

Theme: Teacher Development

FULL PAPER

Inclusive Education in Personal Safety and Sexuality Etiquette for Children with Intellectual Disability – Challenges and Way Forward

Dr Sangeeta Saksena, Ms Renu Singh, Ms Ashika Shetty - Enfold Proactive Health Trust

Key words: Intellectual disability, personal safety education, sexuality etiquettes, reproductive health, sexual abuse

Rationale

According to a Ministry of Women and Child Development, Government of India survey of 12447 children (without disability) in 13 states (published 2007) 53% children reported having faced one or more forms of sexual abuse, 22% child respondents reported facing severe forms of sexual abuse and 50% of abusers are persons known to the child or in a position of trust and responsibility. Most children did not report the matter to anyone.

A study by Tharinger, Horton and Millea¹ (1990) found that children, adolescents, and adults with intellectual disabilities (ID) are particularly vulnerable to sexual abuse. A study by Sullivan and Knutson² (2000) found that children with intellectual disabilities are at slightly greater risk of sexual abuse than disabled children in general, who in turn were at 3.14 times greater risk of experiencing sexual abuse than non-disabled children.

Indian parents and teachers, who by and large avoid discussing sexuality with neuro-typical children/adolescents may label children/adolescents with ID as hyper-sexual and punish them for failing to deduce and conform to social norms. Often adults consider children with intellectual disabilities to be innocent, infantile asexual incapable of decision making. They are also denied the right to privacy, right to set boundaries from touches and any information around sexuality and safety³.

The Need for Inclusive Education in Personal Safety and Sexuality Etiquette:

All children, irrespective of the 'normalcy' of their neural or physical development have a right to safety and dignity. Personal safety education for prevention and early reporting of sexual abuse is their right. Information and discussion on sexuality helps adolescents navigate puberty with dignity.

Indian society, parents and teachers shy away from discussing sexuality or personal safety with children. The silence and stigma around sexuality also makes children vulnerable to sexual abuse.

Disabilities, especially intellectual disability, increases 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 for neuro-typical as well as neuro-atypical children

There is especially dearth of indigenously developed culturally appropriate educational material on sexuality and safety education for these children. Teaching-learning kits dedicated to this purpose have not been developed, neither are they readily available in India. Enfold Proactive Health Trust has worked with over 1.4 lakh regular school going children from 1st to 12th grade since 2001, and has developed culturally appropriate modules on how to teach children personal safety and impart value based sexuality education. We felt we have gained adequate experience and expertise to identify the challenges in helping neuro-atypical children learn personal safety and sexuality etiquette in an inclusive setting, and develop a teaching learning 'Suvidha' kit as a way forward in this field.

Aim:

Our aim in making the Suvidha kit was to help teachers, trainers, parents and caregivers break age old taboos, become comfortable with the topic of sexuality and discuss responsible sexual behaviour with the adolescent, as well as help very young children learn personal safety in a comfortable, non threatening manner.

Objectives: Develop a Tool Kit, with manual and activities for teachers, parents and caregivers of children with intellectual developmental delay to:

- Develop comfort with the topic of sexuality, understand sexual development in children;
- Help children learn Personal Safety Rules;
- Help adolescents learn basics of reproductive health and sexuality etiquette;

Outcome:

- Adult care givers will understand the dynamics of child sexual abuse and take appropriate action to stop the abuse.
- Self Esteem of children will be enhanced

Methodology: To develop this kit, a need analysis was done among parents and teachers of children with ID to understand how equipped and comfortable are teachers/trainers and parents/caregivers to talk about personal safety and value based sexuality. It would help us

identify areas which require more emphasis. Existing material was researched and methodologies used to help children with ID learn concepts and skills were identified.

Based on the need analysis, simple basic concepts from our existing curriculum are being used to develop learning modules, each module consisting of important core messages for which activities are being designed and developed as prototypes. The prototype is being tested through caregivers and teacher. After testing and modification, the final kit will be made available for use.

In this paper we present (a) the need analysis and (b) the results of testing of an activity on Personal Safety Rules.

Results and Discussion:

a. **Need Analysis: Identifying challenges**

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

Procedure: The assessment tool was created by our experts and was administered either directly or as a Google form in English, Kannada and Hindi in Bengaluru and Raipur.

Q.No	Question with answer options	Responses in %	
		Teachers	Parents
1	I am able to train children in personal hygiene		
	Not at all	3.1	7.5
	Partly (below 50% of desired effect)	24.6	31.2
	Mostly (more than 50% of desired effect)	55.4	37.6
	Completely able to	16.9	23.7
2	The basic challenges I face while teaching children personal hygiene		
	Insufficient tools & methods to teach the child with ID	32.3	29
	Not able to sustain sufficient attention of the child.	24.6	35.5
	I do not know the right signs or language	21.5	22.6
	I know the words, but I feel uncomfortable talking about this, so I avoid it	21.5	17.2

3	Is there a need to teach personal safety to children with special needs?		
	Yes, it is very important	95.4	85.6
	It is ok to teach	1.3	13.3
	Not a good idea as it will frighten the child	1.3	1.1
	Not a good idea as it will give the child 'ideas'	1.3	0
4.	Do children with intellectual disability/cognitive special needs have sexual thoughts or feelings?		
	No, they are simple and innocent and do not have sexual feelings	6.2	21.6
	They may have some such feelings	21.5	34.1
	Their feelings are in the normal range	60	43.2
	Such feelings are more in them.	12.3	1.1
5	I believe teaching adolescents with intellectual disability basics of reproductive health and hygiene will		
	Enhance their safety	89.2	79.5
	Frighten them unnecessarily	1.5	7.2
	Give them wrong ideas	6.2	9.6
	Encourage them to explore more	3.1	3.6
6	Talking to adolescents about sexuality will lead them to exhibit sexual behaviour		
	Strongly agree	3.1	8.8
	Agree	42.2	30
	Disagree	43.8	56.3
	Strongly disagree	10.9	5
7	What do you think about the sexual development of children with cognitive challenges (Intellectual Disability) as compared to neuro-normative children?		

	Children with ID do not have sexual needs or desires	1.5	10.4
	There is a delay in sexual development of children with ID	18.5	32.5
	There is acceleration in sexual development in children with ID	21.5	10.4
	Sexual development is the same as it is for neuro- normative children	58.5	46.8
8	According to you, the teaching of sexual safety and sexuality etiquettes is the responsibility of		
	School/institution	1.5	6.7
	Parents/caregivers	7.7	14.4
	Both 1&2	90.8	77.8
	The child him/herself	0	1.1
9	Do you think knowledge and training of teachers in sexuality education/prevention of abuse/safe and unsafe touch is important?		
	Yes, it is important	60	65.6
	It is good to know	13.8	17.8
	Somewhat needed, but parents should provide this education to the child	16.9	12.2
	Such education should be provided by doctors, not parents or teachers.	9.2	4.4
10	My thoughts on what and how much a child should know about sexual safety		
	I am confused	6.2	11.8
	It is difficult to decide	47.7	49.4
	I have some idea	33.8	28.2
	I am clear about this	12.3	10.6
11	Teaching children sexuality etiquette		
	Not able to teach anything	13.8	30.2

	Difficult to teach, taught less than 50% of desired knowledge	52.3	55.8
	Taught more than 50% of desired knowledge	26.2	11.6
	Yes, taught everything	7.7	2.3
12	Have you attended any sessions on or been informed about sexual safety and child abuse		
	No, I have not attended such sessions or read or been informed about these topics	18.5	43
	I have gathered little information but no formal input or training	41.5	28
	I have read a good amount about this but not attended any formal session	13.8	11.8
	I know enough about it, have attended formal sessions	26.2	16.1
13	Thoughts on the importance to build every child's self esteem and give them a positive body image*		
	No, there is no point in giving the child false hopes	0	2.3
	Yes, it will help the child feel good about herself/himself	89.2	80.5
	Not really, it would make no difference to the child	1.5	5.7
	May be	9.2	2.3
14	How did you as a parent/teacher/trainer equip yourself to teach and answer children's questions related to sexuality and personal safety		
	Through self-study and reading	21.5	35.5
	Through informal training from friends and family	21.5	16.1
	Through formal training/course	38.5	15.1
	Not equipped	18.5	33.8
15	Do you find difficulty in communicating with children about sexuality and safe touch? *		
	Yes, I find it difficult	15.4	45.2
	I am ok to talk about safe touch but not sexuality	33.8	22.6

	I am ok to talk about body development but not sexuality	26.2	10.8
	No, I can effectively communicate both	24.6	21.5
16	Are children with special needs at higher risk for sexual abuse than the other children?		
	I don't know	12.3	10.6
	Maybe	13.8	18.8
	In some cases	23.1	16.5
	Yes	50.8	54.1
17	Do you feel equipped to manage a difficult sexual experience and abuse to the child? *		
	Not at all	33.8	46.2
	I have some idea	33.8	44.1
	I know organizations / individuals whom I can approach for help	16.9	4.3
	I know how to access medical -legal and psychological help	10.8	5.4
18	Do you think knowledge and training of teachers in sexuality education/prevention of abuse/safe and unsafe touch is important? (Sexuality education- age appropriate instruction on issues relating to human sexuality, including human sexual anatomy, reproductive health, age of consent, emotional relationships and responsibilities.)		
	Yes it is important	60	
	It is good to know	13.8	
	Somewhat needed, but parents should provide this education to the child	16.9	
	Such education should be provided by doctors, not parents or teachers	9.2	

The findings of the need analysis reveal the following significant results which helped us identify the challenges to be met:

- 95% of teachers and 85% of parents feel that it is very important to teach personal safety; 89% of teachers and 79% of parents feel that teaching basics of reproductive health and hygiene to children will enhance the safety of children with ID
- 58% of teachers and 47% of parents agree that sexual development in children with ID is same as it is for neuro-typical children, only 1.5% of teachers and 10% of parents think that these children do not have such needs
- 91% of teachers and 78% of parents said that it is the responsibility of both parents/caregivers and school/institution to teach sexual safety and sexuality etiquette
- 74% of teachers and 83% of parents said that it is important or it is good for teachers to obtain knowledge and training in sexuality education, prevention of abuse and safe/unsafe touch.
- 32% of teachers and 29% of parents said that they have insufficient tools and methods to teach personal hygiene to children with ID
- 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
- 89% of teachers and 80% of parents said that building self-esteem and positive body image among children with ID will help children feel good about her/himself
- 51% of teachers and 54% of parents said that children with special needs are at higher risk for sexual abuse than other children
- 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 ID. Just 17% of teachers and 4% of parents know of organisations/individuals who can help. Only 11% of teachers and 5% of parents know how to seek legal and medical help in case of need.
- 50% of teachers and 68% of parents find it difficult to communicate about sexuality. Only 34% of teachers and 23% of parents are able to talk about safe unsafe touch with the children.
- 60% of teachers and 43% of parents said that the sexual feelings in children with ID are same as neurotypical children. 12% of teachers and only 1% of parents thought that these feelings are more in them.
 - 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.
 - Only 26% of teachers and 16% of parents said that they have received formal training on sexual safety and child abuse.

- On how they equipped themselves to answer questions on sexuality, 38% of teachers said they have received training, while 35% of parents did self-reading. 18% of teachers and 34% of parents felt they were not at all equipped to answer questions on sexuality or personal safety.

Based on the challenges identified through the need analysis, the following topics have been included in the Suvidha Kit as a way forward:

Contents of the Suvidha Kit:

Suvidha Kit is for use with children between the age group of 6-18yrs. The learning modules will be the same for all the children, although activities will be 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.

Module 1 My Abilities and Behaviour

- I have many qualities
- I have many abilities.
- I can help my brain develop
- I can help my body develop
- Girls and boys can do many different activities
- I neither take pride in nor feel ashamed of my body.*

Module 2 Body Image and Behaviour

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

Module 3 My Feelings

- I have many different feelings.
- When I feel angry or sad, I can tell what I am feeling angry or sad about.
- I can express anger without hitting/hurting others

- d. It is okay to tell embarrassing feelings/ secrets to people who care for me.
- e. I can make friends with people who care for me and keep me safe
- f. Romantic feelings - how can I manage them?
- g. *Expressing feelings helps me feel better*
- h. *Telling my feelings to others can me get the help I need.*

Module 4 My Body and Body Safety Rules

- a. Rules are for my safety. Like Traffic rules, rules about eating/ bathing/ playing etc
- b. I follow Personal Safety Rules
- c. I follow Personal Safety Rules with others
- d. I can be safe while using the phone/ camera/internet
- e. *People's behavior may be safe or unsafe.*

Module 5 Getting Help, Stopping the Rule Breaker

- a. I know people I can go to for help.
- b. I say No – Go away – Tell my Safe Adult if rules are broken
- c. *I can tell 'secrets' to my Safe Adult*
- d. I can tell until I get help.
- e. I share confusion/ unease/shyness about a romantic friend with my safe adult.
- f. *It is not my fault if someone troubles me.*
- g. *Safe Adults follow Personal Body Safety Rule.*
- h. *It is never too late to tell*

Further reading for a deeper understanding on sexuality and sexual abuse

(In italics - these topics will be for higher functioning children)

(b) Results and discussion of pre and post test on learning names of private parts and Personal Safety Rule on clothing

Study sample: 63 adults , including 31 parents and 32 teachers took the Pre-test.

47 adults, comprising of 34 parents & 13 teachers took the Post-Test after a period of 3 months of working with their children, in Bengaluru (pretest forms of 3 parents were not available for data analysis)

18 teachers have taken the pre-test recently and have not yet worked with their children, hence their post –test responses could not be collected.

Procedure:

The first activity on naming body parts including private parts and clothing rules was introduced to the parents and teachers through interactive sessions at 4 schools in Bangalore between April and September 2017. We reached out to more than 80 teachers and 70+ parents directly and to many more through e mails, and social media like Whatsapp. The pre-test questionnaire had a few ‘Child centric’ questions to assess the initial, baseline functioning level of the child/ children. The parents answered to questions pertaining to their child only whereas the teachers had to answer questions taking their student group as a whole into account. There were ‘Caregiver centric’ questions as well which tested the attitude and understanding of the caregiver on the relevant topic.

S. No	Questions and their answer options	Parents		Teachers	
		Pre-Test	Post-Test	Pre-Test	Post-Test
	Study sample	-31	-34	-32	-13
Q.1	Parts of the body that the child knows				
	None at all	12.9	0	0	0
	Basic - Eyes, ears, nose, hands, chest, legs	12.9	14.7	28.1	38.5
	Quite a few - Ear, nose, eyes, lips, chest, hands, stomach, legs, feet, toes, ankle, hair	19.4	20.6	65.6	61.5
	All the parts - Including private parts of the body	54.8	64.7	6.3	0
Q.2	Your child knows and has learnt to keep her/his private parts covered in front of others (for parents only)				
	Not at all	16.1	5.9	NA	NA
	Maybe, at times	12.9	5.9	NA	NA
	Most of the time	38.7	32.4	NA	NA
	At all times	32.3	55.6	NA	NA

Q.2	Your student knows and has learnt to keep her/his private parts covered in front of others (for teachers only)				
	Less than 25% of the students	NA	NA	62.5	7.7
	More than 25 - 50% of the students	NA	NA	21.9	15.4
	51-75% of the students	NA	NA	9.4	53.8
	76-100% of the students	NA	NA	6.3	23.1
Q.3	Thoughts on the importance of child knowing the names of the private parts				
a.	No, there is no point in child knowing the names of private parts	3.2	0	15.6	0
b.	Yes, it will help the child to feel free to talk about all their body parts and communicate in case of need	87.1	85.3	75	84.6
c.	Not really, it would not make any difference if the child knows the names of private parts	6.5	2.9	9.4	7.7
d.	It is not important now but will be required only when the child grows up	3.2	11.8	0	7.7
Q.4	Parts of the body that I name for the child to learn				
a.	None at all	3.2	3	0	0
b.	Basic - Eyes, ears, nose, hands, chest, legs	6.5	6.1	3.1	15.4
c.	Quite a few - Ear, nose, eyes, lips, chest, hands, stomach, legs, feet, toes, ankle, hair	35.5	27.3	71.9	84.6
d.	All the parts - Including private parts of the body	54.8	63.6	25	0
Q.5	Do you feel comfortable teaching your child the names of private parts?				
a.	I do not feel comfortable and I do not teach	6.5	6.1	3.1	0
b.	I am ok teaching names of other body parts but not private parts	12.9	21.2	31.3	15.4
c.	I am comfortable teaching names of private parts	67.7	66.7	53.1	84.6

d.	I do not feel comfortable, yet I teach names of private parts	12.9	6.1	12.5	0
Q.6	Do you feel that the child needs to keep his/her private parts covered in front of others?				
a.	Yes, always in front of others	100	93.9	81.3	100
b.	It is ok to be naked in front of close friends & family	0	3	6.3	0
c.	There is nothing wrong if she/he removes clothes in front of others, after all he/she is just a child	0	0	6.3	0
d.	There is nothing wrong if she/he removes clothes in front of others as people know that he/she is a special child	0	3	6.3	0
Q.7	How do you feel about talking and teaching your child to cover private parts?				
a.	I feel too shy. I am unable to talk and teach	3.2	2.9	3.1	0
b.	I feel hesitant. But talk about it, though not very freely	19.4	14.7	40.6	7.7
c.	I feel confident about talking and teaching freely about it	71	73.5	53.1	92.3
d.	I do not feel the need to teach all that	6.5	8.8	3.1	0
Q.8	Your thoughts on the importance of caregivers keeping their own private parts covered in front of the child				
a.	Very important. It is important to be a good role model	96.8	100	87.5	100
b.	Not so important as the child does not understand much	3.2	0	3.1	0
c.	Not so important as the child is not capable of learning by watching me	0	0	9.4	0
d.	Not at all important now as my child is too young	0	0	0	0
Q.9	Here are some statements regarding clothing and dressing. Please tick the option that applies to you. (for parents only)				

a.	I am always clothed appropriately in front of my child.	74.2	85.3	NA	NA
b.	Sometimes I am in my undergarments when my child is around	3.2	5.9	NA	NA
c.	Sometimes I change clothes when my child is around/in front of my child	19.4	5.9	NA	NA
d.	I do not maintain privacy in front of my child while toileting, bathing or changing clothes	3.2	2.9	NA	NA

Q.10. What words do you use to name these private body parts

Body Parts	Pre Test	Post test
Breast	13 responses- 4 use the word “chest”, 1 “breast”	18 responses- 3 use “breast” word, rest either “chest” or some word in mother tongue
Vagina	5 responses-2 use susu word or susu place	9 responses- 1 “Vagina”,. 6 use “susu/ susu place”, rest use some word in mother tongue
Penis	8 responses,1 penis, 1 susu, rest use some word in mother tongue	16 responses, 4 use “penis” word, rest use either “susu place” or some word in mother tongue
Bottoms	14 responses-5 butt/bums, rest use some colloquial term	18 responses- 13 use “butt/ bums”, the rest use words in mother tongue

Inference:

Disclaimer: Number of teachers taking the post-test was only 13, while 32 took the pre-test. Hence a valid comparison between these cannot be made. It is however done to indicate a possible trend. We await post- test from more teachers to derive rigorous inferences.

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 shows a marked increase in awareness among the adults towards the topic and improvement in the child’s learning.

- Number of children who knew all the body parts names, including private parts increased by 10% from 55% to 65% after the activity.
- Before the activity, only 32% of parents said their child had learnt to keep the private parts covered in public at all times. This increased to 56% 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, and merely 6% said that 76-100% of their students kept the private parts covered in public. These increased to 54% and 23% of teachers respectively after the activity
- On the importance of the child knowing the names of the private parts as it will help the child talk about those parts and communicate freely in case of need, teachers showed a greater change in attitude. Percentage of teachers agreeing with this statement increased by 10% from 75% to 85%. Parents showed a minor fall from 87 to 85%. None of the teacher's responded in the post test that, it is not important and knowing names of private parts will make them curious and use them inappropriately, a decrease from 15.6% to 0%. 0% parents thought that knowing private parts names is not important.
- Percentage of parents naming and teaching names of all body parts including private parts increased by 9% from 55% to 64% after the activity. 8.2% of the parents who were teaching only the other body parts names, started teaching private parts names as well. However, for some reason, percentage of teachers teaching names of private parts fell from 25% to 0%! This observation requires further investigation.
- About being comfortable teaching names of private parts, the responses of teachers increased from 53% to 92% after the activity. Initially 12.5 % teachers had reported not feeling comfortable teaching private parts names, in the post test none of the teachers said that. Parents showed a minor increase from 71% to 74% .
- Parental behavioural change regarding being always clothed appropriately in front of the child. Percentage of parents following this rule increased from 74 % to 85%. Around 3% of parents continued to not maintain privacy in front of child though 100% parents believed that it is very important for all the caregivers to be appropriately clothed in front of children in the post test.
- Teachers too realized the importance of being positive role models in this regard with the percentage shifting from 87% to 100% .

In spite of a smaller Post -test response group, a marked change in the results have been recorded. The responses of teachers on children knowing the names of body parts including private parts showed reduction. This could be attributed to a smaller post test response group. Also the teaching duration was small due to vacations. The parents' post test data shows more children knowing the names of the genitals

IV. Conclusion and Way Forward

The results of pre-test and post- test on the activity tested are encouraging. They show a positive change in knowledge of children and attitude and behaviour of parents and teachers. We are therefore proceeding with testing other activities. It appears that Personal safety and Sexuality Etiquettes can be taught in a school setting. Parents can reinforce the learning at home for neuro-atypical children.

The expected outcome and present status of the Suvidha Kit is as follows:

- A. A complete teaching learning kit with
 1. Preparatory reading material for caregivers to help them understand the development of sexuality in children, basic information on reproductive health, awareness of child sexual abuse and how to recognize, resist and report perpetrators of sexual abuse, POCSO Act 2012 and their socio-legal responsibilities. (completed)
 2. Facilitation manual for caregivers complete with activities, role plays that they can use to teach the two age groups of children. (in progress)
 3. Supportive material like games/ puppets/ puzzles/ charts/ picture book and other appropriate material that can be used by the caregiver to help the children with cognitive special needs learn the concepts. (in progress)
- B. 20 Personal Safety and Sexuality Educators for Children with Intellectual Disability. These educators will be well versed in using the Suvidha Kit (Teachers working with us in the pre-test and post-test will be trained further to receive the certificate)

Impact: The Suvidha kit could be included in the curriculum of schools offering inclusive education as the activities can be done with both neuro-typical and neuro-atypical children. By imparting this education to the children, the teachers, parents and caregivers will learn how to teach any child personal safety and responsible sexuality. They will be able to talk to other children in their family/ care. This will be an added benefit.

The 20 Personal Safety and Sexuality Educators for Children with Intellectual Disability will be able to train or guide other staff in their institution or elsewhere, as well as support parents in using the Suvidha Kit. These educators could spread the word about the kit to institutions in different cities and towns in India.

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