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# Developing An Inclusive Service Model for Persons with Disabilities in University Sexual Violence Prevention and Response Task Forces: Findings from A Focus Group Discussion at Universitas Sumatera Utara

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**ABSTRACT**

*Sexual violence prevention and response in higher education require institutional systems that ensure equitable access for all members of the academic community, including persons with disabilities. Despite the establishment of Sexual Violence Prevention and Response Task Forces (Satgas PPK) in Indonesian universities, evidence on disability-inclusive service models remains limited. This study aimed to identify barriers to accessible support services and develop an inclusive service model for university-based task forces using a participatory approach. A qualitative study was conducted through a Focus Group Discussion (FGD) involving multidisciplinary stakeholders, including task force members, academics, disability advocates, legal aid organizations, government agencies, and an international partner from Universiti Sains Malaysia. Data were analyzed using thematic analysis. Five major themes emerged: (1) barriers to accessible reporting and service utilization, (2) strengthening faculty-based peer support, (3) victim-centered and disability-inclusive services, (4) multidisciplinary referral pathways, and (5) institutional governance for sustainable services. The findings highlight the importance of integrating accessible reporting, trained peer supporters, coordinated psychosocial and legal assistance, and institutional policies supported by permanent organizational structures. The proposed Inclusive Service Model emphasizes accessibility, collaboration, and institutional commitment as key elements of sustainable violence prevention and response in higher education, providing practical and policy recommendations for strengthening inclusive governance and protecting persons with disabilities.*

**KEYWORDS**

*Disability inclusion; higher education; sexual violence prevention; peer support; qualitative research.*

## INTRODUCTION

Violence in higher education has become an increasingly recognized public health, human rights, and educational governance issue. Universities are expected to provide learning environments that are safe, inclusive, and free from sexual violence, psychological violence, discrimination, bullying, and abuse of authority. However, studies on campus sexual violence indicate that many incidents remain hidden because survivors are often

reluctant to report their experiences, particularly when institutional responses are perceived as unclear, slow, or unsafe (Karami et al., 2019; Bradshaw & Blei, 2024). Bradshaw and Blei (2024) further emphasize that reported cases of campus sexual assault often do not fully reflect actual incidence because underreporting varies substantially across institutions.

The consequences of violence in higher education are not limited to the individual survivor. Previous research has shown that sexual harassment and sexual violence in academic settings are associated with psychological distress, reduced academic participation, impaired institutional trust, and concerns regarding the abuse of power between students, lecturers, staff, and institutional authorities (Karami et al., 2019). Therefore, universities need institutional mechanisms that do not merely respond to cases after they occur, but also strengthen prevention, reporting literacy, early support, survivor protection, and long-term governance.

Persons with disabilities may experience additional barriers when accessing violence prevention and response services. These barriers may include inaccessible reporting channels, communication difficulties, limited reasonable accommodation, fear of stigma, and uncertainty about confidentiality. From a disability inclusion perspective, barriers are not located only in the individual, but also in institutional structures that fail to provide equal access and support. James et al. (2019) explain that students with disabilities often face “hidden walls” in higher education when institutional systems are not designed to respond to diverse needs. This argument supports the importance of designing violence prevention services that are accessible, disability-responsive, and victim-centered.

In Indonesia, the urgency of strengthening violence prevention governance in higher education has been reinforced through the Regulation of the Minister of Education, Culture, Research and Technology No. 55 of 2024. This regulation mandates higher education institutions to strengthen systems for preventing and handling violence. Universitas Sumatera Utara (USU) has responded through Rector Regulation No. 16 of 2025, which expands the mandate from Satgas PPKS to Satgas PPK in order to address sexual violence, physical violence, psychological violence, bullying, discrimination, and violence related to institutional power relations.

Prior institutional initiatives at USU included peer support training involving lecturers, educational staff, and students as first responders before professional case handling. An internal survey conducted by Satgas PPK in 2024 among 478 students showed that 41% of respondents had witnessed or experienced non-physical violence, 67% did not know the reporting mechanism of Satgas, and 82% perceived peer support as an effective initial step before formal reporting. These findings indicate that although institutional awareness has increased, significant gaps remain in reporting literacy, accessibility, and inclusive service delivery.

Previous studies have discussed campus sexual violence, reporting barriers, institutional accountability, and peer or bystander support. For example, Coker et al. (2011) showed that bystander intervention training could increase active prevention behavior among students, while Karami et al. (2019) highlighted the role of institutional power relations and retaliation concerns in academic harassment cases. However, limited studies have specifically examined how disability inclusion can be integrated into the service model of university-based Sexual Violence Prevention and Response Task Forces, particularly in the Indonesian higher education context.

To address this gap, this study draws on a multidisciplinary Focus Group Discussion involving university task force members, academics, disability advocates, legal aid organizations, government agencies, students, and an international partner from Universiti

Sains Malaysia. The activity used participatory dialogue and evidence-based analysis, including breakout sessions and thematic analysis based on Braun and Clarke (2006).

The novelty of this study lies in the development of an Inclusive Service Model for Persons with Disabilities within University Sexual Violence Prevention and Response Task Forces. Unlike previous studies that focus on isolated components of prevention or reporting, this study proposes an integrated framework consisting of accessible reporting mechanisms, faculty-based peer support, victim-centered disability-inclusive services, multidisciplinary referral systems, and institutional policy strengthening.

## RESEARCH METHODS

### *Research Design*

This study employed a qualitative research design using a Focus Group Discussion (FGD) approach to explore stakeholders' perspectives on developing an inclusive service model for persons with disabilities within the Sexual Violence Prevention and Response Task Force (Satgas PPK) at Universitas Sumatera Utara (USU). Qualitative research is particularly appropriate for examining complex social phenomena because it enables researchers to understand participants' experiences, perceptions, and interpretations within their institutional and social contexts (Creswell & Poth, 2018). The FGD approach facilitates interaction among participants, allowing diverse stakeholders to collectively identify institutional challenges, share experiences, and formulate recommendations for improving disability-inclusive services (Krueger & Casey, 2015).

The study was conducted as part of the Equity Focus Group Discussion Program, which aimed to strengthen peer support capacity and disseminate findings from the university violence survey while generating evidence-based recommendations for improving institutional governance and inclusive service delivery. The discussion adopted a participatory dialogue approach and encouraged collaborative problem-solving among multidisciplinary stakeholders.

### *Study Setting and Participants*

The Focus Group Discussion was conducted at Universitas Sumatera Utara (USU), Medan, Indonesia, involving representatives from institutions directly engaged in violence prevention, disability inclusion, and higher education governance.

Participants were selected using purposive sampling, a commonly applied sampling strategy in qualitative research to recruit information-rich participants capable of providing relevant insights regarding the research topic (Patton, 2015). The participants represented multiple sectors, including:

1. Members of the University Sexual Violence Prevention and Response Task Force (Satgas PPK);
2. Academic staff from several faculties;
3. Students;
4. Representatives of disability organizations;
5. Legal aid institutions;
6. Government agencies responsible for women empowerment and disability services;
7. International collaborators from Universiti Sains Malaysia.

The multidisciplinary composition enabled comprehensive discussions regarding institutional policies, reporting systems, accessibility, referral mechanisms, and peer support services.

### Data Collection

Data were collected through a structured Focus Group Discussion guided by a semi-structured discussion protocol developed from previous literature on violence prevention, disability inclusion, peer support, and institutional governance. The discussion explored participants' perspectives regarding:

1. barriers to reporting violence,
2. accessibility of existing services,
3. implementation of peer support,
4. multidisciplinary referral mechanisms,
5. institutional governance,
6. disability-inclusive policies,
7. recommendations for strengthening university violence prevention systems.

The discussion was facilitated by experienced researchers to encourage balanced participation while maintaining a safe and respectful environment for all participants. Field notes, observation notes, meeting documentation, and discussion records were used to complement the qualitative data.

### Data Analysis

The qualitative data were analyzed using Reflexive Thematic Analysis following the framework proposed by Braun and Clarke (2021). This analytical approach enables researchers to systematically identify, organize, interpret, and report patterns of meaning across qualitative datasets while acknowledging researchers' active role throughout the analytical process.

The analysis consisted of six iterative phases:

1. familiarization with the data;
2. generating initial codes;
3. constructing preliminary themes;
4. reviewing and refining themes;
5. defining and naming themes; and
6. producing the final analytical report (Braun & Clarke, 2021).

Through this analytical process, five overarching themes emerged, forming the basis for the proposed Inclusive Service Model for Persons with Disabilities within University Sexual Violence Prevention andlinv Response Task Forces..

## RESULTS AND DISCUSSION

### Barriers to Accessible Violence Prevention and Response Services

The Focus Group Discussion revealed that one of the most critical challenges in strengthening university violence prevention systems is the limited accessibility of existing reporting and support services for persons with disabilities. Participants consistently emphasized that institutional barriers extend beyond physical accessibility and include procedural, informational, communication, and organizational barriers.

Participants reported that many survivors remain reluctant to report incidents because reporting procedures are perceived as complicated, confidentiality is not always guaranteed, and victims fear social stigma or retaliation. In addition, the limited availability of trained personnel and uneven distribution of Satgas PPK representatives across faculties reduce opportunities for early intervention and timely assistance. Participants also highlighted insufficient dissemination of reporting mechanisms, resulting in low awareness among students regarding available services. These findings indicate that

accessibility should be understood as a multidimensional concept encompassing physical access, communication, institutional trust, and procedural simplicity.

These findings are consistent with previous studies demonstrating that institutional reporting barriers significantly reduce survivors' willingness to seek assistance. McQueen, Murphy-Oikonen, and Hamm (2024) reported that survivors frequently perceive university reporting procedures as intimidating and emotionally burdensome, while UNESCO (2024) emphasized that inaccessible institutional procedures disproportionately affect vulnerable groups, including persons with disabilities. Similarly, WHO (2024) recommends that violence prevention systems should prioritize confidentiality, accessibility, and survivor safety to increase reporting behavior.

The findings further suggest that disability inclusion requires universities to move beyond compliance with accessibility regulations toward the development of genuinely accessible institutional cultures. This perspective aligns with the social model of disability, which recognizes institutional environments—not individual impairments—as the primary source of exclusion (United Nations, 2019).

### *Strengthening Faculty-Based Peer Support*

Another major theme emerging from the discussion concerned the strategic role of peer support in providing early assistance for survivors of violence. Participants viewed peer supporters as trusted individuals capable of offering emotional support, providing basic information, identifying risks, and facilitating referrals to professional services.

Participants agreed that peer support should be decentralized through faculty-based networks to increase accessibility and strengthen trust among students. However, they emphasized that peer supporters require structured training covering empathetic communication, psychological first aid, confidentiality, ethical boundaries, disability awareness, and referral procedures. Importantly, peer supporters were not expected to replace psychologists or legal professionals but rather to function as the first point of contact within a multilayered support system.

These findings support previous evidence suggesting that peer support enhances help-seeking behavior and reduces psychological barriers among survivors of violence. Community-based support models have been shown to improve emotional resilience while increasing survivors' willingness to access professional services (WHO, 2024). Furthermore, trauma-informed peer support has increasingly been recognized as an essential component of comprehensive campus violence prevention strategies because it strengthens social connectedness while reducing stigma associated with formal reporting (McQueen et al., 2024).

### *Developing Victim-Centered and Disability-Inclusive Services*

Participants consistently emphasized that services should be designed according to victim-centered principles while ensuring accessibility for persons with disabilities. Rather than requiring survivors to repeatedly recount traumatic experiences, participants recommended an integrated assessment process that minimizes retraumatization and ensures continuity of support throughout case management. This finding reflects the growing consensus that trauma-informed services should recognize the lasting psychological impact of violence and organize institutional responses in ways that reduce the risk of re-traumatization while promoting survivors' recovery and empowerment (Wathen et al., 2021).

The discussion highlighted the importance of maintaining confidentiality, assigning consistent support personnel, providing reasonable accommodation according to disability type, and ensuring accessible communication throughout reporting and referral processes.

Participants also stressed that institutional responses should respect survivors' autonomy while maintaining legal obligations where appropriate. These findings are consistent with research demonstrating that survivors are more likely to engage with institutional support systems when they perceive services as confidential, respectful, accessible, and responsive to their individual needs. Conversely, fragmented services, repeated questioning, and inconsistent case management may discourage disclosure and delay access to appropriate care (Campbell et al., 2021; Wathen et al., 2021).

The recommendations emerging from this study closely align with international trauma-informed care frameworks that emphasize safety, trustworthiness, collaboration, empowerment, peer support, and cultural responsiveness as the foundation of survivor-centered services (SAMHSA, 2014; Wathen et al., 2021). Although originally developed in health and social service settings, these principles have increasingly been adopted in higher education to strengthen institutional responses to sexual violence and improve survivors' experiences throughout reporting and recovery processes. Likewise, UN Women (2023) recommends that institutional responses should prioritize survivor autonomy, informed decision-making, confidentiality, and coordinated multidisciplinary support while avoiding practices that increase psychological distress through repetitive interviews or fragmented referral systems.

From a disability inclusion perspective, victim-centered services should incorporate universal accessibility principles into institutional governance, ensuring that support mechanisms are equally accessible regardless of physical, sensory, intellectual, or psychosocial disabilities. The social model of disability argues that exclusion arises primarily from environmental and institutional barriers rather than individual impairments. Therefore, universities should ensure that reporting mechanisms, communication channels, physical facilities, and support services are designed to accommodate diverse accessibility needs (United Nations, 2019). Furthermore, UNESCO (2024) emphasizes that inclusive educational institutions should mainstream disability-responsive policies into governance structures, service delivery, and decision-making processes to guarantee equal participation and protection for all members of the academic community.

### *Establishing a Multidisciplinary Referral System*

The Focus Group Discussion identified multidisciplinary collaboration as a fundamental component of effective violence prevention and response within higher education institutions. Participants consistently emphasized that university Sexual Violence Prevention and Response Task Forces (Satgas PPK) cannot adequately address the complex and multidimensional needs of survivors when operating independently. Instead, effective support requires coordinated collaboration among psychologists, legal aid organizations, disability service providers, healthcare professionals, government agencies, faculty representatives, and university leadership. Such collaboration enables universities to provide comprehensive and survivor-centered responses that address psychological, legal, medical, academic, and social dimensions simultaneously.

These findings are supported by previous studies demonstrating that survivors of violence frequently require services from multiple sectors throughout their recovery process. Fragmented institutional responses often result in delayed access to care, repeated interviews, inconsistent case management, and reduced survivor satisfaction. Conversely, integrated multidisciplinary responses have been shown to improve continuity of care, facilitate timely referrals, and enhance survivors' psychological recovery and institutional trust (Campbell et al., 2021; Haskins et al., 2023).

Participants further recommended the establishment of standardized referral pathways that enable survivors to receive coordinated psychological, legal, medical, and social support without unnecessary administrative burdens. The discussion highlighted that referral procedures should clearly define institutional responsibilities, communication mechanisms, referral criteria, and follow-up processes to ensure continuity of services across organizations. Such integrated referral mechanisms were considered particularly important for persons with disabilities, who frequently require individualized accommodations involving multiple service providers. This finding is consistent with the World Health Organization (2024), which emphasizes that integrated referral systems should be coordinated, survivor-centered, and accessible to minimize barriers to service utilization while protecting survivors from secondary victimization.

The importance of multidisciplinary referral systems has also been highlighted in disability research. Shakespeare et al. (2021) argue that persons with disabilities often experience fragmented access to healthcare, legal protection, and social services because institutional systems operate independently rather than collaboratively. Consequently, disability-inclusive service delivery requires strong intersectoral coordination to ensure that reasonable accommodations are consistently implemented throughout the entire support process.

From an organizational perspective, the present findings support recent developments in collaborative governance theory, which emphasize that complex social problems cannot be addressed effectively by single institutions but require sustained collaboration among governmental, educational, healthcare, legal, and community organizations (Emerson &Nabatchi, 2015). Within higher education, collaborative governance facilitates shared decision-making, coordinated resource allocation, institutional accountability, and collective learning, thereby strengthening universities' capacity to prevent and respond to violence more effectively.

Furthermore, UNESCO (2024) recommends that higher education institutions establish formal partnerships with external agencies, including healthcare providers, legal aid organizations, disability advocacy groups, and local governments, to ensure that survivors receive integrated and equitable support services. Such partnerships are particularly important in disability-inclusive violence prevention because they enable universities to provide specialized expertise that may not be available within institutional structures alone. Overall, the findings suggest that multidisciplinary referral systems should be viewed not merely as administrative procedures but as an essential institutional strategy for strengthening survivor protection and promoting inclusive governance.

### *Institutional Governance for Sustainable Inclusive Services*

The final theme highlighted the critical role of institutional commitment in ensuring the sustainability of disability-inclusive violence prevention and response systems within higher education. Participants consistently emphasized that accessibility and inclusive services should not depend solely on individual initiatives or temporary programs but must be institutionalized through comprehensive governance mechanisms. These include clear institutional policies, standardized operating procedures, permanent organizational structures, adequate financial resources, continuous capacity building, and systematic monitoring and evaluation. Participants further recommended strengthening faculty-level coordination, improving campus safety infrastructure, expanding educational campaigns, and embedding disability inclusion into university governance to ensure the long-term sustainability of violence prevention initiatives.

These findings are consistent with recent studies indicating that sustainable institutional responses to campus violence require strong organizational leadership, clearly defined governance structures, and long-term strategic commitment. Bondestam and Lundqvist (2020), in a systematic review of sexual harassment interventions in higher education, concluded that universities are more successful in preventing and responding to violence when institutional policies are supported by leadership commitment, accountability mechanisms, and continuous organizational learning. Similarly, Fenton, Mott, McCartan, and Rumney (2016) argue that sustainable campus violence prevention depends not only on awareness campaigns but also on governance systems that integrate policy implementation, institutional accountability, staff training, and routine monitoring.

Participants also emphasized the importance of establishing clear organizational responsibilities and strengthening coordination across faculties to ensure consistency in policy implementation. This finding reflects previous research suggesting that decentralized institutional structures often lead to inconsistent responses to violence, whereas clearly defined governance arrangements improve coordination, reporting efficiency, and service accessibility. Effective governance therefore requires institutional clarity regarding roles, responsibilities, reporting pathways, and decision-making authority across all organizational levels.

Furthermore, participants highlighted the need for continuous education and awareness campaigns to foster an institutional culture that actively promotes inclusion, respect, and zero tolerance for violence. Previous studies have demonstrated that campus-wide educational interventions contribute significantly to improving reporting behavior, increasing awareness of institutional services, and strengthening students' confidence in university support systems (Fenton et al., 2016). These findings indicate that governance should extend beyond administrative regulations and encompass broader institutional culture change through continuous engagement of students, academic staff, and university leadership.

From a disability inclusion perspective, governance should ensure that accessibility principles are integrated into all institutional policies rather than being treated as isolated disability programs. According to Kattari et al. (2020), disability-inclusive governance requires universities to adopt a systemic approach in which accessibility, reasonable accommodation, participation, and equity become embedded within institutional planning, budgeting, infrastructure development, and quality assurance mechanisms. Such integration enables universities to move beyond legal compliance toward genuine organizational inclusion.

These findings reinforce international recommendations highlighting institutional governance as a prerequisite for sustainable violence prevention. UNESCO (2024) argues that effective institutional responses require leadership commitment, accountability mechanisms, stakeholder participation, and continuous capacity development. Likewise, the OECD (2023) emphasizes that governance systems become more effective when policy implementation is supported by clear organizational structures, evidence-based monitoring, and continuous institutional evaluation. Together, these findings suggest that sustainable disability-inclusive violence prevention depends on institutional governance that combines policy commitment, organizational accountability, resource allocation, and collaborative leadership within an integrated university system.

## CONCLUSION

This study demonstrates that developing disability-inclusive violence prevention and response services in higher education requires an integrated institutional approach rather

than isolated interventions. The findings identified five interconnected components of an inclusive service model: accessible reporting mechanisms, faculty-based peer support, victim-centered and disability-inclusive services, multidisciplinary referral systems, and strengthened institutional governance. Together, these components provide a practical framework for improving accessibility, survivor protection, and the long-term sustainability of Sexual Violence Prevention and Response Task Forces (Satgas PPK).

The proposed Inclusive Service Model contributes to the growing discourse on disability inclusion by integrating accessibility, collaboration, and institutional commitment into university violence prevention systems. Although this study was conducted within a single university context, the findings provide evidence-informed recommendations that may guide other higher education institutions in strengthening inclusive governance and support services. Future research should validate and refine the proposed model across different institutional settings using broader participant groups and mixed-methods approaches..

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