



The National conference on Inclusive Education,

Organised by TISS, Mumbai, Association for people with disabilities ( APD) Bangalore and Brotherhood Delhi at Bangalore, on 5th -7th Dec 2019.

## Theme: Classroom Practices

### Personal Safety and Sexuality Education for Children with Intellectual Disabilities and Associated Conditions in Inclusive Settings

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#### Abstract

**Key words:** Intellectual developmental delay (IDD), Intellectual Disability (ID), disability, personal safety education, sexuality etiquette, reproductive health, sexual abuse, inclusive education

**Rationale:** Personal safety rules and sexuality etiquette can be learnt better by *all* children in an inclusive setup through varied peer interactions, which are limited in a 'special needs' school or neurotypical children only school. This education upholds children's right to safety and dignity.

**The Need:** Personal safety education could reduce child sexual abuse, which is rampant in India. Discussion on sexuality would help adolescents navigate puberty with dignity. This critical aspect of education is neglected due to the social taboos and lack of teaching tools and training. Recognising that they are equal humans, citizens and participants, and not just passive recipients of resources or information is as vital to their empowerment, as it is to preventing abuse and maltreatment.

**Objectives:** Develop a Toolkit -"Suvidha"- for caregivers and teachers in inclusive/ non-inclusive settings to:

- Develop comfort with the topic of sexuality and sexual development
- Help children/adolescents develop self-esteem, manage feelings, learn personal safety, basic reproductive care and sexuality etiquette

**Results:** Need analysis, pre test and post test results were collected and analysed for developing and revising the kit.



**Reach :** So far , we have reached more than 700 parents and teachers, across India, through direct face to face interactions and workshops on personal safety (PS), sexuality education (SE), and reproductive care education for children with disabilities.

Face to face sessions on PS and SE for adolescents and young adults with intellectual disabilities are being conducted at one of the vocational training centres in Bangalore

Online training programme has been launched and is being conducted for a group of educators from centres across India.

**Way forward:**

- Adaptation of the kit for children living with Visual Impairment (VI) and Auditory Impairment (AI) through audio books, tactile and embossed diagrams and sign language videos.
- Manufacturing or assembly of the kits at vocational centres for people with disabilities.
- Collaborations for the use of the kit in inclusive schools
- Release of the kit in Hindi, Kannada and later in other languages.

**Conclusion**

Enfold plans to reach children, parents, caregivers and teachers across India in inclusive as well as schools catering only to children with disabilities, to ensure that they have an equal platform to learn about personal safety and sexuality etiquette.

## Full Paper

### RATIONALE

The status of children in India is maintained through the practice of antiquated social norms, as objects of protection rather than citizens with equal rights. While adults are educated about their rights and responsibilities, children are often left out of the fold, especially in matters of personal safety, sexuality and reproductive health. The lacunae in information prevents children from being able to recognise, resist and report abuse, whether emotional, physical or sexual. This inherent disadvantage is exemplified by the dismal statistics on crime against children.

In a 2007 study on Child Abuse in India conducted by the Department of Women and Child Development, among 12447 children (without disability) in 13 states,

- 53.22% children reported having faced one or more forms of sexual abuse.
- 21.90% child respondents reported facing severe forms of sexual abuse.
- in 50% of those reporting abuse, the persons were known to the child.

A study by Tharinger, Horton and Millea<sup>2</sup> (1990) found that children and adults with intellectual disabilities are particularly vulnerable to sexual abuse. Sullivan and Knutson<sup>3</sup> (2000) found that children with intellectual disabilities are at slightly greater risk of sexual abuse than children with disabilities in general, who in turn were at 3.14 times greater risk of experiencing sexual abuse, than children without disabilities.

Accounting for 12 lakhs of India's population, the silence around the sexual, physical and emotional abuse of children with disabilities is astounding. Partly due to the dearth of research across the areas of sexuality, child rights and disability in India and paucity of a quality education, the information gap around sexuality and prevention of sexual abuse has not been bridged appropriately. This may be because caregivers, parents, and other adult stakeholders may assume that there are larger concerns looming in their lives, than puberty or sexuality.

Disabilities, especially intellectual disability, multiply the likelihood of sexual abuse. The Rights of Persons with Disabilities Act<sup>1</sup>, 2016 defines a person with a disability as:

*“ A person with long term physical, mental, intellectual or sensory impairments which, in interaction with barriers, hinders their full and effective participation in society equally with others.”*

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<sup>1</sup> ((n.d.). *The Rights of Persons with Disabilities Act. The Rights of Persons with Disabilities Act* (pp. 1–35). New Delhi, Delhi.)

For most parents of children with disabilities in India, the experience of bringing up the child is not an easy one. They find it challenging to speak of sexuality in the context of children with disabilities. Therefore, it becomes important that this topic is discussed with respect and empathy for families, caregivers as well as for children themselves, since the majority of this population is in a state of unaddressed anxiety and fear due to limited access to knowledge around these subjects. India has seen a shift in the way disability is viewed - from a charity-based model to a right-based perspective.

A working paper<sup>2</sup> Talking about Reproductive and Sexual Health, TARSHI (2018), discussion on sexuality<sup>3</sup> is largely considered a taboo in India. TARSHI highlights that people with disabilities are often chastised by their caregivers for expressing their sexuality and are often ridiculed. Special educators, the paper adds, treat young people's sexual desire negatively. People with disability are considered asexual beings and miniscule work is done in this regard. The paper also talks about how the **charity or welfare model of disability** views the person with disabilities as the problem and dependent on the sympathy of others to provide assistance. Discussions around sexuality and disability focus on medical health, abuse, violence and consequences of unsafe sex. The full scope of sexuality as being vast, and connecting deeply to human life and human rights, at multiple points such as intimacy, pleasure and eroticism, self-expression, self worth, relationships, is barely being explored.

According to **rights-based model**, all human beings irrespective of their disabilities have rights, which are unchallengeable. This model promotes dignity, self, entitlement and agency of the individual human being, as a holder of rights, not the recipient of any resources and aid.

People with disabilities are often assumed to be either 'asexual' or 'oversexed'. Society largely considers them unattractive and therefore incapable of being in sexual or in intimate relationships, leading to the belief that people with disabilities do not get sexually assaulted or abused as no one will desire them. (Kaufman, M, Silverberg, C and Odette 2003)<sup>5</sup>.

Children with disabilities are systematically denied basic information about sexual health and relationships, to either shield them from the realities of life or because they are considered asexual. Without such fundamental lessons, children with disabilities have no language to describe what has happened to them when they are abused. (Smith, N., Harrell, S. et. al (2013)<sup>4</sup>

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<sup>2</sup> Sexuality and Disability in the Indian Context. *Talking about Sexual and Reproductive Health*. doi: [http://www.tarshi.net/downloads/Sexuality\\_and\\_Disability\\_in\\_the\\_Indian\\_Context.pdf](http://www.tarshi.net/downloads/Sexuality_and_Disability_in_the_Indian_Context.pdf)

<sup>3</sup> Nagaraja, P., & Aleya, S. (2018). *Sexuality and Disability in the Indian Context*. *Sexuality and Disability in the Indian Context*. (p. 22). New Delhi, Delhi: TARSHI



However, the fact is that children and adults with disability experience these bodily changes and feelings just as their neurotypical counterparts and may express them in socially inappropriate ways as their rights to dignity and education have not been addressed. Recognising that they are equal humans, citizens and participants and not just passive recipients of resources or information, is as vital to their empowerment, as it is to preventing abuse and maltreatment.

## **( I ) THE NEED FOR EDUCATION IN PERSONAL SAFETY AND SEXUALITY ETIQUETTE**

A WHO and UNFPA document- Promoting Sexual and Reproductive Health for People with Disabilities<sup>7</sup> says, “Like everyone else, persons with disabilities have sexual and reproductive health (SRH) needs throughout their lives, and these needs change over a lifetime. It is important to assure that SRH services are friendly to youth with disabilities.”

Accounting for 12 lakhs of India’s population, the silence around the sexual, physical and emotional abuse of children with disabilities is astounding. Partly due to the dearth of research across the areas of sexuality, child rights and disability in India, and paucity of quality, comprehensive education in these areas, the information gap around sexuality and prevention of sexual abuse has not been bridged appropriately or adequately. This could be because caregivers, parents, and other adult stakeholders may assume that there are larger concerns looming in their lives, than puberty or sexuality.

Often, children and adults with disability are considered asexual. However, the fact is that children and adults with disabilities experience these bodily changes and feelings<sup>4</sup> like any other person. They may express themselves in socially inappropriate ways, as their rights to dignity and education have not been addressed. Recognizing that they are equal humans, citizens and participants and not just passive recipients of resources or information, is as vital to their empowerment, as it is to prevent abuse and maltreatment.

In Indian society, parents and teachers either shy away from discussing sexuality and personal safety with children or do not think of it as necessary. There is a lack of awareness about how silence and stigma around sexuality makes children and adolescents vulnerable to sexual abuse. Many caregivers are also unaware of the extent of child sexual abuse in India <sup>5</sup>or that boys are equally, if not more vulnerable.

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<sup>4</sup> Saksena, S., & Saldanha, S. (2003). Impact of a course on human sexuality and adolescence. *The Indian Journal of Pediatrics*, 70(3)

<sup>5</sup> (Study on Child Abuse 2007, Ministry of Women and Child Development, Government of India. (2007). *Contemporary Education Dialogue*, 5(1), 117–120. <https://doi.org/10.1177/0973184913411162> ).



Disabilities, especially intellectual disability, increase<sup>6</sup> the likelihood of sexual abuse due to several factors including the unique features of the disability itself. Though child sexual abuse is rampant in India, teacher-training courses often lack effective, culturally appropriate teaching materials on sexuality and safety. There is especially a dearth of indigenously developed, culturally appropriate educational material on sexuality and safety education for children with disabilities. Teaching-learning kits dedicated to this purpose have not been developed, neither are they readily available in India.

Since 2002, Enfold Proactive Health Trust has worked with over 1.8 lakh students of 1<sup>st</sup> to 12<sup>th</sup> grade, their parents and teachers in mainstream schools in urban and rural settings, to support children in learning personal safety, responsible sexuality and life skills in an age appropriate, culturally suitable and value based manner. We developed culturally suitable modules that support children in learning personal safety. The modules make adolescents aware of what is value based, responsible sexuality in an age appropriate manner. We felt we have gained sufficient experience to identify and meet the challenges in the field of imparting personal safety and sexuality education for children and adolescents.

With adequate experience and expertise we felt equipped to venture into supporting children with intellectual disability, autism spectrum disorder, sensory impairments (HI and VI) learn personal safety and sexuality etiquette in an inclusive setting. We felt that with adequate in-house expertise and collaboration with experts in the field, we could develop a teaching learning Suvidha Kit as a way forward in the field of personal safety and sexuality education for children with disability.

In November 2016, Enfold India launched the Suvidha Project. Our aim was to support teachers, trainers, parents and caregivers of children with disabilities, in overcoming age old taboos and become comfortable with the topic of sexuality, discuss responsible sexual behaviour with the adolescents in their care, and support young children learn personal safety in a comfortable, non threatening and empowering manner. Developing a one of its kind, interactive, easy to use teaching learning tool, the Suvidha Kit was a way forward in achieving this aim.

## **(II) GOALS**

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<sup>6</sup> (2019, June 2). Sexual abuse and intellectual disability. Retrieved from [https://en.wikipedia.org/wiki/Sexual\\_abuse\\_and\\_intellectual\\_disability](https://en.wikipedia.org/wiki/Sexual_abuse_and_intellectual_disability)

To develop culturally appropriate teaching and learning modules and kit on personal safety, basics of reproductive health and sexuality etiquette for caregivers of children with intellectual disabilities, visual and auditory impairments with the following goals:

1. To break the silence around discussion on sexuality and reporting of sexual abuse.
2. Bring about an attitudinal shift by placing shame in the behaviour of a person and not in a part of the body and by shifting the shame, blame and responsibility of sexual abuse and sexual violence from the victim to the perpetrator.
3. To empower caregiver, teachers and parents of children with intellectual, visual and or auditory impairment to recognize, resist and report sexual abuse.
4. To provide materials, tools, concepts and principles to caregivers, teachers and parents of children with intellectual, visual or auditory impairment that will enable them to support children and adolescents to-
  - a. build their self- esteem
  - b. develop a positive body image.
  - c. learn personal safety rules in a comfortable, non threatening manner
  - d. learn how to report if personal safety rules are broken by someone.
  - e. Learn basics of reproductive health and sexuality etiquettes.
5. To train facilitators in 36 states and union territories as Personal Safety and Sexuality Etiquette Educators for children with intellectual disabilities, visual or auditory impairments

### **( III) OUR JOURNEY SO FAR**

Based on our experience of working with children and adults since 2002, research, the findings of the need analysis, and discussion with experts in the field of disability; we identified the challenges and core areas of action. We then designed the Suvridha kit and manual content, with guidance from experts, to bring out the core messages of Enfold India's indigenously developed, scientific and value based curriculum on life skills, sexuality and personal safety education. We have found this curriculum to be effective and have used, refined and revised it to be up to date with scientific discoveries and cultural shifts.

#### **Developing the Suvridha Kit**

A comprehensive research of existing material was done. Various online resources from UK, USA and Australia as well as India, catering to children with IDD were referred to, to draw ideas and information. The core messages for the activities were taken directly from Enfold's existing curriculum which is scientific, value based and culturally appropriate.

Although the online sites and materials served as good resources, personal experiences from teaching and working with children of all abilities, field observations

and study of materials currently being used at Bubbles Centre for Autism and ASHA at Bangalore, also served as the important sources of inspiration and ideas.

Most activities have been designed on the principles of Structured Teaching Approach. As compared to the existing materials (mainly used in Europe/ USA), a scientific yet more simple approach, with explicit illustrations is being used to present reproductive health details and self care.

We have completed the materials required for use with children and adolescents with intellectual disability including autism spectrum disorder. Some of these materials can be used with children with sensory impairments (AI and HI). More specific materials, for use with children with these impairments are under development. The materials have been designed to make them socially and culturally appropriate to Indian society.

The hands on activities and the Suvidha manual from the kit have been developed and manufactured on a small scale, while illustration work on the 37 social scripts (stories) is going on. Plans are underway to release the complete kit in its final form, by early 2020

### **Trainings and sensitization workshops for caregivers, facilitators and other professionals:**

1. We have conducted sensitization and awareness workshops for teachers, caregivers and other professionals working with children with disabilities on request basis at 9 centres in Bengaluru, 2 at Chennai and one each at Hyderabad, Coimbatore, Kochi, Jaipur, Noida and Gurgaon.
2. A continuous and comprehensive 1 year teachers training programme, including a course and curriculum for students, has been designed and is being conducted at TAMAHAR Trust, Bengaluru.
3. We are working directly with 15 adolescent and young adults at Pragati Vocational Centre, Bengaluru on a one year programme, to support them in learning basics of PS and SE.
4. We have recently launched the Suvidha online training programme for caregivers and teachers in collaboration with a NGO (CBM), having partner organizations in most states and UTs in India. A 20 hrs, online training was conducted for 24 individuals from 12 organisations from various states including Andhra Pradesh, Maharashtra, Manipur, Tripura, Assam and Rajasthan, The online sessions were spread over 2 weeks in 10 sessions, in October and November 2019 and were followed up with 2 days (14 hrs) of face to face training at Guwahati. Suvidha Kits were also given out to the participating





organizations. The participants were special educators and teachers working at both inclusive as well as exclusive special needs schools.

The training was a resounding success and the feedbacks from the participants were very encouraging. Plans for more such trainings in 2020 are underway.

**In this paper we present**

**(a) The need analysis**

**(b) The results of testing of activities on personal safety rules, sexuality etiquette and reproductive care**

**(c) Way forward**

**(e) Feedback and testimonials from parents and teachers**

### **(a) Need Analysis: Identifying challenges**

**Study sample:** 158 adults comprising of 65 teachers/trainers and 93 parents/caregivers working with children with IDD in Bangalore and Raipur.

**Procedure:** The assessment tool was created by Enfold with inputs from external experts and was administered either directly or as a Google form in English, Kannada and Hindi in Bengaluru and Raipur.

## Results and Discussion:

Key findings of the need analysis:

- 52% of teachers and 56% of parents said that they find it difficult to teach sexuality etiquette, 14% of teachers and 30% of parents admitted not being able to teach anything.
- 34% of teachers and 46% of parents said that they have do not feel equipped in any manner to manage difficult sexual experiences and abuse of children with IDD.
- Only 34% of teachers and 23% of parents are able to talk about safe and unsafe touch with the children.
- 54% of teachers and 61% of parents disagreed with the statement that teaching adolescents' sexuality etiquette will lead them to exhibit such behaviour. However 45% of teachers and 39% of parents agreed with the statement.

Based on the challenges identified, the contents of the Suvidha kit were developed

### Contents of the Suvidha Kit:

Suvidha Kit is for use with children between the age group of 6-18yrs, with activities designed to cater to the needs of young children as well as adolescents; and children at a higher functioning level as well as those at the lower functioning level.

Suvidha Kit contains

1. A Caregivers Manual with
  - a. Concepts and information pertaining to the core messages covered in curriculum.
  - b. **Further reading material and references**
  - c. Activity guide for activities that can be done with the children and adolescents, using the materials in the tool kit

The concepts and activities in the Suvidha manual cover the following topics:

### **Module 1- My Abilities and Behaviour**

#### **Core Messages -**

- a. I have many qualities
- b. I have many abilities.
- c. I can help my brain develop
- d. I can help my body develop
- e. I can do many different activities
- f. I respect myself. I neither take pride in nor feel ashamed of my body.

### **Module 2- Body Image and Behaviour**

#### **Core Messages -**

- a. I know the parts of my body
- b. Every part has a function.
- c. I keep my body clean
- d. Body changes as it grows older
- e. There is no shame in any part of my body
- f. My body is made by nature
- g. My behaviour is more important than how my body looks
- h. The way a person behaves tells me about that person

### **Module 3- My Feelings**

#### **Core Messages -**

- a. I have many different feelings. Feelings are my friends
- b. Expressing feelings helps me feel better
- c. I can get the support I need by telling my feelings to people who care for me.
- d. When I feel angry or sad, I can tell what I am feeling angry or sad about.
- e. I can express anger without hitting or hurting others
- f. It is okay to tell embarrassing feelings or secrets to people who care for me.
- g. I can make friends with people who care for me and keep me safe
- h. Understanding romantic feelings and feelings of sexual attraction can help me be responsible

### **Module 4 - My Body and Personal Safety Rules**

#### **Core Messages -**

- a. Rules are for safety.
- b. Personal Safety Rules
- c. I follow Personal Safety Rules with others
- d. I can be safe while using the phone or the camera or the internet

- e. People's behavior may be safe or unsafe.

## **Module 5 - Getting help, Stopping the Rule Breaker**

### **Core Messages -**

- a. I know people I can go to for help.
- b. I can say No – Go away – Tell my safe adult if rules are broken.
- c. I can tell until I get help.
- d. It is not my fault if someone troubles me.
- e. Safe adults follow Personal Safety Rules.
- f. It is never too late to tell
- g. I can tell 'secrets' to my safe adult
- h. I can discuss romantic feelings with my safe adult.

### **HIGHLIGHTS OF THE SUVIDHA MANUAL**

1. It provides a basic understanding of normative human sexual development from birth to adulthood.
2. It provides a basic understanding of the normative human reproductive system.
3. It provides an empowering, value based attitude towards sexuality, body image and self-worth.
4. It states the principles of sexuality etiquette and provides support to adolescents with intellectual disability, ASD, sensory impairments (HI and VI), to learn the same.
5. It states Personal Safety Rules derived from existing laws and provides activities to support children with intellectual disability, ASD, sensory impairments (HI and VI) learn the same.
6. It includes tips on how to answer children's questions about sexuality and reproduction.
7. It provides a just and empowering attitude towards sexual abuse and violence. It offers suggestions on how to support children heal and how to hold the person who abused the child, accountable and responsible for the abuse. It includes information on the POCSO (Protection of Children from Sexual Offences) Act and the legal responsibilities of caregivers and teachers under this Act.

## **b) Results and discussion of pre-test and post- test on learning names of private parts and Personal Safety Rules - Clothing**

### **Procedure:**

This activity was introduced to 40 parents and 40 teachers through interactive sessions at 4 schools in Bangalore between April and November 2017. The parents answered questions pertaining to their child only whereas the teachers answered questions taking their student group as a whole into account.

### **Study sample:**

69 adults in Bengaluru - 37 parents and 32 teachers took the pre-test.

61 adults -34 parents and 27 teachers took the post-test after a period of 3 months.

### **Inference:**

Even though most of the parents/teachers admitted to not working regularly or in a dedicated manner with their child on the activity, the data analysis showed a marked increase in awareness among the adults and improvement in children's learning.

### **Few highlights:**

- Before the activity, only 29.7% of parents said their child had learnt to keep the private parts covered in public at all times. This increased to 53.5% of parents after the activity.
- Before the activity only 9% of the teachers said that 51-75% of their students kept the private parts covered in public. After the activity, 37% of teachers said this.
- On the 'importance of the child knowing the names of the private parts percentage of teachers agreeing increased from 75% to 92.6%.
- About being comfortable teaching names of private parts, the responses of teachers increased from 53% to 74.1% after the activity.
- Parental behavioural change regarding being clothed appropriately in front of the child increased from 70.3 % to 86%.
- On parents and teachers feeling confident and comfortable in teaching, talking and naming private parts, as evident from the percentages, there was a marked increase in the confidence and comfort levels.  
From 70.3 % to 73.5 %(parents) and  
53.1% to 72.1 %( teachers)

### Parent's pre test on Personal Safety Rules - Touching Rules

Field testing of this was initiated in December 2017, with 37 parents with children in the age group of 10-17 years, through a 2.5 hour workshop. The post- test data could not be collected. Presenting a few questions and the responses of parents.

#### Pre-test results:

| S.No       | Questions and their answer options  | Pre-Test (Responses in %) | Pre-Test (Responses in %) |
|------------|---|---------------------------|---------------------------|
|            | <b>Study sample</b>   | 37 Parents                | 9 teachers                |
| <b>Q.1</b> | <b>Does the child touch her/his private body parts to scratch, in front of others?</b>                                      |                           |                           |
|            | Never   | 24.3                      | 22.2                      |
|            | Rarely  | 35.1                      | 55.6                      |
|            | Occasionally  | 32.4                      | 22.2                      |
|            | Frequently  | 8.1                       | 0                         |
|            |   |                           |                           |
| <b>Q.2</b> | <b>Does the child touch her/his private body parts to play/ stimulate, in front of others?</b>                              |                           |                           |
|            | Never   | 64.9                      | 77                        |
|            | Rarely  | 24.3                      | 22.2                      |
|            | Occasionally  | 5.4                       | 0                         |
|            | Frequently  | 5.4                       | 0                         |
|            |   |                           |                           |
| <b>Q.3</b> | <b>Does the child touch others' private parts (breast, pubic area, thighs) intentionally? If yes, mention the body part</b> |                           |                           |
|            | Never   | 83.8                      | 77.8                      |
|            | Rarely  | 13.5                      | 22.2                      |
|            | Occasionally  | 2.7                       | 0                         |
|            | Frequently  | 0                         | 0                         |

|            |  |      |     |
|------------|--|------|-----|
|            |  |      |     |
| <b>Q.5</b> | <b>Does the child respond by saying “No” or pushes away anybody who touches her/his private parts?</b> |      |     |
|            | Never  | 8.6  |     |
|            | Can't say, have not observed   | 42.9 | 100 |
|            | Sometimes yes, sometimes no  | 14.3 |     |
|            | Always   | 34.3 |     |
|            |  |      |     |

**Parent's Pretest: Changes in my body and Reproductive care**

| <b>S.No</b> | <b>Questions and their answer options</b>  | <b>Pre-Test (Responses in %)</b>                       |
|-------------|--|--|
|             | <b>Study sample</b>  | 11 Parents-<br>8 boys' parents<br>and 3 girls' patents |
| <b>Q.1</b>  | <b>If shown pictures of private and public places, the child is able to distinguish between the two.</b> |  |
|             | Knows both public and private places   | 54.5   |
|             | Knows public places only   | 0  |
|             | Not at all   | 18.2   |
|             | Can't say  | 27.3   |
|             |  |  |
| <b>Q.2</b>  | <b>The child labels verbally her/his own private parts of the body, when asked</b>                       |  |
|             | none at all  | 9.1  |
|             | labels a few independently   | 45.5   |
|             | labels but need prompts  | 18.2   |
|             | labels all independently   | 27.3   |
|             |  |  |
|             |  |  |

|            |   |      |
|------------|---|------|
| <b>Q.3</b> | <b>The child labels verbally on a given picture the private parts of the body, when asked</b>                   |      |
|            | None  | 18.2 |
|            | Labels but need prompts   | 18.2 |
|            | Labels all independently  | 18.2 |
|            | Label only a few independently  | 45.5 |
|            |   |      |
| <b>Q.4</b> | <b>Does the child touch private parts/ masturbate intentionally in public?</b>                                  |      |
|            | Yes only in private   | 36.4 |
|            | Both in private & public  | 36.4 |
|            | Never   | 27.3 |
|            | Can't say   | 0    |
|            |   |      |
| <b>Q.5</b> | <b>How frequently does the child touch private parts/ masturbate intentionally in public?</b>                   |      |
|            | Never   | 36.4 |
|            | Occasionally  | 36.4 |
|            | Rarely  | 27.3 |
|            | Frequently  | 0    |
| <b>Q.6</b> | <b>Does the child communicate to you if he has any night falls/emissions? (boys only)</b>                       |      |
|            | No  | 27.3 |
|            | Sometimes   | 0    |
|            | Yes, always   | 0    |
|            | Not applicable  | 82.7 |
| <b>Q.7</b> | <b>Does the child ask for help or changes the sheets himself if they have been soiled by semen? (boys only)</b> |      |
|            | Sometimes   | 9.1  |



|      |  |      |
|------|--|------|
|      | No   | 18.2 |
|      | Always   | 0    |
|      | Not applicable   | 82.7 |
|      |  |      |
| Q.8  | <b>Is the child able to manage himself if he has an erection in public ? (boys only)</b>                   |      |
|      | No, seems unaware  | 18.2 |
|      | Can't say  | 36.4 |
|      | Not applicable   | 45.5 |
|      | Yes, hides it  | 0    |
|      | Yes, moves away to a private place   | 0    |
|      |  |      |
| Q.9  | <b>Is the child able to maintain proper personal hygiene (cleaning the genitals)?</b>                      |      |
|      | Needs help in cleaning   | 18.2 |
|      | Needs reminding but cleans himself/herself   | 45.5 |
|      | Can't say  | 9.1  |
|      | Yes, always  | 27.3 |
|      |  |      |
| Q.10 | <b>Does the child change her/his undergarments and clothes if they have been soiled?</b>                   |      |
|      | Needs to be reminded but does it himself/herself   | 45.5 |
|      | Yes, always  | 54.5 |
|      | Needs help and reminder to change  | 0    |
|      | Can't say  | 0    |
|      |  |      |
| Q.11 | <b>Is there an open communication between you &amp; your child regarding sexuality and its management?</b> |      |
|      | No, I find it difficult  | 10   |
|      | Sometimes yes sometimes no   | 70   |
|      | Yes, always  | 20   |
|      | No, there is no need   | 0    |

### **Post Tests :**

Post test data for the parents' tests could not be collated as many of the respondents did not come back with the responses. The others did not work consistently with the children and were unsure about their responses. Teachers preferred to give anecdotal feedback



rather than fill up post test forms. Some filled up forms had erratic data which could not be collated and analysed.

**Field testing of the Savidha kit in its final form will be carried out in 2020, at the new centres we are collaborating with.**

### **Learnings from the field test and adaptations**

1. The project was originally aimed at reaching children with intellectual disabilities, but the need for a specialised kit for children with auditory and visual impairments became apparent during the field test. Field test sites included some schools with children with visual and auditory impairment. Material to support their learning of personal safety and sexuality etiquette was not readily available. The project was extended to include children with visual and auditory impairment.
2. Several topics for social stories and narratives around personal boundaries, nuances of romantic feelings, dealing with anxiety and fear, were included after receiving feedback from parents and teachers.
3. The Kit was originally designed to be segregated as per age, one for children under 10 and one for children from 10 to 18 years. This design was altered to have one kit for girls upto 18 years of age, and one kit for boys upto 18years of age.

### (c) Way forward

The results of pre-test and post- test on the activities tested are encouraging. They show a positive change in knowledge of children and attitude and behaviour of parents and teachers. From anecdotal accounts from teachers and parents it appears that Personal Safety and Sexuality Etiquettes can be taught in an inclusive school or home setting. Parents can reinforce the learning at home for neuro-atypical as well as neuro-typical children.

Feedback from teachers and caregivers on the online and face to face training conducted in 2019 is encouraging. The participants felt they could implement the Suvidha Kit with children in inclusive as well as disability only settings.

**Enfold proposes to undertake the following activities to scale the product effectively:**

- **Illustration of the Social Scripts and adaptation of Suvidha Kit to make it accessible to children with AI or VI.**

Some images used in the Social scripts ( social stories) of preliminary field test kit are downloads which have been modified and adapted to suit our needs. All images are being drawn afresh for specific use in the final Suvidha Kit. Bengaluru based artists are working on the final illustrations, and the full kit will be ready for manufacturing in early 2020.

The Kit for use by children with visual impairment will have suitable embossed images and text in Braille, along with audio files. The material to be used by children with auditory impairment will have videos with sign language. Enfold plans to partner with organizations that have expertise and expertise in this field and make the Suvidha Kit accessible and available for children and adolescents with auditory or visual impairment.

- **Adaptation of the Kit to suit linguistic abilities**

By late 2020, we aim to make the Kit available in Kannada and Hindi, to meet the requirements of the community. The long term goal however, is for the Kit to be made available in as many regional languages as possible for ease of access.

- **Production**

We estimate that the number of institutions catering to children with disabilities are approximately 2000 across India. In order to empower not just children with disabilities,



but also adults with disabilities in need of employment opportunities, Enfold intends to partner with an organisation providing such opportunities to individuals with disabilities, in different states. They would support in translation, adaptation for accessibility and/or assembly of the kit.

➤ **Training facilitators of the Suvidha Kit across the 29 states and 7 union territories**

The population of children with disability is spread all across the country, with 69% concentrated in rural areas. While Enfold has worked extensively with urban education children in metro cities, we would like to extend our network to reach out to children living in all rural, semi rural areas.

In a phased manner, Enfold will be providing training and capacity building sessions for at least 2 members of partner organisations in 29 states and 7 union territories.



## **(d) Feedback and Testimonials on Suvidha Kit**

**Ms Sarbani Mallik ,Founder Director, Bubbles Centre for Autism, Bengaluru:**

*The fact is that even the mainstream population doesn't feel comfortable talking about anything related to gender, sexuality and personal safety, still every child is expected to know without being taught.*

*For our children who are so vulnerable this is a teaching material which is so comprehensive that it has not left any area unaddressed. I would think that this is one of India's most needed in the teaching sector & something which will be very valuable for the years to come.*

**Ms. Sajinie. G, Principal , Baldwin's Opportunity School , Bengaluru:**

*Sividha Kit covers the areas that people dread to tread. It removes the inhibitions of both the tutor and the child. It is indeed the need of the hour.*

**Ms. Tripthi, Chief Co-ordinator Tamahar Trust , a Special Needs School , Bengaluru**

*"The Suvidha Kit for testing is quite elaborate and easy to administer. It has detailed out sexuality education in a manner that teachers understand how to teach students and has made their planning easy.*

*It is a comprehensive kit also detailing out activities along with the materials to be used. We look forward to incorporating it into our syllabus."*

**Sp.Ed 1 (from Kuwait):** *The kit's activity based approach has made our job easier to plan for IEPs. It has equipped us & given us ideas to teach children on PS, hygiene and sexuality etiquettes in a systematic manner. It has given us the confidence to guide parents to engage in a healthy discussion with their children on sexuality.*

**Sp.Ed 2 :** *The Suvidha kit has filled a void in the space of teaching sexuality and adolescent behaviour to Special Needs Individuals. The presentation and content of the material are unique, specific and very meaningful.*

### **Parents' testimonials:**

**Parent 1 :** *( boy 17 yrs) The materials are very useful for son with Autism as he is going through most of the issues being addressed in the materials. I will be using the social story books with my younger (neurotypical) son also , as I feel it will be more convenient to communicate and he can learn easily all those concepts which are difficult to talk about freely.*

**Parent 2:** ( girl 12 yrs) *The materials cover areas where we find very few resources to work with. These are important areas that we need to address and this is done in a way that is **visually appealing and helps the children understand in a way that isn't overwhelming for them.** I have started working on these with my daughter and **she is very interested in going through the visuals as they give her the feeling of a story. All the same, it is depicted in such a way that the children are able to understand the concepts and use them in their day to day lives.** I think what is significant is that it is all conveyed in a scientific yet lucid way for ease of understanding. Overall very useful!*

**Parent 3:** ( girl 13 yrs) *Finally I had some **simple , practical and easy to use material in my hand . I didn't have any more excuse to procrastinate,** so I started. **Instead of using gestures and description which might leave the process up to to her imagination , I had a material in my hand which I feel is completely acceptable and easy for her to understand.** Menstrual cycle book and cards were most helpful, for step by step execution process .*

**Parent 4:** ( boy 10 yrs) *The materials contain appropriate visuals that children can relate to. **They are written in a simplistic style using key words that are important for their comprehension.** They assist parents and caretakers to address these important issues using pictures that make it more interesting for the child. **I plan to use the social stories with my elder 12 year old son along with my 10 year old son with Autism.***

**Parent 5-** (boy 17 yrs) *it covered most of the sensitive issues we know about but don't know how to teach them or the right ways to tackle those issues. The kit is very carefully made. **I have been successfully able to teach him that masturbation is a very private thing & where he should do it ...** thanks to the pics provided in the kit & the simple yet very effective language used.*

**Parent 6 :** ( boy 17 yrs) *I find the social story books are very well illustrated and explained. **They tackle a wide range of topics relevant to our growing young adults with sensitivity. The books help us with behaviour modification strategies in easy steps by way of listing our acceptable and unacceptable behaviour.** On the whole a great resource to have - thanks a lot!*

**Parent 7 :** *The material is very thoughtfully made according to the needs of special kids. It is in the form of pictures which makes it easy to understand. **A very useful kit for***



**parents to educate their kids about all the appropriate social etiquettes and behaviours . It is also very handy in teaching personal hygiene and safety**

**Parent 8 :** *It will be helping my daughter for more understanding. As she is a girl, I had a very big fear of how to make her understand about menstruation and the body changes. But after seeing the materials, **I got confident in myself to teach her.** Thanks a lot for such help and giving confidence to parents.*

**Parent 9 :** *The simple, lucid language and illustrations make it a must have for our children. **Growing up isn't easy and this kit helps you understand the changes taking place in one's body in an easy way.***

**Parent 10 -***The Savidha Kit is one of a kind aid **and in my opinion not just for special needs children but for all the kids** . It is high time that kids should be made aware to avoid abuse*

## **Feedbacks from Teacher's training, Guwahati**

This was a pilot project which we launched in collaboration with a NGO having partner organisations in 26 Indian states and Uts. The training consisted of 20 hrs of online training followed by 2 days of in person training at Montfort school and provincial centre Guwahati.

**Participant 1:** Administrator at Unnati Sansthan, Udaipur

Best part of the training that I Learnt was safe and unsafe touches and clothing rules. We work with communities where there is very little awareness on touching rules, which makes the children very vulnerable to abuse. Children are not aware of touching rules and don't know what to do when they are touched, stalked and abused. In a separate community meeting we asked the fathers about the views on girls' safety and they responded saying such things don't happen here, our girls are safe. This shows that the awareness is little and also that people are not willing to talk about these issues.

We will introduce clothing and touching rules and all the concepts that we have learnt here whenever we organise sessions in schools and communities. First we will build the capacity of our staff through training on personal safety for children and then they can spread the word in communities that they are working with.

**Participant 2:** Administrator, Centre for community initiatives, Imphal



We have child safeguarding policy at our centre, and we have been teaching our children the necessary safety measures. Regarding personal safety and sexuality education we were left with our own efforts and didn't know how exactly to do it. Thanks to Enfold we can now reach out to our children and also parents in a way that they can easily understand. We are now equipped better to go into the classes with the right information on exactly what to do and how to do.

I would like to suggest having the kit adapted as mobile apps or software programmes which children can use and learn by themselves without the need of a facilitator's presence and make it more accessible to the children.

**Participant 3:** Female teacher at Unnati Sansthan, Udaipur

The training has had a great impact on me. I started respecting my body and reproductive organs more. Being a female I was not aware of the reproductive functions of all my body parts and now i feel very comfortable and proud of it.

Along with children, we can use the Suvidha kit materials with parents as well. We can make groups of parents and practice the activities which they can do with their children.

The different perspectives discussed in training helped in making my own perceptions, regarding managing our own feelings and emotions and also handle things going on in our lives more efficiently. I could connect a lot of things in my life regarding consent and sexuality. This training has impacted me a lot in a positive way.

**Participant 4 :** Female Teacher at an inclusive school, in Agartala

The training was very good , I got to know a lot of things which I didn't know about. I Suvidha kit is very good, but i feel it is more useful for the urban settings. I come from a village and have tribal children as my students. I suggest we have a programme focused on the children in the rural areas and have a kit which is suited for their background

**Participant 5:** male teacher at an inclusive school in Guwahati

It was a very enriching programme. I found it very enriching for me personally. I am now confident that I will be able to teach the few special needs children that we have in our inclusive school and also the regular children, the concepts that I have learnt here. I suggest the kit to be adapted in softcopies so that we can use it with a larger group of children and share with parents also

**Participant 6:** male teacher at an inclusive school in Agartala





It was a very good learning for all of us. I have attended some training programmes on sexuality education in our state but Enfold's training programme was very different as it was comprehensive and covered all the aspects which were missing in the earlier programmes. I can say that we all feel the impact in our own attitudes which has changed from the beginning of the training to the completion of it. On day one we were all laughing, shy and hesitant but now we feel comfortable talking about everything related to sexuality and our bodies. The Suvudha kit is also very unique, user friendly and very useful for the children.

### **( III ) Conclusion**

Children with disabilities have been living their lives under the radar for far too long, struggling to realise their rights and agency. Enfold plans to reach children, parents, caregivers and teachers across India to make education in personal safety, basic reproductive health care and sexuality etiquette available to children and adolescents with disabilities. We believe that this will be a positive step towards realizing their right to safety and dignity.

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