



**International conference on Inclusive Education
at Tata Institute of Social Sciences- Mumbai
Organised by TISS and Brotherhood (Delhi)
Jan 22-24Th 2018**

Theme: Inclusive Curriculum



**Creating Material for Inclusive Education in Personal Safety
and Sexuality Etiquette -
Focus on Children with Intellectual Developmental Delay**

Authors: Dr Sangeeta Saksena, Ms Renu Singh- Enfold Proactive Health Trust

Abstract

Key words: Intellectual developmental delay (IDD), 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. However, due to social taboos, Indian parents and teachers lack skills and culturally appropriate teaching materials on these subjects.

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

Methodology: A need analysis was done among parents and teachers of children with IDD. Existing teaching materials was studied. A tool kit based on core messages of Enfold's curriculum on sexuality and safety (used to reach 1.46 lakh neuro-typical children) is now under development in collaboration with experts.

Activities follow the Structured Teaching Approach. Reproductive care is presented through scientific, simple, explicit illustrations. Tactile diagrams, audio files make the kit more inclusive.

Results: Only 34% of teachers and 23% of parents surveyed talked about safe/unsafe touch.

Testing of activity:

31 parents - children learning to keep private parts covered in public at all times increased from 32% to 56%.

32 teachers- ease with naming private parts increased from 53% to 92%.

Testing of reproductive care activities is ongoing.

Conclusion: Field test results are encouraging. After relevant changes, Suvidha Kit will be made available for use.

FULL PAPER

Rationale

The National Crime Records Bureau reports show a steady rise in incidents of offences against children. According to the report on crimes in India, 106,958 cases of crimes against children were recorded in 2016. Of these, 36,022 cases were recorded under Protection of Children from Sexual Offences Act.

In a study on Child Abuse: India 2007¹, 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
- 50% abuses are persons known to the child

A study by Tharinger, Horton and Millea² (1990) found that children and adults with intellectual disabilities are particularly vulnerable to sexual abuse. Sullivan and Knutson³ (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.

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)⁴

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)⁵.

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 safety⁶.

(I) The Need for Inclusive Education in Personal Safety and Sexuality Etiquette

A WHO and UNFPA document- Promoting Sexual and Reproductive Health for People with Disabilities⁷ says, “Like everyone else, persons with disabilities have 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.”

Disabilities, especially intellectual disability, increases the likelihood of sexual abuse due to several factors including the unique features of the disability itself.

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 a dearth of indigenously developed culturally appropriate educational material on sexuality and safety education for these children in India.

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.

Aim:

Our aim is 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.

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 took up the challenge to address the need of helping neuro- atypical children learn personal safety and sexuality etiquette in non- inclusive as well as inclusive settings.

Objectives:

- A. Develop an Inclusive Kit, 'Suvudha' to help caregivers, teachers and trainers to:
 - 1. Develop comfort with the topic of sexuality
 - 2. Understand sexual development in children
 - 3. Understand child sexual abuse and learn strategies for prevention and management of the same
 - 4. Help children learn Personal Safety Rules and Personal Safety Guide
 - 5. Help adolescents learn basics of reproductive health and sexuality etiquette
- B. Train 20 Personal Safety and Sexuality Educators for Children with Intellectual Disability.

(II) Methodology

To develop the Suvridha Kit , a need analysis was done among parents and teachers of children with IDD. It helped us identify areas which required more emphasis. Existing material was researched, and methodologies used to help children with IDD learn concepts and skills were identified. Based on the need analysis, simple basic concepts from our existing curriculum were used to develop learning modules, each module consisting of important core messages for which activities were designed and developed as prototypes. Opinion of Experts working in this area was sought and incorporated.

The prototypes for various activities are being tested through caregivers and teachers. After testing and relevant modification, the final kit will be made available for use.

In this paper we present

(a) The need analysis

(b) The results of testing of activities on Personal Safety Rules, sexuality etiquettes and reproductive care

(c) 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 Experts 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:

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	4.3
	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?		
	Yes it is important	60	NA
	It is good to know	13.8	NA
	Somewhat needed, but parents should provide this education to the child	16.9	NA
	Such education should be provided by doctors, not parents or teachers	9.2	NA

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 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 following topics have been included in the Savidha Kit:

Contents of the Savidha Kit:

Savidha 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.

The Kit contains

1. A Caregivers Manual with
 - a. Concepts and information pertaining to the activities that need to be done with children.
 - b. **Further reading material and references**
2. A Tool Kit with
 - a. Teaching-learning materials for use with children and adolescents,
 - b. Activity guide for each set of activities.

The concepts and activities cover the following topics:

Module 1 My Abilities and Behaviour

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

Module 2 Body Image and Behaviour

- a. I know the parts of my body
- b. I keep my body clean
- c. Body changes as it grows older.
- d. *My behaviour is more important than how my body looks.*

Module 3 My Feelings

- a. I have many different feelings.
- b. Expressing different feelings
- c. Romantic feelings - how can I manage them?
- d. *Telling my feelings to others can get me the help I need.*

Module 4 My Body and Body Safety Rules

- a. Rules are for my safety.
- b. I follow Personal Safety Rules
- c. I can be safe while using the phone/ camera/internet
- d. *People's behavior may be safe or unsafe.*

Module 5 Getting Help, Stopping the Rule Breaker

- a. I say No – Go away – Tell
 - b. *It is not my fault if someone troubles me.*
 - c. *Safe Adults follow Personal Body Safety Rule.*
 - d. *It is never too late to tell*
- (In italics - these topics will be for higher functioning children)*

Developing the Suvidha Kit

A comprehensive research was done of existing material. 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 for school students from grade 1 to 12. This curriculum has been used since 2001 and has evolved to cater to the changing needs of the target audience. It 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, served as the most important source 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 care of self.

Some images used in the preliminary field test kit are downloads which have been modified and adapted to suit our needs. All images will be drawn afresh for specific use in the final Suvidha Kit. The Kit for use by children with visual impairment will have suitable images and text in Braille. Some tools will contain audio files for use by children with auditory impairment

The materials are being designed to make them socially and culturally appropriate to Indian society. We aim to have the Caregiver's Manual translated in Hindi and other vernacular languages.

(b) Results and discussion of Pre and Post- test on learning names of private parts and Personal Safety Rule on 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 to questions pertaining to their child only whereas the teachers had to answer questions taking their student group as a whole into account.

Study sample:

69 adults in Bangalore - 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.

S. No	Questions and their answer options	Parents		Teachers	
		Pre-Test	Post-Test	Pre-Test	Post-Test
	Study sample	37	34	32	27
Q.1	Parts of the body that the child/students know				
	None at all	10.8	0	0	0
	Basic - Eyes, ears, nose, hands, chest, legs	13.5	14.7	28.1	29.6
	Quite a few -	21.6	20.6	65.6	51.9
	All the parts - Including private parts of the body	54.1	64.7	6.3	18.5
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	16.2	5.9	NA	NA
	Maybe, at times	16.2	5.9	NA	NA
	Most of the time	37.8	32.4	NA	NA
	At all times	29.7	55.6	NA	NA

Q.3	Your students know and has learnt to keep their private parts covered in front of others (for teachers only)				
	Less than 25% of the students	NA	NA	62.5	25.9
	More than 25 - 50% of the students	NA	NA	21.9	25.9
	51-75% of the students	NA	NA	9.4	37
	76-100% of the students	NA	NA	6.3	11.1
Q.4	Thoughts on the importance of child/students knowing the names of the private parts				
a.	No, there is no point in child knowing the names of private parts	2.7	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	86.5	85.3	75	92.6
c.	Not really, it would not make any difference if the child knows the names of private parts	5.4	2.9	9.4	3.7
Q.5	Do you feel comfortable teaching your child/students the names of private parts?				
a.	I do not feel comfortable and I do not teach	5.4	6.1	3.1	0
b.	I am ok teaching names of other body parts but not private parts	10.8	21.2	31.3	25.9
c.	I am comfortable teaching names of private parts	70.3	66.7	53.1	74.1
d.	I do not feel comfortable, yet I teach names of private parts	13.5	6.1	12.5	0
Q.6	Do you feel that the child/student needs to keep his/her private parts covered in front of others?				
a.	Yes, always in front of others	94.6	93.9	81.3	88.9
b.	It is ok to be naked in front of close friends & family	5.4	3	6.3	11.1

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/students to cover private parts?				
a.	I feel too shy. I am unable to talk and teach	2.7	2.9	3.1	4.4
b.	I feel hesitant. But talk about it, though not very freely	21.6	14.7	40.6	22.2
c.	I feel confident about talking and teaching freely about it	70.3	73.5	53.1	70.4
d.	I do not feel the need to teach all that	5.4	8.8	3.1	3.0
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	97.3	100	87.5	96.3
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.	70.3	85.3	NA	NA
b.	Sometimes I am in my undergarments when my child is around	2.7	5.9	NA	NA
c.	Sometimes I change clothes when my child is around/in front of my child	24.3	5.9	NA	NA

d.	I do not maintain privacy in front of my child while toileting, bathing or changing clothes	2.7	2.9	NA	NA
----	---	-----	-----	----	----

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 shows a marked increase in awareness among the adults and improvement in the child’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 55.6% 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, this increased to 37% after the activity
- 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 85.3%. Around 5.9% of parents continued to not maintain privacy in front of child though there was a marked reduction from the initial 24.3%

Parent's Pre test on Personal Safety Rules - Touching Rules

Field testing of this was initiated in December 2017, with 19 parents (all mothers) with children in the age group of 10-17 years, through a 2.5 hour workshop. The post- test data will be collected in March 2018. Pre-tests for these modules are also being conducted at two special needs schools in Bangalore.

Pre-test results:

S.No	Questions and their answer options	Pre-Test (Responses in %)
	Study sample	19 Parents
Q.1	Does the child touch her/his private body parts to scratch, in front of others?	
	Never	5.3
	Rarely	26.3
	Occasionally	57.9
	Frequently	10.5
Q.2	Does the child touch her/his private body parts to play/ stimulate, in front of others?	
	Never	42.1

	rarely	42.1
	occasionally	10.5
	Frequently	5.3
Q.3	Does the child touch others' private parts (breast, pubic area, thighs) intentionally? If yes, mention the body part	
	Never	89.5
	rarely	10.5
	occasionally	0
	frequently	0
Q.5	Does the child respond by saying "No" or pushes away anybody who touches her/his private parts?	
	Never	5.3
	Can't say, have not observed	63.2
	Sometimes yes, sometimes no	10.5
	Always	5.3
Q.6	Does the child label or point to the specific room when asked ?	(responses in number of parents)
a.	Toilet - Yes, 25% of the time	3
	- Yes, 50% of the time	3
	- Yes, 75% of the time	2
	- Yes, more than 75% of the time	7
b.	Bedroom- Yes, 25% of the time	1
	-Yes, 50% of the time	2
	-Yes, 75% of the time	1
	- Yes, more than 75% of the time	7

Q.7	Does the child label or point to the picture when shown ?	
a.	Toilet - Yes, 25% of the time	2
	-Yes, 50% of the time	2
	-Yes, 75% of the time	2
	-Yes, more than 75% of the time	5
b.	Bedroom- Yes, 25% of the time	2
	-Yes, 50% of the time	2
	-Yes, 70% of the time	1
	-Yes, more than 75% of the time	6

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

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

	labels but need prompts	18.2
	labels all independently	27.3
Q.3	The child labels verbally on a given picture the private parts of the body, when asked	
	none	18.2
	labels but need prompts	18.2
	labels all independently	18.2
	label only a few independently	45.5
Q.4	Does the child touch private parts/ masturbate intentionally in public?	
	yes only in private	36.4
	Both in private & public	36.4
	Never	27.3
	Can't say	0
Q.5	How frequently does the child touch private parts/ masturbate intentionally in public?	
	Never	36.4
	Occasionally	36.4
	Rarely	27.3
	Frequently	0
Q.6	Does the child communicate to you if he has any night falls/emissions? (boys only)	
	No	27.3
	Sometimes	0

	Yes, always	0
	NA	82.7
Q.7	Does the child ask for help or changes the sheets himself if they have been soiled by semen? (boys only)	
	Sometimes	9.1
	No	18.2
	Always	0
	NA	82.7
Q.8	Is the child able to manage himself if he has an erection in public ? (boys only)	
	No, seems unaware	18.2
	Can't say	36.4
	NA	45.5
	Yes. Hides it	0
	Yes, moves away to a private place	0
Q.9	Is the child able to maintain proper personal hygiene (cleaning the genitals)?	
	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	Does the child change her/his undergarments and clothes if they have been soiled?	
	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	Is there an open communication between you & your child regarding sexuality and its management?	
	No, I find it difficult	10
	Sometimes yes sometimes no	70
	Yes, always	20
	No, there is no need	0

(c) Feedback and Testimonials

Chief Co-ordinator of 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.”

Parent’s testimonials:

Parent 1 -*The Suvidha Kit is one of a kind aid **and in my opinion not just for special needs children also for all the kids** . It is high time that kids should be made aware to avoid abuse.*

Parent 2 : *The materials are very useful for my 16 year old 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 3: *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 4 (also a special educator): *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- This is a very useful kit to start with. It is **simple yet very in-depth and effectively answers all the needs.**

Parent 6 : 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.

(III) Conclusion

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. We are therefore proceeding with testing other activities. 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. We will begin testing the use of The Suvidha Kit in inclusive schools in 2018-19.

Teachers currently testing the Kit will be trained further as 20 Personal Safety and Sexuality Educators for Children with Intellectual Disability. They 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.

(IV) Bibliography

1. Study on Child Abuse India 2007 by Govt of India, Min of Women and Child Development, UNICEF and Prayas, 2007
2. Tharinger D, Horton CB, Millea S. (1990). Sexual abuse and exploitation of children and adults with mental retardation and other handicaps. *Journal of Child Abuse and Neglect*. 14(3), 301-312
3. Sullivan, Patricia and M, Knutson, John F. (October 2000). Maltreatment and disabilities: a population-based epidemiological study. *Journal of Child Abuse and Neglect*. 24(10), 1257-1273
4. Smith, N., Harrell, S. et. al (2013) Sexual Abuse of Children with Disabilities: A National Snapshot. US: Vera Institute of Justice: Centre on Victimization and Safety. [Online]
5. KAUFMAN, M, SILVERBERG, C and ODETTE, F (Eds). 2003. The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain and Illness. (Powell's Books. San Francisco)
6. TARSHI. (2010). Sexuality and Disability in the Indian Context – working paper
7. WHO/UNFPA. 2009. Promoting Sexual and Reproductive Health for People with Disabilities