Volume 18 Number 2 (2026)
July-December 2026
Page: 921-930

E-ISSN: 2656-9779
P-ISSN: 1907-6355
DOI: 10.37680/qalamuna.v18i2.9286

QALAMUNA
JURNAL PENDIDIKAN, SOSIAL, DAN AGAMA

Protection of Children with Special Needs from Gender-Based Sexual Violence Through Family-Based Protection Programs

Yanti Lisnawati [1], Budi Susetyo [2], Iding Tarsidi [3], Ahsen Yılmaz [4], Muhammad Rijaal Qurrota A'yuni [5]

[1] Indonesia University of Education, Indonesia; yantilisnawati@upi.edu
[2] Indonesia University of Education, Indonesia; oomshomdijah@upi.edu
[3] Indonesia University of Education, Indonesia; budisusetyo@upi.edu
[4] Ondokuz Mayıs University, Turki; ahsen.yilmaz@omu.edu.tr
[5] Sekolah Tinggi Ilmu Tarbiyah Al-Azami Cianjur, Indonesia; muhammadrijaal003@gmail.com

Received: 24/02/2026 Revised: 12/05/2026 Accepted: 16/07/2026

Abstract

Children with special needs, particularly girls with intellectual disabilities, are at high risk of experiencing gender-based sexual violence due to limitations in communication, understanding of risky situations, and dependence on adults. Despite increasing concerns regarding violence against children with disabilities, studies examining family-based protection integrated with special education interventions remain limited. This study aims to analyze the vulnerability and patterns of gender-based sexual violence experienced by children with intellectual disabilities and to examine the effectiveness of family-based protection programs through Special Programs (Progsus) and Reproductive and Sexual Health Education (PKRS). This study employed a descriptive qualitative approach using a case study design involving a 15-year-old girl with intellectual disabilities at State Special School 02 in Serang City, Indonesia. Informants included parents, teachers, and school personnel involved in the intervention process. Data were collected through gender-based violence assessments, in-depth interviews, observations, program documentation, and assistance records. Data were analyzed thematically using the interactive model of Miles, Huberman, and Saldaña, with triangulation employed to ensure trustworthiness. The findings revealed that the child experienced moderate levels of sexual violence perpetrated by individuals from her immediate environment. The implementation of Progsus and PKRS through school–family collaboration contributed to psychological recovery and improved self-protection skills, including the ability to recognize private body parts, distinguish safe and unsafe touch, and reject inappropriate treatment. Family involvement also enhanced parental awareness and responsiveness toward potential risks of sexual violence. This study highlights the strategic role of family-based protection programs integrated with adaptive sexuality education in preventing and addressing gender-based sexual violence among children with special needs. The findings provide practical implications for inclusive education policies and child protection programs that are sensitive to disability and gender issues.

Keywords

Children; Intellectual Disabilities; Sexual Violence; Gender-Based; Family; Special Education

Corresponding Author
Yanti Lisnawati
Indonesia University of Education, Indonesia; yantilisnawati@upi.edu

Published by Institut Agama Islam Sunan Giri (INSURI) Ponorogo; Indonesia
Accredited Sinta 2

1. INTRODUCTION

Gender-based sexual violence against children remains a global concern due to its long-term consequences on physical, psychological, and social development. Children with disabilities experience disproportionately higher rates of violence compared to their peers without disabilities because of communication barriers, dependency on caregivers, and limited access to protection systems. A systematic review by Jones, 2012 found that children with disabilities are nearly four times more likely to experience violence than non-disabled children. Recent studies further indicate that girls with intellectual disabilities face multiple forms of vulnerability arising from the intersection of disability, gender, and age (Blackwell, 2023; Cardoso, 2025). These conditions highlight the urgent need for comprehensive protection systems tailored to the specific needs of children with disabilities.

The vulnerability of children with intellectual disabilities to sexual violence is influenced not only by individual limitations but also by social and structural factors. According to Bronfenbrenner's ecological systems theory, child development is shaped by interactions among family, school, and broader societal systems (Bronfenbrenner, 2005). Negative social attitudes toward disability, stigma, and unequal power relations frequently place children with disabilities in positions of dependency and reduced autonomy (Bhuvanendra & Holmes, 2014). Furthermore, (Foucault, 1978) argues that power operates through everyday social relationships, making marginalized groups particularly susceptible to exploitation. These perspectives suggest that preventing violence against children with disabilities requires interventions beyond individual-level approaches.

Research has consistently demonstrated that sexual violence against children with disabilities often occurs within familiar environments, including families and communities that are expected to provide safety and protection (Klebanov, 2023). Such violence may lead to severe consequences, including trauma, anxiety, social withdrawal, and reduced educational participation (UNICEF, 2023). Children with intellectual disabilities frequently encounter additional challenges in disclosing abuse due to limitations in communication and conceptual understanding (AAIDD, 2010; Ibrahim, 2004). Consequently, violence cases are frequently underreported and remain undetected for prolonged periods, increasing the risk of repeated victimization.

Family involvement has been recognized as a critical factor in protecting children from violence and promoting recovery. Walsh's family resilience theory emphasizes that effective family functioning is characterized by emotional support, adaptive coping strategies, and open communication (Walsh, 2016). Families serve as the primary environment for children's development and play a strategic role in recognizing behavioral changes and preventing further victimization. Studies have shown that family-based interventions contribute significantly to child protection outcomes and psychological recovery among vulnerable populations (Michielsen & Brockschmidt, 2021; UNESCO, 2019). Therefore, strengthening family capacity represents an essential component of violence prevention programs for children with disabilities.

In the field of special education, adaptive sexuality education has emerged as a promising strategy for enhancing self-protection skills among children with disabilities. Reproductive and Sexual Health Education (PKRS) provides children with knowledge regarding body ownership, safe and unsafe touch, and strategies for reporting inappropriate behavior (UNESCO, 2018). Additionally, Special Programs (Progsus) implemented in special schools are designed to address individual developmental needs and foster adaptive skills. Integrating PKRS and Progsus with family involvement may strengthen child protection systems and enhance the sustainability of interventions.

Although previous studies have investigated sexual violence among children with disabilities, most have focused on prevalence, risk factors, or legal perspectives (Cardoso, 2025; Jones, 2012; Klebanov, 2023). Limited research has explored family-based protection programs integrated with adaptive sexuality education and special education interventions for children with intellectual disabilities, particularly within the Indonesian context. This gap underscores the need for research that

examines collaborative protection models involving schools and families to address gender-based sexual violence among children with special needs.

This study aims to analyze the vulnerability and patterns of gender-based sexual violence experienced by a girl with intellectual disabilities and to examine the role of family-based protection programs through the implementation of Special Programs (Progsus) and Reproductive and Sexual Health Education (PKRS). The study contributes to the literature by proposing an integrated family–school protection approach that combines adaptive sexuality education with special education interventions to prevent and address violence against children with special needs.

2. METHODS

This study employed a descriptive qualitative approach with a case study design to gain an in-depth understanding of gender-based sexual violence experienced by children with special needs and to examine the implementation of family-based protection programs. A case study approach was selected because it enables researchers to investigate complex social phenomena within their real-life context and generate a comprehensive understanding of participants' experiences (Yin, 2018). This approach is particularly relevant for exploring sensitive issues such as sexual violence involving children with intellectual disabilities. The study was conducted at State Special School 02 in Serang City, Indonesia, over a four-week period. The primary participant was a 15-year-old girl with intellectual disabilities who had experienced gender-based sexual violence. The participant was selected using purposive sampling based on the following criteria: (1) diagnosed with intellectual disabilities, (2) identified as having experienced gender-based sexual violence, and (3) involved in school-based assistance programs. Additional informants included parents, classroom teachers, guidance and counseling teachers, and school administrators who were directly involved in the intervention and protection process.

Data collection was carried out through multiple techniques to ensure the richness and credibility of the findings. First, an assessment of gender-based sexual violence was conducted using a structured instrument adapted to the characteristics of children with special needs. Second, parents completed supporting instruments to document changes in the child's behavior and psychosocial condition. Third, in-depth semi-structured interviews were conducted with parents and teachers to explore their experiences, perceptions, and support strategies regarding child protection. Fourth, observations were undertaken during the implementation of Special Programs (Progsus) and Reproductive and Sexual Health Education (PKRS) to examine children's responses and behavioral changes. Program documents and assistance records were also collected to complement the data.

The intervention consisted of adaptive sexuality education and individualized support activities delivered through Progsus and PKRS. The program focused on enhancing children's self-protection skills, including recognizing private body parts, distinguishing safe and unsafe touch, understanding personal boundaries, and reporting inappropriate behaviors. Family members actively participated in the intervention process to ensure continuity of learning and protection practices at home. Data analysis was conducted using the interactive model proposed by Miles, Huberman, and Saldaña (2014), which includes data condensation, data display, and conclusion drawing/verification. Thematic analysis was employed to identify recurring patterns, categories, and themes relevant to the research objectives. Data analysis was performed iteratively throughout the research process, beginning from data collection to final interpretation, allowing for continuous refinement of emerging themes and ensuring analytical rigor.

To ensure trustworthiness, the study employed triangulation of data sources and methods, including interviews, observations, assessments, and documentation. Member checking was conducted

with parents and teachers to confirm the accuracy of interpretations, while peer debriefing among researchers was used to enhance credibility and dependability. Ethical considerations were carefully observed by obtaining informed consent from parents and ensuring confidentiality and anonymity of all participants throughout the research process.

3. FINDINGS AND DISCUSSIONS

The results of the study show that children with special needs who were the subjects of the study experienced gender-based sexual violence with a moderate level of severity. Based on the assessment results, the forms of violence experienced included inappropriate sexual behavior, touching of private body parts, and psychological persuasion and pressure by the perpetrator. The perpetrators of violence came from the child's immediate environment and had regular interaction with the victim.

Assessment of the children's psychosocial condition showed behavioral changes after the violence, such as increased anxiety, withdrawal from social environments, and difficulty concentrating in learning activities. The children also experienced difficulties in verbally expressing their experiences of violence without assistance, which was related to their limited communication and conceptual understanding abilities due to their intellectual disabilities (AAIDD, 2010; Ibrahim, 2004**).**

The results of the instrument completed by parents revealed that families were not fully aware of the forms of sexual violence experienced by children. Indications of violence were only identified after significant changes in the child's behavior and an assessment by the school. These findings indicate that families have limited understanding of the signs of sexual violence in children with special needs **(**KPPPA RI, 2022; Klebanov, 2023**).**

The Special Program (Progsus) and Reproductive and Sexual Health Education (PKRS) were implemented in stages through collaboration between the school and families. During the intervention process, the children showed positive developments, particularly in recognizing private body parts, understanding the difference between safe and unsafe touch, and the ability to reject inappropriate treatment (UNESCO, 2018; WHO, 2017**).** In addition, there were behavioral changes that led to an increase in the children's sense of security and self-confidence.

The results of observations and interviews with teachers and parents showed that the active involvement of families in the protection program contributed to the sustainability of the assistance process. Parents became more responsive to their children's needs and more sensitive to the potential risk of sexual violence in their surroundings. These findings indicate that a family-based protection approach plays an important role in supporting the recovery and prevention of gender-based sexual violence against children with special needs.

The findings of this study are organized into four major themes: (1) forms of gender-based sexual violence experienced by the child, (2) psychosocial impacts of violence, (3) family awareness and responses, and (4) the outcomes of family-based protection programs through Progsus and PKRS.

Forms of Gender-Based Sexual Violence

The assessment results indicated that the child experienced gender-based sexual violence at a moderate level. The forms of violence included inappropriate touching of private body parts, verbal persuasion with sexual intentions, and psychological pressure exerted by the perpetrator. The perpetrator originated from the child’s immediate social environment and had frequent interactions with the victim. These findings suggest that children with intellectual disabilities are particularly vulnerable to abuse perpetrated by trusted individuals within their daily environments.

The child demonstrated limited understanding of inappropriate sexual behavior and initially had difficulty identifying unsafe situations. Communication barriers associated with intellectual disabilities

also hindered the disclosure process, causing delays in identifying and addressing the violence experienced by the child.

Observational data and parental reports revealed significant changes in the child's behavior following the incident. The child exhibited increased anxiety, fearfulness, emotional withdrawal, and reduced participation in social interactions. In educational settings, teachers observed difficulties in concentration, decreased learning engagement, and reluctance to communicate with peers.

Parents reported that prior to the assessment process, they had noticed behavioral changes but were unable to identify them as indicators of sexual violence. One parent stated that the child had become quieter, more easily frightened, and reluctant to leave the house without accompaniment. These findings highlight the challenges faced by families in recognizing signs of abuse among children with intellectual disabilities.

The findings indicated that parental understanding of gender-based sexual violence and child protection remained limited. Parents tended to interpret behavioral changes as ordinary developmental issues rather than possible indicators of abuse. Identification of the violence occurred only after collaborative assessments conducted by the school and family.

Following the intervention process, parents demonstrated increased awareness regarding body safety, risk factors, and strategies for protecting children from sexual violence. Families became more responsive to changes in children's behavior and more proactive in supervising social interactions. This shift suggests that family empowerment contributes significantly to child protection efforts.

The implementation of Special Programs (Progsus) and Reproductive and Sexual Health Education (PKRS) produced positive outcomes in both children and families. During the intervention process, the child showed improved understanding of private body parts, the distinction between safe and unsafe touch, and strategies for refusing inappropriate behavior.

Behavioral observations further revealed increased self-confidence and a greater sense of security in social situations. The child gradually became more willing to communicate experiences and seek assistance from trusted adults when feeling uncomfortable. Teachers also reported improvements in the child's classroom participation and emotional regulation.

The collaboration between schools and families played a crucial role in ensuring the sustainability of protection practices beyond the school environment. Family involvement reinforced learning outcomes obtained during PKRS sessions and enabled consistent implementation of protective behaviors at home. These findings demonstrate that integrated family-based protection programs have the potential to enhance both prevention and recovery efforts for children with intellectual disabilities who experience gender-based sexual violence.

The findings of this study indicate that girls with intellectual disabilities are highly vulnerable to gender-based sexual violence due to limitations in communication, dependence on adults, and restricted understanding of risky situations. This vulnerability is consistent with previous studies reporting that children with disabilities experience significantly higher rates of violence than their non-disabled peers (Hughes, 2012; Mikton, 2014; Sullivan & Knutson, 2000). Recent evidence further demonstrates that women and girls with disabilities face multiple forms of victimization because of intersecting vulnerabilities related to disability, gender, and age (Akobirshoeva, 2023; Lund, 2021; Mailhot Amborski, 2021). These findings reinforce the view that disability should be understood not merely as an individual condition but as a social position that may increase exposure to violence and discrimination.

The present study revealed that the perpetrator originated from the child's immediate social environment, confirming previous findings that violence against persons with disabilities frequently occurs within familiar settings and trusted relationships (Fitzsimons, 2009; Kvam, 2004; Nosek, 2001).

Such circumstances indicate weaknesses in community-based protection systems and emphasize the need for stronger safeguarding mechanisms. Research has shown that dependency on caregivers and limited autonomy often place children with intellectual disabilities in unequal power relations that increase the risk of exploitation (Brownridge, 2006; Mailhot Amborski, 2021). Therefore, preventing sexual violence requires not only legal protection but also social interventions that strengthen protective environments.

From an ecological perspective, the vulnerability of children with intellectual disabilities cannot be explained solely through individual characteristics. Child development and protection are shaped by interactions among family, school, and community systems. Inclusive educational environments play a critical role in ensuring safety and participation for children with disabilities (Florian, 2014; Slee, 2018). Moreover, inclusive education should integrate child protection and equity principles to address the complex needs of vulnerable learners (Ainscow, 2020; United Nations Committee on the Rights of Persons with Disabilities, 2016). These findings suggest that violence prevention efforts must involve multiple stakeholders across educational and social systems. The study also found that communication limitations hindered the child's ability to disclose experiences of violence. This finding aligns with previous studies indicating that children with intellectual disabilities often face barriers in expressing abuse and accessing support services (Eastgate, 2008; Servais, 2006). Limited communication skills may lead to underreporting and delayed interventions, increasing the likelihood of repeated victimization. (Murphy, 2020) argued that accessible communication strategies and disability-sensitive support systems are essential for protecting children with intellectual disabilities. Consequently, child protection services should adopt adaptive communication approaches to facilitate disclosure and recovery.

An important contribution of this study lies in the implementation of Reproductive and Sexual Health Education (PKRS) integrated with Special Programs (Progsus). The findings demonstrate that adaptive sexuality education enhanced children's understanding of body autonomy, safe and unsafe touch, and self-protection strategies. These results support previous research showing that sexuality education promotes decision-making skills and reduces vulnerability to abuse among individuals with intellectual disabilities (Dukes & McGuire, 2009; Schaafsma, 2015). Furthermore, adaptive sexuality education has been found to strengthen self-advocacy and personal safety skills (McDaniels & Fleming, 2016; Travers, 2022). This study extends prior literature by demonstrating that sexuality education becomes more effective when integrated into individualized educational programs.

The integration of PKRS with family-based interventions represents an innovative approach to child protection. Unlike previous studies that focused primarily on school-based sexuality education, this study emphasizes collaboration between schools and families to ensure continuity of protection practices. (Koller, 2000) highlighted the importance of involving families in sexuality education for adolescents with disabilities, while (King, 2003) emphasized the effectiveness of family-centered services in promoting positive developmental outcomes. Similarly, (Gavidia-Payne, 2015) found that active parental involvement contributes significantly to the well-being and quality of life of children with disabilities. Therefore, family participation should be recognized as a central component of disability-inclusive protection systems.

Family resilience emerged as a crucial factor in supporting both prevention and recovery processes. Families with adaptive coping strategies and open communication are better able to identify signs of abuse and provide emotional security for children. This finding is consistent with resilience research demonstrating that supportive family environments serve as protective factors against adverse experiences (Masten, 2014; Patterson, 2002). Furthermore, studies have shown that family resilience contributes to psychological well-being and social adaptation among children with disabilities (Benzies & Mychasiuk, 2009; Prime, 2020). Strengthening family resilience should therefore be prioritized in policies and interventions addressing violence against children with special needs.

Overall, this study contributes to the growing literature on disability-inclusive child protection by

proposing an integrated family–school protection model through Progsus and PKRS. The findings support international calls for disability-responsive and gender-sensitive protection systems that promote equal rights and participation (UNICEF Innocenti, 2024). In addition, fostering self-determination among children with disabilities is essential for enhancing personal safety and autonomy (Shogren et al., 2015). Sustainable prevention of gender-based sexual violence requires coordinated efforts among families, schools, communities, and policymakers to create inclusive and protective environments for all children with special needs.

4. CONCLUSION

This study concludes that children with special needs, particularly girls with intellectual disabilities, are highly vulnerable to gender-based sexual violence due to communication limitations, dependence on adults, and unequal power relations within their immediate social environments. The findings demonstrate that sexual violence experienced by children with intellectual disabilities extends beyond physical harm and results in significant psychological and social consequences, including anxiety, emotional withdrawal, and reduced social participation.

The implementation of family-based protection programs through Special Programs (Progsus) and Reproductive and Sexual Health Education (PKRS) contributed positively to both recovery and prevention efforts. The interventions enhanced children's self-protection skills, including recognizing private body parts, distinguishing safe and unsafe touch, and responding to inappropriate behavior. Furthermore, active family involvement, supported by collaboration between schools and parents, strengthened children's sense of security and promoted the sustainability of protection practices beyond educational settings.

This study contributes to the field of special and inclusive education by proposing an integrated family–school protection model that combines adaptive sexuality education with individualized educational interventions for children with intellectual disabilities. The findings highlight the importance of positioning families as central actors within child protection systems and emphasize the need for disability-responsive and gender-sensitive policies to prevent gender-based sexual violence.

Practically, the results provide implications for educators, schools, and policymakers in designing comprehensive protection programs that integrate family participation and adaptive sexuality education. Future studies are recommended to involve larger samples and longitudinal designs to evaluate the long-term effectiveness of family-based protection interventions across diverse educational contexts.This study concludes that children with special needs, especially girls with intellectual disabilities, are highly vulnerable to gender-based sexual violence due to their limited communication skills, dependence on adults, and power imbalances in their immediate environment. The sexual violence experienced by children not only has physical impacts, but also causes psychological and social consequences that require ongoing treatment.

The implementation of family-based protection programs through the development of Special Programs (Progsus) and Reproductive and Sexual Health Education (PKRS) has shown positive contributions to the process of recovery and prevention of further sexual violence. Active family involvement, supported by collaboration with schools, plays an important role in increasing children's sense of security, strengthening their self-protection abilities, and encouraging the sustainability of assistance.

Overall, this study confirms that efforts to protect children with special needs from gender-based sexual violence require a comprehensive approach that places families as key actors in the protection system. These findings have important implications for the development of special education policies and practices, particularly in designing adaptive protection programs that are sensitive to gender and disability issues and oriented toward long-term prevention.

REFERENCES

Ainscow, M. (2020). Promoting inclusion and equity in education. *Prospects*.

Akobirshoeva, A. (2023). Violence against women with disabilities: A systematic review. *Disability and Health Journal*.

Benzies, K., & Mychasiuk, R. (2009). Fostering family resilience. *Journal of Family Nursing*.

Bhuvanendra, D., & Holmes, R. (2014). *Gender and Resilience: Conceptual Framework and Analysis*. ODI.

Blackwell, A. (2023). Prioritising Children and Young People with Disability in Research About Domestic and Family Violence. *Journal of Family Violence*, *38*, 1191–1204. https://doi.org/10.1007/s10896-023-00496-9

Bronfenbrenner, U. (2005). *Making Human Beings Human: Bioecological Perspectives on Human Development*. Sage Publications.

Brownridge, D. A. (2006). Partner violence against women with disabilities. *Violence Against Women*.

Cardoso, J. (2025). Sexual Violence Against Children and Adolescents with Disabilities: A Systematic Review. *Children*, *12*(5), 612. https://doi.org/10.3390/children12050612

Dukes, E., & McGuire, B. E. (2009). Enhancing capacity to make sexuality-related decisions. *Research in Developmental Disabilities*.

Eastgate, G. (2008). Sexual health for people with intellectual disability. *Journal of Intellectual and Developmental Disability*.

Fitzsimons, N. M. (2009). *Combating Violence and Abuse of People with Disabilities*. Brookes Publishing.

Florian, L. (2014). Reimagining special education. *Cambridge Journal of Education*.

Foucault, M. (1978). *The History of Sexuality, Volume I*. Pantheon Books.

Gavidia-Payne, S. (2015). Family quality of life in families with children with disabilities. *Journal of Intellectual Disability Research*.

Hughes, K. (2012). Prevalence and risk of violence against adults with disabilities. *The Lancet*.

Jones, L. (2012). Prevalence and Risk of Violence Against Children with Disabilities. *The Lancet*, *380*(9845), 899–907. https://doi.org/10.1016/S0140-6736(12)60692-8

King, G. (2003). Family-centered service for children with disabilities. *Child: Care, Health and Development*.

Klebanov, P. (2023). Sexual Abuse of Children with Disabilities: Risk Factors and Prevention Strategies. *Journal of Child Sexual Abuse*, *32*(7), 845–862.

Koller, R. (2000). Sexuality and adolescents with disabilities. *Sexuality and Disability*.

Kvam, M. H. (2004). Sexual abuse of deaf children. *Child Abuse and Neglect*.

Lund, E. M. (2021). Interpersonal violence against people with disabilities. *Rehabilitation Psychology*.

Mailhot Amborski, A. (2021). Sexual violence against persons with disabilities. *Trauma Violence and Abuse*.

Masten, A. S. (2014). *Ordinary Magic: Resilience in Development*. Guilford Press.

McDaniels, B., & Fleming, A. (2016). Sexuality education and intellectual disability. *Sexuality and Disability*.

Michielsen, K., & Brockschmidt, L. (2021). Barriers to Sexuality Education for Children and Young People with Disabilities in the WHO European Region. *Sex Education*, *21*(6), 640–654.

Mikton, C. (2014). Factors associated with violence in children with disabilities. *The Lancet*.

Murphy, G. (2020). Sexuality support and education for adults with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*.

Nosek, M. A. (2001). Vulnerability of women with disabilities to violence. *Sexuality and Disability*.

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*.

Prime, H. (2020). Risk and resilience in family well-being. *American Psychologist*.

Schaafsma, D. (2015). Sex education for people with intellectual disabilities. *Sexuality and Disability*.

Servais, L. (2006). Sexual health care in persons with intellectual disabilities. *Mental Retardation and Developmental Disabilities Research Reviews*.

Slee, R. (2018). *Inclusive Education Isn't Dead*. Routledge.

Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect*.

Travers, J. (2022). Comprehensive sexuality education for youth with disabilities. *Disability and Society*.

UNESCO. (2018). *International Technical Guidance on Sexuality Education*.

UNESCO. (2019). *Behind the Numbers: Ending School Violence and Bullying*. UNESCO Publishing.

UNICEF. (2023). *Child Protection and Disability Report*.

UNICEF Innocenti. (2024). *Protecting Children with Disabilities from Violence*.

United Nations Committee on the Rights of Persons with Disabilities. (2016). *General Comment No. 4 on Inclusive Education*.