program

Participants emphasized the need for a structured CSA prevention program supported by adequate resources:

"...There should be a program to bring in resource persons. If we have limited human resources, we can't cover everything; try if you have two meetings in one semester; the children will definitely remember... you were reminded at school before... or you should bring them from the health center that facilitates the program..." (P5)

Sub-category 4.6: Require a prevention step

Participants expressed the need for a well-planned approach to conveying information:

"The teacher is still confused about what to convey to students about the prevention of sexual abuse, and the teacher requires a planned prevention step." (P5)

Sub-category 4.7: Need an application for sexual abuse prevention

Participants felt that smartphone applications could play a role in sexual abuse prevention:

"A smartphone-based application is needed for sexual abuse prevention education because, at this time, every student already has a smartphone that is always carried anywhere." (P6)

Category 5: The importance of effective coordination with various relevant stakeholders

Sub-category 5.1: None of the programs run by the public health center are related to CSA prevention

Participants noted the absence of CSA prevention programs from the public health center:

"...Not yet. Only immunizations are given from the Puskesmas (public health center) to children..." (P2)

Sub-category 5.2: The health program that was carried out was just on the subject of nutrition

Participants highlighted that programs provided to children mainly focused on nutrition:

"... There has been someone who came from the health center who told them about food health, nutrition, and all those selling food must be tested for safety..." (P3)

Sub-category 5.3: The health program conducted regarding pap smear examination

Participants mentioned that existing health programs only included pap smears for mothers and lacked CSA prevention components:

"...Not yet, from the Puskesmas, it offered pap smears for mothers, but CSA prevention has never been given..." (P1)

Category 6: The presence of barriers and obstacles

Sub-category 6.1: Limited facilities

Participants believed that limited facilities and infrastructure hindered the implementation of CSA prevention programs:

"...Limited facilities and infrastructure..." (P5)

"...Infocus, etc., the means to support prevention programs are still limited..." (P1)

Sub-category 6.2: Taboo talks about reproductive health

Participants found it challenging to discuss sexually related material with children due to social taboos:

"...Not yet, it's considered taboo for young children to talk about reproduction... in 3rd grade, it was explained that if another individual grabs their chest and buttocks, they should immediately run away or scream..." (P3)

Sub-category 6.3: Difficulty in explaining reproduction material to students

Participants faced difficulties explaining reproductive material to children, particularly sexual material that was often misunderstood:

"...Many of us do not understand reproduction material... so we are confused about how to convey it... we barely said anything, and the children already said that it was porn..." (P8)

Sub-category 6.4: Taboo to talk about sexual education

Participants noted reluctance to discuss sexual education with children:

"The teacher is still reluctant to talk about sexual education in children." (P3)

Discussion

This study explored the educational needs of teachers concerning CSA prevention. Evidently, teachers have successfully educated students about CSA (Jin et al., 2017). To develop an effective CSA prevention program tailored to teachers' needs, an in-depth descriptive-qualitative approach was employed.

Our study identified six critical categories: the risk of CSA, the necessity for clear CSA preventive regulations and sanctions for abusers, the lack of socialization of the CSA program, the need for structured education on the prevention of CSA in children, the importance of effective coordination with various related parties, and the presence of barriers and obstacles. Despite being conducted in 2018, our research remains highly relevant today, considering the persistent increase in CSA incidents. The findings of this study can serve as a valuable evidence base for the design of school-based CSA prevention programs.

Our study revealed that teachers are concerned about the risk of sexual abuse among pupils, particularly as evidenced by the instances of children accessing pornographic content

on mobile phones. The rapid expansion of the internet has brought numerous benefits but also facilitated the exchange of child sexual abuse materials (Lee et al., 2020), endangering curious children.

To counteract the occurrence of CSA, it is essential to establish clear and well-socialized rules and norms related to CSA prevention, along with appropriate sanctions for those who violate them. This includes enforcing dress codes, implementing religious rules, and instilling religious values. Integrating cultural and religious values with precise regulations is paramount, and effective sanctions are crucial in deterring potential abusers and safeguarding potential victims. Indonesia must enhance child protection programs, strengthen legislation, and raise awareness to protect children adequately (Gray, 2003). Unfortunately, many government programs do not effectively reach teachers due to inadequate socialization.

During interviews, teachers expressed a lack of awareness about relevant government laws. This highlights the necessity for comprehensive and intensive government-driven socialization, actively involving the educational sector in combating sexual crimes against children. Given their proximity to students, teachers play a crucial role in child protection and should receive quality training on CSA prevention (Egry et al., 2017).

Education about CSA remains a critical component of child safety (Finkelhor, 2009). Studies have shown that CSA prevention programs effectively increase awareness among students, enhancing their prevention skills (Brassard & Fiorvanti, 2015; Fryda & Hulme, 2015; Walsh et al., 2018). The lack of knowledge in handling child abuse and neglect can lead to significant losses and negative consequences (Al-Qahtani et al., 2022).

Teachers and parents serve as crucial sources of information for children. They must contribute to prevention efforts by providing structured CSA prevention education at home and in school (Al-Rasheed, 2017; Solehati et al., 2022). Early and systematic communication about CSA prevention is essential, covering a wide range of potential abusers, including strangers, family members, friends, and individuals from diverse backgrounds (Murray et al., 2014).

Cross-sectoral collaboration between various professionals is essential for successful CSA prevention. Schools, along with healthcare centers (Puskesmas), should collaborate closely. The education department and local health officers should initiate and facilitate this partnership. The role of health centers, especially concerning reproductive health in elementary school children, must be expanded beyond immunization and nutrition. It should include the taboo topic of sexual health education (Solehati et al., 2022).

To facilitate the implementation of CSA prevention, enhancing the coordination and socialization of the CSA program, proper facilities, and infrastructure are essential. Adequate educational tools, such as in-focus infrastructure, are crucial for supporting prevention programs.

In conclusion, this study highlights the necessity for structured and comprehensive CSA prevention education in schools. It should integrate cultural and religious values, clear guidelines, and sanctions for abusers while equipping children with the knowledge and skills to protect themselves. Effective coordination among various stakeholders and addressing

barriers are crucial for successfully implementing CSA prevention programs within the educational context.

Implications of this Study for Nursing Practice

The implications of this study for nursing practice are significant, especially in the context of CSA prevention. Nurses play a crucial role in promoting health, well-being, and safety, and their involvement in addressing the issues raised in this study can have a positive impact.

Key implications for nursing practice include: 1) Nurses should actively engage in educational programs and workshops related to CSA prevention. They should continuously update their knowledge about the signs, symptoms, and risk factors associated with CSA; 2) Nurses can integrate CSA prevention and awareness into their daily practice within healthcare settings. This can involve screening questions during patient assessments to identify potential victims or those at risk. It also includes providing educational materials and resources to patients and their families; 3) Nurses can extend their reach beyond healthcare facilities by participating in community outreach programs. These programs can involve conducting workshops and seminars on CSA prevention, where they share their expertise and provide resources for families, teachers, and other community members; 4) Early intervention is critical in CSA prevention. Nurses can work closely with educators, pediatricians, and child protection agencies to ensure that children receive the necessary support and resources if abuse is suspected. This may include making referrals, coordinating care, and advocating for victims; 5) Nurses can provide critical support for children who have experienced CSA. They should be prepared to offer a safe space for disclosure, follow appropriate reporting procedures, and connect victims and their families with counseling services. Nurses can play a pivotal role in the recovery and healing process; 6) Nurses can become advocates for CSA prevention at both the local and national levels. They can work with policy-makers and legislators to push for the inclusion of CSA prevention in school curricula and the development of comprehensive prevention programs. Nurses can also advocate for the allocation of resources to support these initiatives; 7) CSA prevention is not the sole responsibility of nurses; it requires a multidisciplinary approach. Nurses should collaborate with social workers, psychologists, educators, and law enforcement agencies to create a holistic CSA prevention and intervention approach.

To sum up, nurses play a pivotal role in child sexual abuse prevention and intervention. A commitment to the safety and well-being of children should guide their practice. By staying informed, participating in educational programs, collaborating with other professionals, and advocating for comprehensive prevention strategies, nurses can significantly contribute to reducing the incidence of CSA and providing support for its victims.

Limitations and Recommendations for Future Studies

This study has several limitations. Firstly, it presents research findings in a descriptive-qualitative manner only. Additionally, the study included participants from only two primary schools. To enhance the generalizability of the results, further research is recommended involving participants from more elementary

schools in West Java. Furthermore, it is advisable to develop a school-based CSA prevention model based on the evidence gathered from the study on teachers' information needs related to CSA prevention. This model should incorporate the latest prevention methods, such as utilizing social media, which is currently popular across all societal levels as an information source.

Conclusion

Teachers play a crucial role in preventing CSA, one of the sexual crimes that poses a threat to children. To effectively implement these prevention efforts, assessing the need for CSA prevention education is essential. This assessment should include knowledge about the risk of CSA, understanding the significance of CSA prevention laws and penalties for abusers, recognizing the need for structured CSA prevention education for children, acknowledging the importance of effective coordination with various stakeholders, advocating for the socialization of a CSA program, and addressing barriers and obstacles. This study offers valuable insights into teachers' educational requirements to implement CSA prevention successfully. The findings highlight the urgency for school teachers to develop and execute a CSA prevention program, with the government and nurse support to enhance educators' capabilities in combatting CSA.

Declaration of Conflicting Interest

The authors had no conflict of interest to declare.

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Authors' Contributions

Conceptualization, validation, investigation, and writing original draft (TS and CEK), Methodology (TS, CEK, and HSM), Formal analysis (CEK, TS, HSM, and YH), Resources, data curation, and funding acquisition (TS), Reviewing and editing (CEK, TS, HSM, and YH), Supervision (HSM and YH), Project administration (HSM). All authors have read and agreed to the published version of the manuscript.

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Data Availability

The datasets generated during and analyzed during the current study are available from the corresponding author upon reasonable request.

Declaration of Use of AI in Scientific Writing

Nothing to declare.

References

- Al-Qahtani, M. H., Almanamin, H. H., Alasiri, A. M., Alqudaihi, M. H., AlSaffar, M. H., Yousef, A. A., Awary, B. H., & Albuai, W. H. (2022). Child abuse and neglect awareness among medical students. *Children*, 9(6), 885. <https://doi.org/10.3390/children9060885>
- Al-Rasheed, M. (2017). Child sexual abuse prevention programs for kindergartners: A survey of public actions, attitudes, and beliefs in Kuwait. *Child and Adolescent Social Work Journal*, 34, 361-368. <https://doi.org/10.1007/s10560-016-0466-0>
- Allen, K. P., Livingston, J. A., & Nickerson, A. B. (2020). Child sexual abuse prevention education: A qualitative study of teachers' experiences implementing the Second Step Child Protection Unit. *American Journal of Sexuality Education*, 15(2), 218-245. <https://doi.org/10.1080/15546128.2019.1687382>
- Boulton, D., & Hammersley, M. (2006). Analysis of unstructured data. In R. Sapsford & V. Jupp (Eds.), *Data collection and analysis* (Vol. 2, pp. 243-259). Sage.
- Brassard, M. R., & Fiorvanti, C. M. (2015). School-based child abuse prevention programs. *Psychology in the Schools*, 52(1), 40-60. <https://doi.org/10.1002/pits.21811>
- Bustamante, G., Andrade, M. S., Mikesell, C., Cullen, C., Endara, P., Burneo, V., Yépez, P., Saavedra, S. A., Ponce, P., & Grunauer, M. (2019). "I have the right to feel safe": Evaluation of a school-based child sexual abuse prevention program in Ecuador. *Child Abuse & Neglect*, 91, 31-40. <https://doi.org/10.1016/j.chiabu.2019.02.009>
- Chafe, R. (2017). The value of qualitative description in health services and policy research. *Healthcare Policy*, 12(3), 12-18.
- Child Frontiers. (2010). *Child & family welfare services in Indonesia: An assessment of the system for prevention and response to abuse, violence and exploitation against children*. <https://www.svri.org/sites/default/files/attachments/2016-12-19/Child%20%26%20Family%20Welfare%20Services%20in%20Indonesia.pdf>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). California: Sage publications.
- Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, 25(5), 443-455. <https://doi.org/10.1177/1744987119880234>
- Egry, E. Y., Apostólico, M. R., Morais, T. C. P., & Lisboa, C. C. R. (2017). Enfrentar a violência infantil na Atenção Básica: como os profissionais percebem? [Coping with child violence in primary care: how do professionals perceive it?]. *Revista Brasileira de Enfermagem*, 70, 119-125. <https://doi.org/10.1590/0034-7167-2016-0009>
- Erlinda. (2014). *Efforts to raise children from the dangers of violence, abuse and exploitation* [in Bahasa]. <https://web.kominfo.go.id/sites/default/files/users/12/SESI%20II%20-%202020%20paparan-kementerian-n-2014-nov-bandung-erlinda-REV-fix.pdf>
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169-194.
- Fryda, C. M., & Hulme, P. A. (2015). School-based childhood sexual abuse prevention programs: An integrative review. *The Journal of School Nursing*, 31(3), 167-182. <https://doi.org/10.1177/1059840514544125>
- Garbin, C. A. S., Rovida, T. A. S., Joaquim, R. C., Paula, A. M. d., & Queiroz, A. P. D. d. G. (2011). Reported violence: Occurrences of maltreatment against children and adolescents registered in a police unit. *Revista Brasileira de Enfermagem*, 64, 665-670. <https://doi.org/10.1590/S0034-71672011000400006>
- Gray, L. (2003). *Children at risk: Practical approaches to addressing child protection issues in Cambodia, Indonesia, the Philippines, Sri Lanka and Vietnam*. Burwood East, Vic.: World Vision International.
- Hidayat, A. A. (2012). *Riset keperawatan dan teknik penulisan ilmiah [Nursing research and scientific writing techniques]* (2nd ed.). Jakarta: Salemba Medika.
- Indonesia Witness and Victim Protection Agency. (2019). *LPSK protection statistics* [in Bahasa]. <https://lpsk.go.id/home>
- Indonesian Child Protection Commission. (2016). *Indonesian child protection data bank* [in Bahasa]. <https://bankdata.kpai.go.id>
- Jin, Y., Chen, J., Jiang, Y., & Yu, B. (2017). Evaluation of a sexual abuse prevention education program for school-age children in China: A

- comparison of teachers and parents as instructors. *Health Education Research*, 32(4), 364-373. <https://doi.org/10.1093/her/cyx047>
- Kandi, Z. R. K., Azar, F. E. F., Farahani, F. K., Azadi, N., & Mansourian, M. (2022). Significance of knowledge in children on self-protection of sexual abuse: A systematic review. *Iranian Journal of Public Health*, 51(8), 1755-1765. <https://doi.org/10.18502%2Fijph.v51i8.10257>
- Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing & Health*, 40(1), 23-42. <https://doi.org/10.1002/nur.21768>
- Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research*, 16(4), 255-256.
- Lee, H.-E., Ermakova, T., Ververis, V., & Fabian, B. (2020). Detecting child sexual abuse material: A comprehensive survey. *Forensic Science International: Digital Investigation*, 34, 301022. <https://doi.org/10.1016/j.fsidi.2020.301022>
- Lim, Y. Y., Wahab, S., Kumar, J., Ibrahim, F., & Kamaluddin, M. R. (2021). Typologies and psychological profiles of child sexual abusers: An extensive review. *Children*, 8(5), 333. <https://doi.org/10.3390/children8050333>
- Lin, D., Li, X., Fan, X., & Fang, X. (2011). Child sexual abuse and its relationship with health risk behaviors among rural children and adolescents in Hunan, China. *Child Abuse & Neglect*, 35(9), 680-687. <https://doi.org/10.1016/j.chiabu.2011.05.006>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. California: Sage Publications.
- Márquez-Flores, M. M., Márquez-Hernández, V. V., & Granados-Gámez, G. (2016). Teachers' knowledge and beliefs about child sexual abuse. *Journal of Child Sexual Abuse*, 25(5), 538-555. <https://doi.org/10.1080/10538712.2016.1189474>
- Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child sexual abuse. *Child and Adolescent Psychiatric Clinics*, 23(2), 321-337. <https://doi.org/10.1016/j.chc.2014.01.003>
- O. Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20-32. <https://doi.org/10.1111/2041-210X.12860>
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Philadelphia: Wolters Kluwer Health.
- Rumble, L., Febrianto, R. F., Larasati, M. N., Hamilton, C., Mathews, B., & Dunne, M. P. (2020). Childhood sexual violence in Indonesia: A systematic review. *Trauma, Violence, & Abuse*, 21(2), 284-299. <https://doi.org/10.1177/1524838018767932>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340. [https://doi.org/10.1002/1098-240X\(200008\)23:4%3C334::AID-NUR9%3E3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4%3C334::AID-NUR9%3E3.0.CO;2-G)
- Scholes, L., Jones, C., Stieler-Hunt, C., Rolfe, B., & Pozzebun, K. (2012). The teachers' role in child sexual abuse prevention programs: Implications for teacher education. *Australian Journal of Teacher Education (Online)*, 37(11), 109-136. <https://search.informit.org/doi/10.3316/informit.729416109013701>
- Silva, A. J. C. d., Trindade, R. F. C. d., & Oliveira, L. L. F. d. (2020). Presumption of sexual abuse in children and adolescents: Vulnerability of pregnancy before 14 years. *Revista Brasileira de Enfermagem*, 73. <https://doi.org/10.1590/0034-7167-2019-0143>
- Smallbone, S., & Wortley, R. (2017). Preventing child sexual abuse online. In J. Brown (Ed.), *Online risk to children: Impact, protection and prevention* (1st ed., pp. 143-162). John Wiley & Sons. <https://doi.org/10.1002/9781118977545.ch8>
- Solehati, T., Pramukti, I., Kosasih, C. E., Hermayanti, Y., & Mediani, H. S. (2022). Determinants of sexual abuse prevention knowledge among children's schools in West Java Indonesia: A cross-sectional study. *Social Sciences*, 11(8), 337. <https://doi.org/10.3390/socsci11080337>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357.
- UNICEF. (2021). *Sexual violence against children*. <https://www.unicef.org/protection/sexual-violence-against-children>
- Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2018). School-based education programs for the prevention of child sexual abuse: A Cochrane systematic review and meta-analysis. *Research on Social Work Practice*, 28(1), 33-55. <https://doi.org/10.1177/104973151515619705>
- Wisnuyanti, Y. F., O'Leary, P., Tilbury, C., & Tjoe, Y. (2019). Child sexual abuse in Indonesia: A systematic review of literature, law and policy. *Child Abuse & Neglect*, 95, 104034. <https://doi.org/10.1016/j.chiabu.2019.104034>
- Zeuthen, K., & Hagelskjær, M. (2013). Prevention of child sexual abuse: Analysis and discussion of the field. *Journal of Child Sexual Abuse*, 22(6), 742-760. <https://doi.org/10.1080/10538712.2013.811136>

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