NIA FOUNDATION

Nia Foundation
Joy Center for Autism

SEXUAL AND REPRODUCTIVE HEALTH RESOURCE MANUAL

For Professionals Working with Adolescents and Youth with ASD & Related Disorders

December, 2025.

ADDIS ABABA ETHIOPIA

Contents

Acronyms

AAC: Allow Augmentative/Alternative Communication

GBV: Gender-based Violence

SOPs: Standard Operating Procedures

CP: Child Protection

CPIMS: Child Protection Information Management System

SPSEA: Strengthening Prevention of Sexual Exploitation and Abuse.

PECS: Picture Exchange Communication System

ASD: Autism Spectrum Disorder

CDC: Centers for Disease Control and Prevention

WHO: World Health Organization

GI: Gastrointestinal

GPAPDD: Global Prevalence of Autism and Other Pervasive Developmental Disorders

U.S: United States.

UNCRPD: United Nations Conventions of Rights of Persons with Disability.

CRPD: Conventions of Rights of Persons with Disability.

CEDAW): Conventions on the Elimination of All Forms of Discrimination Against Women.

CRC: Convention on the Rights of the Child.

PSEA: Prevention of Sexual Exploitation and Abuse.

DEDICATION

To Zemi Yenus! "A Voice for Voiceless"

*This Resource Manual is wholeheartedly dedicated to **Zemi Yenus**, a name synonymous with unwavering dedication, profound compassion, and tireless advocacy for individuals with autism in Ethiopia. Her lifelong service and pioneering spirit have not only illuminated the path for countless families but have also laid the very foundation upon which autism care and rehabilitation in this nation continue to grow.*

Before Zemi Yenus, autism was a whisper in the shadows, often misunderstood, misdiagnosed, or simply ignored in Ethiopia. With courage and conviction, she stepped forward, transforming that whisper into a resounding voice of awareness and action. From establishing Ethiopia's first dedicated center for children with autism to tirelessly campaigning for recognition and resources, Zemi has been a singular force for change. Her relentless pursuit of knowledge, coupled with her deep empathy for every child and family she has encountered, has created a legacy that transcends mere service; it is a testament to the power of one individual to ignite a social movement.

This manual, born from the collective desire to empower families and communities, stands as a direct extension of Zemi's vision. It embodies the principles she has championed: early intervention, individualized care, community integration, and the unwavering belief in the potential of every person on the autism spectrum. Each page, each guideline, and each suggested activity within this manual is infused with the spirit of her pioneering work, the understanding that with the right support, love, and guidance, individuals with autism can lead fulfilling and meaningful lives within their own homes and communities.

Zemi Yenus is more than an advocate; she is a mother, a mentor, and an enduring source of inspiration. Her journey has been marked by challenges, but her resolve has never wavered. She has taught us the importance of patience, the strength of persistence, and the profound impact of unconditional love. It is through her lens that we have come to understand that caring for individuals with autism is not just about therapy and rehabilitation; it is about fostering acceptance, building bridges of understanding, and celebrating the unique brilliance that each person brings to the world.

As you navigate the pages of this manual, may you feel the echoes of Zemi's profound commitment May her pioneering spirit empower you; her unwavering hope uplift you, and her boundless love for children with autism guide your every effort. This manual is a humbly dedicated to her monumental achievements and a promise to continue her vital work, ensuring that every individual with autism in Ethiopia receives the care, understanding, and opportunity they so rightfully deserve. Thank you, Zemi Yenus, for everything.

Acknowledgements

The development of this manual has been a collaborative effort, made possible by the dedication, expertise, and support of many individuals and organizations. Nia Foundation extends its heartfelt gratitude to the ***dedicated professionals and caregivers,*** your tireless efforts, compassion, and insights into the daily lives and needs of those you serve have been invaluable in shaping the practical content and strategies within this manual.

Content reviewers and subject matter experts; whose meticulous review and constructive feedback ensured the accuracy, cultural relevance, and effectiveness of the information presented. We also appreciate our **partners and collaborators,** for their continuous support, intellectual contributions, and commitment to advancing sexual and reproductive health education for vulnerable populations.

Our donors and funding agencies; whose generous financial support from **David and Lucile Packard Foundation**, ***Gidabo Policy Center***, the ***Ministry of Health*** made the research, development, and publication of this manual possible. Your belief in our mission is deeply appreciated.

Last but not least, the entire Nia Foundation team; for the hard work, commitment, and countless hours dedicated to bringing this vital resource to finalization. We believe this manual will serve as a powerful tool to empower individuals with ASD and intellectual needs, their families, and the professionals who support them.

Message from the Head, Rehabilitation and Specialty Services.

Ministry of Health

As the Head of the Specialty and Rehabilitation Desk at the Ministry of Health, I am honored to introduce the Sexual and Reproductive Health (SRH) Resource Manual for Professionals Working with Autism Spectrum Disorder (ASD). This manual is a landmark achievement in our national effort to ensure that health services are truly inclusive and leave no one behind. Historically, the SRH needs of neurodivergent individuals have been overlooked due to cultural taboos and a lack of clinical guidelines. By launching this manual, the Ministry of Health is providing our healthcare workforce with a standardized, evidence-based tool to address the physical, emotional, and social development of adolescents and young adults on the spectrum, ensuring their rights to health and bodily autonomy are protected.

The integration of these specialized SRH guidelines into our broader rehabilitation framework marks a significant step toward achieving Universal Health Coverage in Ethiopia. We recognize that professionals in the field including therapists, clinicians, and educators require specific communication strategies and sensory-friendly approaches to deliver effective SRH education and care. This resource manual bridges that gap, offering practical checklists and rights-based interventions that can be applied across various health service outlets. We extend our deep gratitude to the Nia Foundation for their technical leadership and to all stakeholders who contributed to this vital work. We call upon all health institutions and regional bureaus to adopt this manual as the gold standard for providing dignified, accessible, and inclusive sexual health services for all.

Message from the Director of the Board of Directors

It is with immense pride and profound hope that I present this manual on Sexual and Reproductive Health (SRH) education for individuals with ASD. And additional significant intellectual needs. As the Director of the Board of Directors for Nia Foundation, I have witnessed firsthand the critical importance of holistic development for every individual, regardless of their challenges.

For too long, the sexual and reproductive health needs of persons with disabilities, particularly those with ASD and intellectual needs, have been overlooked or addressed inadequately. This oversight has not only denied them a fundamental human right, the right to knowledge about their bodies and sexuality but has also left them vulnerable to exploitation and misunderstanding.

This manual represents a significant step forward in addressing this gap. It is a testament to Nia Foundation's commitment to advocating for the dignity, safety, and self-determination of every person we serve. It embodies our belief that with the right tools, understanding, and support, individuals with ASD can achieve greater independence, make informed choices, and lead fulfilling lives.

I commend the dedication of our Executive Director, the tireless efforts of our staff, and the invaluable contributions of experts and families who have poured their hearts and minds into this vital resource. May this manual serve as a beacon of guidance, fostering a more inclusive and understanding society where the SRH rights of all are respected and up held.

Sincerely,

Mrs. Sara Hassen
Director,
Board of Directors Nia Foundation

Message from the Executive Director, Nia Foundation.

It is with great pleasure and a deep sense of responsibility that I introduce this comprehensive manual on Sexual and Reproductive Health (SRH) education, specifically tailored for children and young adults with ASD and additional intellectual needs. At Nia Foundation, Joy Center for Autism our mission is rooted in the belief that every individual deserves the opportunity to live a life of dignity, self-respect, and well-being. This includes the fundamental right to understand their own bodies, navigate social relationships, and make informed choices about their sexual and reproductive health.

The journey of developing this manual has highlighted the pressing need for accessible, sensitive, and effective SRH resources for this often-underserved population. We recognize that discussions around sexuality can be complex for anyone, and even more so for individuals with communication differences, social understanding challenges, and unique sensory processing needs. This manual addresses these complexities head-on, providing practical strategies, visual aids, and a flexible framework designed to meet diverse learning styles.

Our commitment extends beyond just providing information; we aim to foster an environment where individuals with ASD feel safe, understood, and empowered to develop positive self-identity and make responsible decisions. We believe that by equipping parents, caregivers, and professionals with the right tools and knowledge, we can collectively safeguard individuals with ASD from potential risks, promote healthy behaviors, and enhance their overall quality of life.

I extend my sincere gratitude to the experts, the families, and the dedicated team at Nia Foundation whose passion and tireless efforts have brought this manual to fruition. It is our hope that this resource will be a cornerstone in promoting comprehensive SRH education across Ethiopia and beyond, leading to more inclusive practices and brighter futures for all.

With heartfelt dedication,

Elleni Damtew Asfaw

Executive Director

Message from the Program Director, Nia Foundation.

I am proud as Nia Foundation Program Department we are able to release SRH Resource Manual for Professionals Working persons with Autism Spectrum Disorder (ASD). For too long, the sexual and reproductive health (SRH) needs and rights of neuro-divergent adolescents and young adults in Ethiopia have been overshadowed by stigma and a lack of specialized guidance. This manual serves as a definitive roadmap for healthcare providers, educators, and social workers and many other professionals in the sector to deliver inclusive, rights-based, and autism-friendly SRH services through tailoring information on physical development, consent, and healthy relationships to the unique sensory and communication profiles of those on the spectrum, it is my optimistic hope that practicing this manual will gradually but surely will dismantle the barriers that have historically left this community vulnerable.

Our mission has always been to bring children out of the "dark rooms" and into the light of full social participation, and this manual is a vital extension of that vision. It provides professionals with evidence-based strategies to address the complex intersections of puberty and neurodiversity, ensuring that every individual regardless of their developmental path has the autonomy and knowledge to manage their reproductive health with dignity. I want to extend my sincere gratitude to all our partners and the technical experts who helped adapt these phenomenal resource standards into a locally relevant context throughout the process. Recalling the immense and pioneering contribution from the inception and conceptualizing of the issue by late Zemi Yenus, and the gratitude further goes to Mr. Ermias Mekonnen and Henok Hailu their effort was immense this valuable document today. Together, we will build more inclusive Ethiopia where the health rights of persons with autism are no longer an afterthought, but a priority.

Regards

Mengistu Wolde Mekuria

Program Director

Chapter One: Introduction

1. Background of Nia Foundation

Nia Foundation is an Ethiopian non-governmental, non-profit organization established with a steadfast commitment to improving the lives of individuals with ASD and other developmental disabilities. Founded on the principle that every person, regardless of their cognitive or physical challenges, possesses inherent worth and deserves access to quality education, healthcare, and opportunities for social integration, Nia Foundation has become a leading voice and service provider in Ethiopia.

Since its inception, Nia Foundation has worked tirelessly to raise awareness about ASD, debunk myths, and reduce stigma surrounding neurodevelopmental differences. We operate various programs, including specialized educational services, therapeutic interventions, family support initiatives, and advocacy for policy changes that promote inclusivity and protect the rights of persons with disabilities. Our approach is holistic, person-centered, and culturally sensitive, striving to empower individuals with ASD to reach their fullest potential and participate meaningfully in their communities.

Recognizing the critical gaps in comprehensive support systems, Nia Foundation identified the urgent need for tailored sexual and reproductive health education for individuals with ASD and significant intellectual needs. This manual is a direct response to that identified need, building upon our foundational work and extending our commitment to addressing all facets of well-being for the populations we serve. Through this resource, Nia Foundation continues its mission to foster a society where individuals with ASD are understood, respected, and fully supported in all aspects of their lives.

1.1. Global, and Ethiopian Context; Prevalence and Co-occurrence with Intellectual Disability

1.1.1. Global Context:

The global prevalence of AS has seen a significant increase in recent years. While estimates vary, the Centers for Disease Control and Prevention (CDC) in the United States indicates that ASD affects approximately 1 in 36 children aged 8 years. Globally, about 1 in every 160 persons is estimated to live with ASD, contributing to a substantial burden of disability. A significant proportion of individuals with ASD also have co-occurring intellectual disability, with estimates often ranging from 50-80% in various international studies, depending on the diagnostic criteria and population studied.

Individuals with disabilities, including those with ASD and intellectual disabilities, are disproportionately vulnerable to all forms of violence, abuse, neglect, and exploitation. Research consistently shows that they are at a significantly higher risk compared to their non-disabled peers. This heightened vulnerability is often due to factors such as communication difficulties (making it hard to report abuse), social naiveté, dependence on caregivers, limited access to information, and societal misconceptions about their sexuality. Women and girls with disabilities, in particular, face even higher rates of intimate partner violence and are more likely to be subjected to involuntary sterilization. Globally, there is a growing recognition of the right of persons with disabilities to sexual and reproductive health information and services, as enshrined in the UN Convention on the Rights of Persons with Disabilities.

1.1.2. African Context:

Information on the prevalence of ASD in Africa is scarce and often underestimated due to limited research, lack of awareness, late diagnosis, and inadequate diagnostic tools. Earlier perceptions that ASD was primarily a concern of high-income countries have been dispelled, with growing evidence suggesting its universality. A systematic review of studies in African communities revealed an overall prevalence rate of approximately 1%. However, many children with ASD in Africa are diagnosed much later than their counterparts in high-income countries, often in late childhood or adolescence. Studies indicate a high burden of non-verbal ASD cases (50 -71%) and

over 60% comorbidity with intellectual disability among African children with ASD, suggesting that often only the more severe cases are identified. This late diagnosis and high comorbidity underscore the critical need for early identification and tailored interventions.

In Sub-Saharan Africa, individuals with disabilities face additional layers of vulnerability due to poverty, lack of accessible services, stigma, and discrimination. Women with disabilities experience higher rates of disability and face increased risks of violence. The limited availability of protection services and insufficient financial resources can exacerbate their reliance on others, further increasing their vulnerability. Access to health services, including SRH, is often hampered by distance, cost, and the scarcity of trained personnel. Many African studies highlight a severe lack of knowledge and awareness about autism and other developmental disabilities, contributing to inadequate care and increased vulnerability.

1.1.3. Ethiopian Context:

In Ethiopia, as in many low-income countries, official documentation and epidemiological studies on the prevalence of ASD are severely lacking. Despite this, ASD is increasingly recognized as an unaddressed public health concern, evidenced by overcrowding and lengthy waiting lists at the few existing autism centers, predominantly in Addis Ababa. Studies examining the perspectives of Ethiopian parents of children with autism consistently highlight a severe shortage of diagnostic, healthcare, educational, and rehabilitation services, which are largely confined to the capital city.

Despite the efforts exerted to increase the Autism awareness there still a significant gap on awareness, knowledge on ASD among the general public, educational, and health sectors. An estimated 75% of autistic cases in Ethiopia are believed to have accompanying intellectual disability. Furthermore, stigma and misconceptions about developmental disabilities are pervasive, leading to social isolation for children with ASD and their caregivers, and sometimes even harmful practices such as chaining, reportedly for the child's protection in the absence of other support. Late Zemi Yenus, the founder of Nia Foundation's Joy Center for Autism, established the center in 2003 precisely because no school would accept her own autistic son, illustrating the profound lack of services at the time.

In Ethiopia, children and Adolescent youth with ASD experience significant marginalization, distress, and practical challenges, impacting their ability to claim their rights. While precise data on the abuse of children with ASD is scarce, general studies on people with disabilities in Ethiopia show that they are highly vulnerable to violence. A study in rural districts of Southern Ethiopia found a total prevalence of any form of violence within the last year to be 61.2 % for people with disabilities, with being female, having no formal education, and strong reliance on others being significant risk factors for sexual violence. Misconceptions about ASD and related developmental disorders, coupled with stigma, often lead to social isolation and a lack of proper care.

Access to SRH services and education for young people with disabilities in Ethiopia is notably poor. A study in Addis Ababa found that only 26.1% of young people with disabilities had ever utilized SRH services, despite a higher percentage having heard about them and this fact is even worsened with ASD. Major barriers include inconvenient health institutions, negative attitudes and poor handling by service providers (who often lack disability awareness or sign language skills), parental disapproval, and a general lack of information on available services.

Societal views often regard individuals with intellectual disabilities as non-sexual, denying them access to appropriate sex education and opportunities for sexual exploration. This denial places adolescent girls and young women with disabilities at increased risk for unwanted pregnancies and sexually transmitted infections, including HIV/AIDS. Despite national strategies and international conventions recognizing the need to address the SRH of adolescents and youth with disabilities, significant gaps remain in implementation.

These contextual realities underscore the urgent need for comprehensive, culturally appropriate, and accessible Sexual and Reproductive Health education for individuals with ASD and additional intellectual needs in Ethiopia in light of these demands that Nia Foundation developed this Resource Manual.

1.2. Purpose of the Manual

This manual is designed for professionals working with children diagnosed with ASD and children with additional significant intellectual needs. It also serves as a valuable resource for parents and those providing care to young adults with ASD in healthcare institutions. Its core aim is to promote

positive and pro-social adaptive behaviors, maximize integration, increase self-understanding, self-esteem, and self-determination, and replace inappropriate behaviors with more pro-social alternatives that serve the same function.

- It's understood that **parents should be the primary source of Sexual and Reproductive Health (SRH) education** for their children, and that this education should align with the family's values and beliefs.
- More important than any specific teaching method is developing a deep **understanding of ASD and related disorders**. This involves comprehending the individual and unique world of a child with ASD and learning to see the outside world from their perspective. This empathetic approach is crucial for creative, effective, and successful teaching and service delivery.
- Working with children with ASD and related disorders demands **flexibility from professionals**. This means adapting teaching and service delivery methods varying approaches, modes, and timing and being able to change strategies based on the child's individual needs, mood, or even the time of day.

International human rights documents affirm that ***all people have the right to receive knowledge about sexuality in an understandable way***. They have the right to choose a partner, marry and have children, love and be loved, receive information related to sexuality and SRH education, obtain the highest standard of available healthcare, express their sexuality in socially appropriate ways, and pursue a satisfying, safe, and pleasurable sexual life. They also have the right to be provided with opportunities for socializing and sexual expression. The United Nations Convention on the Rights of Persons with Disabilities UNCRPD.

1.2.1. Overall Goal

To empower individuals with ASD and additional significant intellectual needs to understand and manage their sexual and reproductive health, fostering positive behaviors, self-determination, and social integration throughout their lives.

1.2.2. Objectives

- To provide professionals and parents with comprehensive knowledge and practical strategies for delivering age-appropriate and individualized SRH education to children and young adults with ASD.
- To equip individuals with ASD with the understanding of their bodies, reproductive organs, and the changes associated with puberty.
- To help individuals with ASD develop essential communication, social, and safety skills related to sexual and reproductive health.
- To promote the development of self-awareness, self-esteem, and self-determination in individuals with ASD concerning their sexuality.
- To facilitate the replacement of inappropriate behaviors with pro-social alternatives that serve the same function, particularly in the context of sexual expression and relationships.
- To ensure that SRH education for individuals with ASD is delivered in a manner that respects their human rights, promotes their well-being, and reduces their vulnerability to abuse and exploitation.

1.2.3. Expected Outcomes

- Professionals and parents will demonstrate increased confidence and competence in delivering SRH education tailored to the specific needs of individuals with ASD.
- Individuals with ASD will exhibit improved understanding and accurate labeling of body parts, including external reproductive organs and their functions.
- Individuals with ASD will demonstrate an enhanced understanding of the five senses and their associated organs.
- Individuals with ASD will develop appropriate social behaviors, boundaries, and communication skills related to personal space and relationships.
- Incidents of inappropriate sexual behaviors will decrease, replaced by more socially acceptable expressions serving similar underlying needs.
- Individuals with ASD will be better equipped to identify and report instances of abuse or exploitation.

- Increased self-esteem, self-understanding, and self-determination will be observed in individuals with ASD regarding their sexual health and personal choices.
- Greater integration and participation in social activities will be observed for individuals with ASD.

1.3. Methodology General

This manual adopts a **person-centered, flexible, and multi-modal approach** to SRH education for individuals with ASD. It emphasizes:

- **Individualized Learning:** Recognizing the unique strengths, challenges, and learning styles of each individual with ASD.
- **Visual Supports:** Extensive use of pictures, 3D models, videos, and visual schedules to aid comprehension.
- **Concrete and Direct Instruction:** Breaking down complex concepts into simple, manageable steps.
- **Repetition and Practice:** Providing ample opportunities for repetition, practice, and generalization of learned skills across different settings.
- **Positive Reinforcement:** Utilizing rewards and encouragement to motivate learning and reinforce desired behaviors.
- **Collaboration:** Encouraging strong collaboration between professionals, parents, and caregivers to ensure consistency and support across environments.
- **Empathetic Approach:** Fostering an environment of understanding, patience, and respect for the individual's perspective and feelings.
- **Incidental Teaching:** Capitalizing on natural, spontaneous opportunities to teach and reinforce SRH concepts in daily life.

1.4. Manual Organization

This manual is organized into several chapters, progressing from foundational concepts to more specific SRH topics.

Chapter One: Introduction, Outlines the purpose, goals, objectives, expected outcomes, and general methodology of the manual, along with the background of Nia Foundation and messages from leadership. Chapter Two: Basic Concepts and Definitions, provides a glossary of key terms related to ASD, adolescence, developmental disorders, and sexual and reproductive health. Chapter Three: Body Parts, focuses on teaching the identification and functions of basic body parts and external reproductive organs. Chapter Four: Private Body Parts and Privacy. Chapter Five: Sex Chapter Six: Appearance and Personal Hygiene, Chapter Seven: Safety Skills and finally References and Annex's.

Chapter Two:

2. Basic Concepts and Definitions

Adolescence: Adolescence is a transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19.

Autism Spectrum Disorders (ASDs): The umbrella term "Autism Spectrum Disorders" (ASDs) covers conditions such as Autism, Childhood Disintegrative Disorder, and Asperger Syndrome. Core symptoms include a variable mixture of impaired capacity for reciprocal socio-communicative interaction and a restricted, stereotyped repetitive range of interests and activities. Individuals with autism spectrum disorders may have decreased or different general intellectual ability. These conditions currently belong to the category "Pervasive Developmental Disorders" in the International Classification of Diseases and Related Health Problems, within the broader category of mental and behavioral disorders.

Neurodevelopmental impairments in communication, social interaction, and unusual ways of perceiving and processing information can seriously hinder daily functioning for people with ASDs and severely delay their educational and social attainments. While some individuals with ASDs and other developmental disorders have varying degrees of abilities that could potentially lead to independent and productive lives with varying levels of support, others are severely affected and require lifelong care and support.

People with ASDs and other developmental disorders represent a vulnerable group. They are often subject to stigma, discrimination, and human rights violations, including unjust deprivation of health, education, and social opportunities. Youth with ASDs present the same health problems that affect the general population and are at greater risk of violence and abuse.

People with ASDs and other developmental disorders, and associated disabilities, require accessible health services for general healthcare needs like the rest of the population. Insensitivity to pain, difficulty in self-monitoring, and problems of communication contribute to an increased risk of receiving inappropriate or inadequate treatment in the event of a medical emergency or acute illness.

A common barrier is healthcare providers' misconceptions about the reproductive health (RH) needs of people with ASDs and other developmental disorders. As a consequence, people with ASDs are not considered a target for health promotion interventions, and they face challenges in accessing health education messages, including Sexual and Reproductive Health Education (SRE). Communication difficulties between people with developmental disorders and care providers are often mentioned as an area of concern. Recommended strategies to address inequalities in health include making information materials available in formats that are easily accessible to people with ASDs and their parents and/or caregivers.

Child: A child is a person 18 years or younger according to Ethiopian national law.

Child Learning Style Identification: Try to identify the students' preferred learning style (i.e., Auditory, Visual, Kinesthetic, and others) and apply the necessary techniques to leverage the potential of each student.

Communications with Persons with ASD: Communication is one of the biggest challenges for people with autism. To engage in conversation with someone with autism, you need to shift your expectations and perhaps your style of communication a bit.

- Speak slowly and clearly, and don't expect an immediate response.
- Be gentle, persistent, and patient. Don't rush the person.
- Provide direct instruction in social rules. Teach an emotional vocabulary.
- Keep your communications simple. Don't overwhelm.
- Don't force eye contact or touch.
- Encourage special interests, but teach give-and-take in conversation.
- Demonstrate behaviors, allowing time for observation and reflection.
- Pay attention to non-verbal signals.
- Apply a range of teaching methods: orientation, demonstration, visual aids, modeling, and songs.

Developmental Disorders: Developmental Disorders are a group of conditions with onset in infancy or childhood, characterized by impairment or delay in functions related to central nervous system maturation. They may affect a single area of development (e.g., specific developmental

disorders of speech and language, of scholastic skills, and/or of motor function) or several (e.g., pervasive developmental disorders and intellectual disability).

Puberty: Puberty can be a stressful and confusing time, especially for girls and boys with intellectual and/or developmental disorders, including Autism. In spite of delays and different abilities in other areas, children with I/DD, including children with Spina Bifida and Cerebral Palsy, may start puberty early (called precocious puberty). This manual provides resources and tips on how to talk to and provide services for adolescents and youth who are on the ASD, with Intellectual and/or Developmental Disability.

Sexual and Reproductive Health (SRH): Good sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

Sexual and Reproductive Health Education (SRE): Sexual and Reproductive Health Education (SRE) involves providing individuals with comprehensive, accurate, and age-appropriate information and skills related to their sexuality, bodies, relationships, consent, personal safety, and reproductive health. For individuals with ASD, SRE is delivered through adapted methods that cater to their unique learning styles and communication needs, promoting understanding, self-determination, and healthy behaviors.

SRH Special Needs of Youth with Autism: While no research exists specifically looking at the risk of abuse for children with ASD, research on developmental disabilities in general suggests that they are vulnerable. It is also possible that they are at even greater risk of exploitation due to core difficulties in social understanding and interpreting the emotions and behaviors of others, in addition to difficulties reporting abuse due to communication needs. They may also be at increased risk due to their desire to be accepted socially and their uncertainty about what a real friendship constitutes. Overprotection from decision-making and relationships, as well as a lack of SRE, in turn leave these children even more vulnerable.

In addition to being vulnerable to abuse, many adolescents and adults with ASD who have not received SRE in areas such as boundaries, relationships, appropriate touch, and social skills may themselves be vulnerable to accusation of harassment, stalking, or abuse.

Chapter Three:

3. Body Parts

Objective: Help children with ASD and related disorders understand body parts, including external reproductive organs.

Trainers' Note:

Children with ASD and related disorders may have a **fragmented understanding of their physical identity** and need to be taught not only the names of their body parts, but also that they belong to and are part of them. Children need to learn that every one of their body parts has a name and a purpose. Although human body parts look similar, they need to learn that there are differences in color, size, age, and sex.

Teaching a child to label body parts correctly will support them in learning other important concepts such as **hygiene, health, toileting, reproduction, and safety skills**. They will need to be able to label their body parts if they are to have the skills to be aware, respond to, and report abuse, which is already difficult for children with ASD and related disorders who not only have issues with the language skills required, but also often have difficulty locating or describing pain.

Teaching body parts also encompasses teaching about functions and fluids of the different body parts and the five senses.

Apply teaching methods based on the interest and engagement of the children to fully participate in the process. In teaching body parts, separately dealing with groups of parts such as 'Above Neck' and 'Below Neck' simplifies the process. Importantly, **incidental teaching should be particularly emphasized**. For example, when a child pees, teach him/her that they are using their penis/vagina. It is very important that such a method needs to be promoted among parents and caregivers and needs to be replicated at all times during each/any day.

List of Body Parts that need to be taught include:

- Hair, Head, Forehead, Eyebrow, Eye, Eyelashes, Nose, Mouth, Lips, Teeth, Tongue, Chin, Cheek, Ear, Neck, Shoulder, Arm, Hand, Fingers, Nails, Chest, Breast, Stomach, Penis, Vagina, Leg, Knee, Ankle, Foot, Toes.

In teaching the functions and fluids of different body parts, the teacher is expected to work from basic to advanced levels; meaning they could teach management of fluids when secreted depending on the responsiveness of each child. Based on their experiences and background, spontaneous activities in addition to those included in this manual that are still relevant to the issue at hand are expected to be deployed by the teachers. The teachers' creativity is of high importance in making the teaching complete.

Session 3.1. Basic Body Parts

Objective: Help children with ASD and related disorders understand basic body parts and their functions.

Time Allocation

Individually made/allocated as per the child's level of response and functionality.

Resources

- Dressed & Undressed pictures of males and females of different ages & races
- Picture of the child alone
- Pictures of the child and his/her families dressed
- Cartoons and Characters pictures
- Body Parts' Picture Cards
- Body Parts Teaching Songs in Local Languages
- 3D male and female human models
- A dedicated teacher for demonstrations
- Child's peers and families
- Materials that can help to locate body parts during sessions
- Large sized mirrors
- TV & DVD
- Different clothing and other items (i.e., Underwear, eyeglasses, earphone, socks, nail polish, earrings, rings)
- Items to explore sense organs:
    - Taste: Salt, Pepper, Sugar, etc.
    - Touch: Animals, rough & Smooth, Soft, Hard, Spike Textures, etc.

- Smell: Coffee, Tea, Eucalyptus leaves, Perfume, etc.
- See: bamboo sticks, toilet tissue rolls, plastic bottles, etc.
- Hear: Music, earphone, Bells, sounds, etc.

Expected Outcomes

- Children will be able to properly identify and label their different body parts.
- Children will be able to relate body parts with their respective functions.
- Children will be able to understand their five senses and applicable organs.
- **Children will be able to develop the required skills to use their sense organs properly.**

Implementation Strategies

- Orientation: Teacher speaks and demonstrates the different parts.
- Modeling: Using 3D models, pictorial presentations, and other visual aids.
- Interactive Games: Use Card games and Body Parts Songs.
- Prompting: As needed.
- Positive Reinforcement: Reward for positive responses.
- Repeat the above strategies until mastering and continuously check for possible regression.
- Practice: Let children complete the session by demonstrating their own body parts.
- Assessment: Continuous assessment of learning achievement objectively.

Activity Sets

Activity Set 1: Identifying Body Parts

1. **Start teaching from the child's own basic body parts**. Demonstrate locating and then ask for his/her ears, nose, mouth, etc. Do each at a time separately and repeat the activity as needed.
2. **For every current lesson, start from the mastered lessons.**
3. **Ask the child to locate** his/her own body parts.
4. **Ask the child to label** his/her own body parts.
5. **Demonstrate and then ask** the child about basic body parts of the teacher and other peers in the class. Repeat the activity as needed.
6. **Try mixing up orders** of teaching the different body parts.

7. **Use male and female artificial 3D** models to practice identifying body parts. Repeat the previous activities using the 3D model until mastering.
8. **Use male pictorial illustrations** to identify body parts. Cartoons and Characters of children's special interest can also be used. Repeat the previous activities using the drawings until mastering.
9. **Body Parts picture card games.** Games may include matching, labeling, pointing, grouping disassembled pictures of body parts on pieces of separate cards. The teacher interactively works with the children to engage them in the different games based on their respective interests and abilities.
10. **Entertain with Body Parts songs** preferably made of local languages, and as aligned with the language medium of instruction. The teacher leads the way making the moves and pointing on the body parts being mentioned in the songs. The songs session could be used as reinforcement for responding to the other activities of this session. (More applicable to auditory preferring types of kids).
11. **Use video presentations** illustrating the different human body parts separated by 'Above Vs below Neck', 'frequently used parts and the rest', 'Male Vs Female', and between different 'Age Groups', as it works better for the child. (More applicable to visual preferring types of kids).
12. **Ask child questions** such as 'What body part would this cover or be put on?' showing certain types of clothing.
13. **Let the child stand in front of a mirror**. Ask him/her to look into the mirror to locate the different body parts.
14. **Ask the child to demonstrate** identifying his/her different basic body parts to know if session goals are met.

Activity Set 2: Understanding Functions of Body Parts

1. **Start with an exercise** of properly locating body parts, recalling from the previous session.
2. **Tell functions of different body parts** (e.g., Eye to see, hand to hold, leg to walk …). Repeat the activity as needed and do each at a time separately.
3. **Ask functions of different body parts**. Repeat the activity as needed and do each at a time separately.

4. **Use card games to exercise** matching different body parts with that of a picture showing parts and their functions (e.g., Hand and a hand carrying items, nose and a nose smelling flowers, ear and an ear listening to a horn.
5. **Tell fluid-producing body parts** (Eye producing tears, nose - mucus, mouth – saliva, and skin – sweat). Repeat the activity until mastering.
6. **Ask fluid-producing body parts**. Repeat the activity until mastering.
7. **Use pictorial illustrations** to identify body parts that secrete fluids.
8. **Use video presentations illustrating** body parts that secrete fluids.
9. **Use card games to exercise matching** of different body parts with that of a picture including parts producing fluids (e.g., Mouth and mouth with saliva, nose with its mucus, eye with tears, armpits and armpits with sweat, penis and vagina with urine).
10. **Explain that the liquid that comes** from the eyes is called tears. Talk to children about why a person cries using pictorial illustrations. Follow the same process for all parts of the body that produce fluid.
11. **Explain that secretions are sometimes** related to emotions and feelings; i.e., Sad/pain/sickness - cry - tears, Fear - sweat. Use pictorial and video illustrations and acting.

Activity Set 3: Understanding the Five Senses

1. **Start teaching from own basic body parts**. Tell the child to locate the five sense organs (i.e., Eyes, Ears, Nose, Tongue, and Hands). Repeat the activity until mastering.
2. **Ask the child to locate the five sense organs**. Repeat the activity until mastering.
3. **Tell the child to identify** what each of the five sense organs does (**i.e., Eyes - see, Ears - listen, Nose - smells, Tongue - tastes, and Hands – touch and feel)**. Repeat the activity until mastering.
4. **Ask the child to identify** what each of the **five sense organs does** (i.e., Eyes - see, Ears - listen, Nose - smells, Tongue - tastes, and Hands – touch and feel). Repeat the activity until mastering. (Use the different ways of presenting the question such as ask a verbal child to respond verbally, and ask the non-verbal to locate the organ by pointing.)
5. **Use card games to exercise matching cards** of pictures of the different sense organs with that of a picture including organs functioning (e.g., Tongue and tongue licking ice-cream,

nose smelling a flower, eye watching a beautiful scenery, Ear hearing a voice of horn, hand touching skins of animals).

6. **Use video presentations illustrating** sense organs and what they do.
7. **Entertain with sense organs songs** preferably made of local languages, and as aligned with the language medium of instruction. The teacher leads the way making the moves and pointing on the body parts being mentioned in the songs.

Session 3.2. Reproductive Organs (External)

Objective: Help children with ASD and related disorders understand about their external reproductive organs, their functions, and their discharges.

Time Allocation

Individually made/allocated as per the child's level of response and functionality.

Resources

- Cartoons and Characters pictures
- Body Parts' Picture Cards
- 3D male and female human reproductive organ models
- Video demonstration of reproductive organs' discharges
- Different size cloths (Underwear, bra, sanitary pads, etc.)
- TV & DVD
- A dedicated teacher for demonstrations

Expected Outcomes

- Children/youth will be able to properly **identify male and female external reproductive organs**.
- Children will be able to properly **label external reproductive organs**.
- Children will be able to **relate reproductive organs with their respective functions**.
- Children will be able to properly **identify different types of discharges produced by reproductive organs**.

Implementation Strategies

- **Orientation:** Teacher explains the different parts.
- **Questioning:** Teacher uses different ways of inquiring the children to respond to certain questions.
- **Modeling:** Using 3D models, pictorial presentations, and other visual aids.
- **Interactive Games:** Use Card games.
- **Prompting:** As needed.
- **Positive Reinforcement:** Reward for positive responses.
- Repeat the above strategies until mastering and continuously check for possible regression.
- **Assessment:** Continuous assessment of learning achievement objectively.

Activity Sets:

Activity Set 1: Identifying External Reproductive Organs

1. Start teaching from the student's external reproductive organs, tell the child to locate his/her breast, vagina, and penis. Do each organ at a time separately and repeat the activity as needed.
2. Ask the child to locate his/her breast, vagina, and penis. Repeat the activity until mastering.
3. Tell parents to help their children identify external reproductive organs of other family members. Repeat the activity until mastering.
4. Use male and female 3D models to identify external reproductive organs. Repeat the previous activities using the 3D model until mastering.
5. Use male and female pictorial illustrations to identify external reproductive organs. Cartoons can also be used. Repeat the previous activities using the drawings until mastering.
6. **Body Parts picture card games.** Games may include matching, labeling, pointing. The teacher interactively works with the children to engage them in the different games. Games shall be accompanied by reinforcements.
7. Use video presentations illustrating reproductive organs separated by 'Male vs. Female'.

Activity Set 2: Understanding Function of Reproductive Organs

1. Start with an exercise of properly locating reproductive organs, recalling from the previous session.
2. Tell functions of the external reproductive organs.
3. Ask functions of the external reproductive organs.
4. Use video presentation to teach the functions of reproductive organs, i.e., urine and semen can pass through the penis, and urine and menstrual blood can pass in the vagina.
5. Use pictorial illustrations to teach the functions of reproductive organs, i.e., urine and semen can pass through the penis, and urine and menstrual blood can pass in the vagina.
6. Show the kinds of reproductive organs' fluids using videos/pictures.
7. Then ask the kinds of reproductive organs' fluids (i.e., watery vs. creamy).
8. Use video presentations illustrating male vs. female body parts that secrete fluids.

Chapter Four:

4. Private Body Parts and Privacy

This chapter is designed to educate children, adolescents and youth with Autism Spectrum Disorder (ASD) about crucial concepts of Public and private domains. It aims to equip them with the skills to differentiate between what is public and private, including places, parts of the body conversations, behaviors and online communication. The chapter emphasizes that understanding these concepts is vital not only for protection from abuse but also for developing socially appropriate behavior. It acknowledges that teaching privacy to individuals with ASD can be particularly challenging due to the abstract nature of the concept, their potential desensitization to physical boundaries and a skewed understanding of personal apace.

The manual clearly defines private body parts as those typically covered by clothes (penis, vagina, buttocks, breasts and in certain contexts the mouth), emphasizing that no one has the right to touch another person's private body parts without clear and enthusiastic permission, with limited exceptions for necessary medical procedures. It also clarifies that other body parts, while not "public" still belong to the individual.

Similarly private places are defined as areas where one has exclusive access or privacy such as a bedroom or toilet, while public places are accessible to anyone. The manual also addresses gray areas where a place can be both private and public.

Objective 1: Help adolescents and youth with ASD to differentiate what is public and private including places and parts of the body

Objective 2: Help adolescents and youth with ASD to develop the skill to keep privacy

Trainers' Note:

All children/adolescents and youth needs to learn the difference between what is public and what is private, including places, parts of the body, conversation, behaviors and even online communication. Understanding these concepts is not only a factor in protection from abuse, but will also help them to behave in more socially appropriate ways. However, teaching this area is

difficult, and not only for the reason outlined above, there are also a vast number of gray areas and exceptions to these rules depending on age, sex, family, culture and setting.

Privacy is extremely difficult and abstract concept to teach many children/ adolescents and youth with ASD and related developmental disorders. Such children/ adolescents and youth have most likely need extra support in self-care activities, are used to having little to no control over who sees and touches their body, and may subsequently have become desensitized to be seen naked and see others naked. Moreover, they are not aware that they need to keep their own and others private space and time as well. It is therefore not that surprising those children with ASD often have significant difficulties in differentiating between public and private concepts, in addition to possessing a skewed understanding of privacy, which presupposes that their life, their spaces and their bodies are open to public view.

Private body parts are those parts which are usually Covered by clothes and are not to be naked or touched by others unless allowed (Such as Parents, Doctors, Caregivers may be allowed) that means no one has the right to touch another person's private body parts without their clear and enthusiastic permission, regardless of relationship (unless it's a necessary medical procedure by a professional, which should still involve explanation and consent from the individual if possible, or a legal guardian). When teaching private body parts, it is important not to teach that their private parts alone should not be touched and not to label the rest of his/her body parts "public". They are not public, as they belong to them. Those private body parts include penis, vagina, mouth, buttocks and breasts. Those body parts primarily refer to penis, Vagina, buttocks and breasts. The mouth is also considered private in certain contexts related to intimate touch or kissing

On the other hand, a private place is somewhere no one can have access to see one or just walk in to. Whereas public place is one anyone can have access to go to. Some places can be both private and public, e.g., a door marked "private" in a shop might mean that the room is only for use by the people who work in the shop. Private places include bed room and toilet usually. If you need to enter a private room, you need to knock first and wait for permission before entering.

Additional Tips;

- *Most importantly, spend time watching the child's peers. How relaxed are they with regard to nudity? How often do they touch, hug or kiss each other.*

- *For some children, it will be most appropriate to come up with a few simple rules and stick to them. However, others more able children should be taught exceptions, and how to solve problems for themselves in the situations that they find themselves in.*
- *If a behavior is to do with private body parts, then it should be done in a private place.*
- *If a behavior involves private body parts and somebody else, you need to see the other person's permission or consent.(If a behavior involves touching another person's private body parts, you must always get their clear and explicit permission or consent first.)*
- *Your body belongs to you, and you get to decide who touches it and when*
- *Outside of your bedroom, private parts need to be covered with clothes. There are some exceptions to this, e.g. if you are getting changed after swimming, if you are in somebody's else's bedroom and they have given you permission to be naked for longer.*
- *It is not ok to stare at or talk about other people's private body parts unless they have given you permission to do so.*
- *Some topics of conversation are private, e.g. sex, masturbation, wet dream and menstruation.*
- *Keeping sufficient distance from others personal space even at times of sharing a public space is of high importance. (i.e. during greetings, dancing, chatting, feeding, ...)*
- *Underwear and pajamas are private*
- *Scratching you private body parts and picking your nose are private behaviors.*
- *Encourage as much independency in self-care tasks as possible.*
- *If a child needs help during self-care tasks, avert your gaze as much as possible.*
- *If you need to touch them during self-care tasks, always ask permission first, even if it is a task that you help them with daily.*
- *Always describe what you are doing and why during self-care tasks, even if the child has no verbal language, e.g. 'I am now wiping your burn. I am doing this to make sure that it is clean.*
- *If a medical professional need to examine private parts ensures a trusted adult is present and the process is explained beforehand, emphasizing it's for their health and is a special exception to privacy rules.*

- *The child should be given the tools to tell you 'No'; that they are finished or that they want you to leave. For non-verbal children this may be a picture symbol.*
- *Trainers may use a child's own body as a resource to ensure the training objectives are met, specifically to check the child's understanding and their ability to associate models with their own body parts. This approach, if deemed necessary, can involve undressing for learning purposes, but only if strict safety conditions, full permission from legal guardians, and privacy rules are rigorously maintained. All such undressed sessions must always be attended by at least two caregivers. If, after maximum effort, parents or legal guardians do not permit this demonstration, it may be canceled.*

Session 4.1. Understanding Own Private Body Parts

This session focuses on helping children, adolescents and youth with ASD identity and labels their own private body parts, fostering self-awareness. It sketches various resources like cartoons, picture cards, 3D models and interactive games, along with implementation strategies such as explanation, questioning, modeling and positive reinforcement. Activities include locating and identifying private body parts using different visual aids and games.

Objective: Help Adolescents and youth with ASD and related disorders to understand own private body parts

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Cartoons and Characters pictures
- Private Body Parts' Picture Cards
- 3D male and female human models
- Small Balls (to be used for throwing to locate private body parts of wall sized pictures during games). Other pointing means can also be used.
- Drawings of private body parts for tracing exercises
- TV & DVD

Expected Outcomes:

- Adolescents and youth with ASD and related disorders will be able to properly identify and label their different private body parts and understand them.
- Adolescents and youth with ASD and related disorder will be able to develop self-awareness in relation to their private body parts

Implementation Strategies:

- Orientation: Teacher explains the different private body parts
- Questioning: Teacher uses different ways of inquiring the children respond to certain questions
- Modeling: using 3D models, pictorial presentations, and other visual aids
- Interactive Games
  - Use Card games and Private Body Parts Songs
  - Color code different parts of the body
  - Give drawings of bodies and have them color in the private parts
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for potential regression
- Practice: Let children complete the session learning with their own private body parts labeling demonstration
- Assessment: Continuous assessment of learning achievement objectively

Activity Set 1: Identifying own private body parts

1. Tell the child to locate his/her private body parts. Do each at a time separately and repeat the activity as needed.
2. Ask the child to locate his/her private body parts. Repeat the activity as needed.
3. Use male and female 3D models to identify private body parts. Repeat the previous activities until mastering.
4. Use male and female pictorial illustrations to identify private body parts. Cartoons and Characters of children's special interest can also be used. Repeat the previous activities as needed.

5. Private Body Parts picture card games. Games may include matching, labeling, pointing, grouping dissembled pictures of body parts on pieces of separate cards. The teacher interactively works with the children to engage them in the different games based on their respective interests.
6. Ask children questions such as 'What private body part would this cover?' showing certain types of clothing, i.e. Bra, Underwear, Sanitary Pad
7. Question children to demonstrate identifying their own different private body parts if they have been able to properly identify or not

Session 4.2. Others' Private body Parts

Building on the first session, this part aims to help individuals with ASD understand that others also have private body parts. It utilizes resources like picture of dressed and undressed individuals, cartoons and 3D models. The strategies mirror those in session 4.1 with activities focused on identifying private body parts on pictures of others and encouraging parental involvement in teaching about family members' private body parts.

Objective: Help adolescents and youth with ASD to understand others also do have private body parts

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Dressed & Undressed males and females pictures
- Cartoons and Characters pictures (the SRE Pictorial Illustration Book)
- 3D male and female human models
- Drawing of private body parts for tracing exercise
- TV & DVD
- A dedicated teacher for demonstrations

Expected Outcomes:

- Adolescents and youth with ASD and related disorders will be able to understand others also do have private body parts

Implementation Strategies:

- Orientation: Teacher explains the different private parts of others using pictures
- Questioning: Teacher uses different ways of inquiring the children respond to certain questions
- Modeling: using 3D models, pictorial presentations, and other visual aids
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session learning with pictorial private body parts labeling demonstration
- Assessment: Continuous assessment of learning achievement objectively

Activity Set: Identifying others' private body parts

1. Tell the child to locate male and female private body parts on pictures. Repeat the activity until mastering.
2. Ask the child to locate male and female private body parts on pictures. Repeat the activity until mastering.
3. Tell parents to help their children understand other family members' private body parts at home. Repeat the activity until mastering.
4. Use male and female pictorial illustrations to identify private body parts. Cartoons and Characters of children's special interest can also be used. Repeat the previous activities using the drawings until mastering.
5. Ask children to demonstrate identifying others different private body parts if they have been able to properly identify.

Session 4.3. Own and Others' Private Space

This session is dedicated to teaching the concepts of private and public spaces in daily life and communication. A resource includes signs and symbols and realistic settings like bedrooms and toilets. The expected outcomes include the ability to identify and relate tasks to private and public spaces, maintain appropriate personal distance and apply these concepts in culturally and socially acceptable ways. Strategies involve demonstrating, graphic organizers, role-playing, and instructional stories, with activities covering privacy within the home, specific scenarios related to private behaviors and differentiating public and private topics of conversation.

Objective: Help children with ASD to understand concepts related to private and public spaces, in respect to their day to day life and communicating with others.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Signs and symbols
- Bedroom and Toilet Settings
- A dedicated teacher for demonstrations

Expected Outcomes:

- Children will be able to properly identify private and public spaces
- Children will be able to relate tasks with respect to private and public spaces
- Children will be able to use effective communication along with the skill of keeping appropriate personal distance in interacting with others.
- Children will be able to properly apply issues of private and public spaces, in culturally and socially acceptable ways

Implementation Strategies:

- Orientation: Teacher explains the private and public spaces
- Questioning: Teacher uses different ways of inquiring the children respond to certain questions

- Demonstrations:-Teacher will show and tell her students appropriate and proper responses and acts in respect to private and public spaces.
- Graphic organizer: Teacher will show and explain her students list of private and public spaces based on their category.
- Modeling: using 3D models, pictorial presentations, and other visual aids
- Interactive Games: Use Card games and
- Instructional stories: using narrations and tales to teach them private and public spaces.
- Natural Environment Training: train in a real /actual environment
- Prompting: as needed
- Practice: Let every child to march the responses for every private and public space in a proper and appropriate way
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Assessment: Continuous assessment of learning achievement objectively

Activity Set 1: Identifying private and public spaces

A. Teaching about privacy begins in the home

1. Start teaching your students about their house different parts then after explain the different parts of the house from the private and public space aspects. (Bed room, Dining/living room, master bed room, kitchen, shower, toilet, backyard, etc.). In cases such as rural and common room living settings, other public and private conditions may be considered for teaching including, alone timings, open field toileting, creating personal spaces in a common room such as partitioning bed area, etc…
2. Explain how they understand family members' privacy and respecting every one's privacy using pictorial illustrations.
3. Introduce a family rule that bedrooms/toilets are private and that the rooms doors must be knocked on before entering.
4. Introduce the importance of making private signs to put on all private rooms in the house and how they can understand and use these private signs to smooth their day to day life within the family.

5. Give orientations based on different seniors, for example, If a child shares a bedroom, ensure that they are given specific scheduled times in their room that are private to them. Specific private signs for each child should be created. If a certain child's "private "signs is on their doors, nobody is allowed to enter without permission, even if they share the room with the child.
6. Inform your students that bed rooms should be used for sleeping and relaxing and regarded as the child's private place.
7. Teach students practical things, for instance, teach your students through role play or instructional stories, how to knock on doors and ask and wait for permission to enter. Also teach them how to respond to somebody knocking/entering on the door to their private space. Teach them appropriately either by saying phrases, such as, 'come in'; 'I am not ready yet'; 'please come back in five minutes'; or by showing a sign for 'wait' or 'private time'.

B. Teaching private and Public Spaces based on specific scenarios

1. Come up with personalized lists, specific to child's situation of private and public places, behaviors and conversations

1.1. Teacher should have an explanation on the following specific scenarios

- ✓ Where and when they could be naked in their underwear?
- ✓ Who can see them in their underwear?
- ✓ Where they can get dressed and undressed?
- ✓ Where and when is it ok to touch someone else's body parts?
- ✓ Where, when and with whom it is ok to talk about sex?
- ✓ How is it ok to hug a friend?

C. Teaching private and public places

1. Orienting your students about the private and public places using different labeling (you can use colors, signs or symbols to differentiate the private places from the public ones)
2. Sort places into 'private', 'public or other grouping such as 'do's and don'ts, then after teach your students how they can understand and identify these labeling and apply accordingly. For example, places to be ok to change their cloths, places to be ok to eat breakfast and vice versa.

3. Teach your students how they should properly act in private and public places using instructional stories and games to increase their motivation and encourage their learning.
4. Teach your students how they should make proper and appropriate responses for requests presented by someone in private and public places. Instructional stories and games can be used to increase their motivation and encourage their learning.
5. Teacher should make pictures ready representing naked body parts in public places and in private places and vice versa, based on the representation teach your students the right type of acts.
6. Tell and ask your students about body parts that can be touched and not in public places (prepare lists of 'touch' body parts in a column and 'no touch' body parts in another column in public places). For example penis and vagina non touchable, face and ear touchable).
7. Tell and ask your students about 'it is ok' and 'it is not ok' to do on public places. For example, it is ok to dance but it is not ok to urinate on public places. Use more examples.
8. Teacher will prepare small laminated pictures of private places, which can be kept on a key chain to remind the child. If the child does something that should be done in private, they can be shown the correct picture.
9. Teacher will create personalized 'my public and private places' books, folders or posters, then will have to teach his/her students based on the personal book, and ask students to prepare their own with the help of their family and to make continuous practice on that.

D. Teaching private and public topics of conversation

1. Orient your students to use appropriate conversations, when discussing private topics, use a sign, voice or tactile gestures to indicate that it is private. This sign can then be used as a discreet visual remainder if the child talks about a topic at an inappropriate time (E.g. in class). These signs could be put on the door and applied at all times during lesson delivery.
2. Teach your students by putting different conversation topics on cards, e.g. 'what you had for dinner last night', ' to whom you are attracted to in your class'; 'who you want

to win the cup final', 'with whom you fall in love'. Group these with the child into 'public 'and 'private', explain why.

3. Make cue cards of different topics, including personal information, e.g. my name, address, email, age, my bra size, which movie star I like, my sister's name, who I kissed yesterday, my pubic hair. Make a list of all the second people in the child's life, e.g. strangers, friends, teachers, my grandmother, the bus driver, my best friend, my cousin, cares, shop assistance, neighbors. Have the child match the information that is ok to share with the right people. Also teach exceptions; e.g. they are lost and need to give their parents' phone number or address to stranger, a doctor can be talked about private issues.
4. Teach common public and private signs (e.g. public toilet signs). Teach the rules to follow in these places.
5. Teach the children what to do if some asks them a question that they do not want to answer.

Session 4.4 Online privacy and safety

Recognizing the increasing importance of digital literacy, this session specially addresses online privacy for adolescents and youth with ASD. It uses analogies to explain digital private parts (passwords, personal information) and digital spaces (private messages, closed groups) versus digital public spaces (public profile, comment sections). The session emphasizes crucial rules like not sharing private information with strangers, asking permission before sharing others' content and the performance of online posts.

Objective: Helping adolescents and youth with ASD understand and practice privacy in online interaction and social media

Time Allocation: Individually made/allocated as per the child's level of response and functionality

1. **Digital Private Parts:** Explain that some information is like private body parts online (e.g., passwords, home address, full name, school, phone number, personal photos).
2. **Digital Private Spaces:** Discuss private messaging, closed groups and settings on social media that limit who can see content.

3. **Digital Public Spaces:** Explain public profiles, comments sections, and how anything posted online can potentially be seen by anyone.
4. **Rules:** Don't share private information with strangers online. Ask permission before sharing someone else's picture or information online. Think before you post: once it's online, it's hard to take back.

Chapter Five: Sex

5. Understanding Sex and Gender

This chapter provides essential guidance for helping children, adolescent and youth with Autism Spectrum Disorder (ASD) understand biological sex characteristics (Male/Female) and the societal concept of gender. For Individual with ASD and related disorders, grasping the nuances of sex and gender identity can be particularly challenging. This manual aims to clarify the difference between biological sex, which is determined at birth by physical attributes like chromosomes and anatomy and gender, a more complex social construct encompassing roles, behaviors , expressions and identities. While sex is biological gender refers to the roles and tasks that society typically associates with women and men. To facilitate understanding, we will focus on identifying specific manhood and womanhood body parts, such as mustaches, chest hair and pansies for males and breasts, wide hips and vaginas for females. Emphasis will also be placed on broader physical appearances that help differentiate between sexes.

Key Considerations for Trainers

Given the sensitive nature of this topic, trainers must prioritize privacy and confidentiality when discussing lessons involving nakedness or personal body parts. Learning activities should be adapted to each child's interest and comfort level to ensure full engagement. Teaching in separate groups based on sex, addressing manhood body parts and womanhood body parts independently, can simplify the learning process.

Objective: Help children, adolescents and youth with ASD identify and understand **biological sex characteristics** (male/female) and the societal concept of **Gender**

Trainers note

Children with ASD and related disorders have limited understanding about their own and others sex identity.

It is important to understand the difference between biological sex (assigned at birth based on physical characteristics like chromosomes, hormones, and anatomy, typically male or female) and gender. Gender is a more complex concept that refers to the socially constructed roles, behaviors,

expressions, and identities of girls, women, boys, and men. Sex is biological while gender refers to the roles and tasks of women and men accepted and considered as normal (norm) by the society.

Manhood and womanhood body parts are those parts that can be easily used to differentiate between a man and a woman. Teaching body parts that are only found on males i.e. mustache, chest hair, penis, scrotum. For female it includes breast, wide hips and vagina and the physical appearances also should be emphasized.

In covering this chapter, teacher needs to give emphasis for keeping and respecting the privacy and confidentiality of students for lessons that involve nakedness.

Apply methods based on the interest and courage of the children to fully engage in. Then teaching separately dealing with groups of parts based on sex. Such as, 'manhood body parts' and womanhood body parts, simplifies the process.

Session 5.1. Identification of own sex

Objective: Help children with ASD and related disorders understand and identify their own sex.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- male and female Photos
- Own Picture (Preferably naked)
- Own body
- Male and female Body Parts' model i.e. Mustache, Breast /facial hair models
- Male and female body pictures
- Video presentations
- TV & DVD
- Sex Specific clothes(bra, panties, boxers, sanitary pads, shaver, …)
- Dressed & Undressed pictures/models of males and females
- Two Big boxes / container/
- Cartoons and Characters pictures/movies/

- Large sized mirrors

Expected Outcome:

- Children will be able to properly identify own sex.
- Children will be able to relate body parts with their sexual identity
- Children will be able to identify the difference between biological manhood and womanhood

Activity Set 1: own sex identification

- Start teaching using large sized pictures /models of a man and woman to differentiate sex.
- Using the same large size poster or models of bodies, have the child properly locate the different manhood or womanhood body parts.
- Show dressed dolls and make the child guess whether they are male or female. The child can then undress them to see if they were correct.
- Have the child sort clothing i.e. panty, brassiere, shoes, cosmetics and jewelries in to either male or female boxes labeled with pictures.
- Ask the child to identify the similar body parts shared between man and women
- Teach on the child's own manhood or womanhood body parts.
- Tell the child to locate his/her biological sex to identifying them. Repeat until mastering

Session 5.2. Others Sex Identification

Objective: Help children with ASD and related disorders understand and identify others sex properly

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Family pictures
- male and female pictures
- 3D Male and female Body Parts' i.e. Mustache, Breast /facial hair models
- Sex marking Clothes(bra, underwear, sanitary pad, …)

- Dressed & Undressed pictures
- Dolls of male and female characters
- Cartoon pictures/movies/
- TV & DVD
- Boxes / containers/labeled for men and women
- Teachers and classmates

Expected Outcomes:

- Children will be able to properly identify and label others sexual identity
- Children will be able to relate body parts with others sexual identity
- Children will be able to know about sex roles

Implementation Strategies

- Orientation: Teacher explains the different sex marking body parts
- Questioning: ask children to identify others sex
- Modelling: using 3D models, pictorial presentations, and other visual aids
- Interactive Games: Use Card games
- Practice: Let children complete the session learning others body parts and sex identity
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Assessment: Continuous assessment of learning achievement objectively

Activity Set

Activity Set 1: Sex identification of others

- Start with recap of the previous session (***Activity Set 1: own sex identification)***
- Ask the child to differentiate his /her classmates and teachers based on sex
- Ask the child properly to identify the sexes of his/her family members showing the picture of them all.
- Finally make assessment to evaluate if the child understands and properly identify others sex.

Activity Set 2: Identification of sex role

- Show and explain picture of pregnant women and explain it's a sex role of females
- Ask whether male or female gets pregnant. Repeat until mastering
- Show picture of lactating women and explain it's a sex role of females
- Ask whether male or female breastfeeds

The teacher explain that women and men have equal role in (show pictures of a man and women keeping house , cooking, cleaning floor ,washing dishes caring for babies, making bed, going to school and working)

Chapter Six

6. Appearance and Personal Hygiene

Objective 1: Help children with ASD and related disorders understand how to keep their personal hygiene and appearance by equipping them with age and sex-appropriate, functional knowledge of cleanliness, grooming, and physical self-care. This includes recognizing the importance of hygiene for health, dignity, social inclusion, and personal confidence. The objective also aims to foster awareness of how others perceive physical appearance and encourage consistent hygiene routines tailored to each child's sensory preferences, learning style, and developmental level. The goal is to gradually reduce dependence on caregivers and promote a sense of self-worth and autonomy in managing their own appearance and cleanliness.

Objective 2: Help children with ASD and related disorders develop the practical, step-by-step skills necessary to maintain their personal hygiene and appearance independently or with minimal support. This includes teaching and reinforcing routines such as bathing, brushing teeth, grooming hair, wearing clean and appropriate clothing, using deodorant, and managing menstrual hygiene where applicable. Instruction will be tailored to individual abilities, using structured teaching methods such as modeling, visual aids, repetition, and positive reinforcement. The objective also emphasizes building motor coordination, sequencing, and sensory tolerance to support successful learning and long-term habit formation, while fostering pride in one's appearance and understanding of its social significance.

Trainer's Note

Families of adolescents with ASD and school staff who support them often report that maintaining good personal hygiene can be one of the most persistent challenges for their sons and daughters. Hygiene, the practice of maintaining cleanliness for the sake of health and social well-being, includes bodily hygiene, clothing hygiene, and menstrual hygiene. Poor hygiene can negatively affect not only an individual's physical health but also their emotional well-being and social participation. Adolescents with ASD may be unaware that their hygiene-related behaviors are influencing how others respond to them, potentially leading to social withdrawal, increased anxiety, low self-esteem, or aggression.

As children with ASD and related developmental disorders approach adolescence, it is critical for them to understand the value of staying clean, looking presentable, and practicing personal grooming routines. Yet, teaching these skills can be difficult, time-consuming, and frustrating for caregivers and educators alike. Challenges such as limited executive functioning (e.g., planning, organization, and sequencing), fine motor coordination, and abstract reasoning often make self-care tasks overwhelming. Furthermore, because of difficulties in social awareness, many children with ASD may not perceive the social relevance of hygiene and appearance, reducing their intrinsic motivation to maintain them.

Even when supported by loving families or caregivers, many adolescents and youth on the autism spectrum continue to need regular visual, verbal, or tactile prompts to remember basic tasks like changing clothes, brushing teeth, or using deodorant. For some, these supports remain essential even into adulthood. Therefore, consistent, individualized, and repetitive instruction using visual schedules, social stories, video modeling, and task analysis is key.

***Appearance*:** Refers to how individuals present themselves physically, through grooming, clothing, and posture. For example, a person with ASD wearing mismatched or unkempt clothing may be perceived as having a disheveled appearance, which can affect peer relationships and confidence.

Hygiene: Encompasses daily tasks such as cleaning hands, face, and hair, maintaining menstrual cleanliness, applying deodorants or moisturizers, and wearing clean, and well-fitting clothing. Importantly, for children with heightened sensory sensitivities, clothing choices should be respectful of texture, fit, and comfort to avoid distress or aversion.

A central element of successful hygiene education is enhanced family engagement. Families play a vital role in reinforcing hygiene practices at home and should be considered as active partners in the teaching process. Teachers and therapists are encouraged to communicate regularly with parents and caregivers to share progress, challenges, and needs. Families should be supported to fulfill the resource requirements for this chapter, such as hygiene tools, visual supports, menstrual supplies, and routines, at an adequate standard. Their sustained involvement and consistency at home significantly increase the effectiveness of what is taught in school or therapeutic settings.

Menstrual hygiene presents a particularly sensitive and complex challenge. Many girls with ASD face additional barriers due to sensory aversions, emotional regulation difficulties, or limited understanding of body changes. It is important to start early, using clear, visual, and step-by-step instructions. Girls may benefit from practicing pad placement before menstruation begins and using social stories that normalize the experience. Red-colored liquids (e.g., colored water or food dye) can be helpful in demonstrations.

To support sensory preferences, some adolescents with ASD may prefer alternative washing setups, such as washing in a sink, using handheld showers, or bending over the tub instead of fully stepping in. For some, a shower chair provides increased comfort and stability, especially if standing for long periods is challenging. The overall goal should be to adapt the hygiene environment to the child's unique sensory profile while ensuring dignity and safety.

Ultimately, teaching appearance and hygiene should not be seen as merely encouraging conformity, but rather as promoting self-respect, independence, inclusion, and an improved quality of life. When framed positively and delivered supportively, these lessons empower children with ASD to navigate the world with confidence and autonomy, on their own terms.

Additionally, trainers should consider incorporating practical routines such as helping students learn how many times each garment can be worn before washing (e.g., underwear and socks: once; shirts: twice, depending on activity level). These guidelines should be modeled, repeated, and adapted to fit the child's level of understanding.

Session: 6.1. Washing hands, face, and hair

Objective: Help children with ASD and related disorders know and practice how to properly wash and maintain the cleanliness of their hands, face, and hair as an essential part of daily hygiene routines. This includes understanding the purpose and health benefits of these practices, such as preventing the spread of germs, reducing illness, maintaining personal comfort, and improving social acceptability. The objective also aims to build familiarity with materials and techniques used in washing, while promoting independence through consistent, visual, and sensory-sensitive instruction. Through repetition and reinforcement, children will learn not only the *how*, but also the *why* of keeping their hands, face, and hair clean. Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Mirror
- Water and sink/basin
- Soap
- Comb
- Towel
- Pictures of people washing his/her hands, face and hair
- Teaching Songs in Local Languages
- Video presentations
- TV & DVD
- A teacher for the demonstrations

Expected Outcomes:

- They will develop the necessary skills to properly practice keeping their hands, face and hair hygienic
- They will have reduced dependency in seeking for assistance in washing hands, face and hair that they will need somebody else to do for them in their daily life.
- They will have reduced vulnerability to communicable diseases

Implementation Strategies

- Orientation and demonstration: the teacher tells and shows what and how
- Picture Stories: pictures of what needs to be done to complete hands, face and hair washing. The story could be like; Picture of a child with dry, dirty hair and face, picture of a child getting his hands, face and hair wet, applying soap / shampoo, rubbing the head and massaging the scalp, making suds, rinse until water runs clean, drying with a towel, combing hair.
- Instructional stories: using narrations and tales to teach them how to wash their hands, face and hair
- Modeling: using 3D models, pictorial presentations, video including songs and other visual aids

- Imitation: let children copy following what the teacher demonstrates in washing the parts
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session by demonstrating washing hands, face and hair by their own
- Assessment: Continuous assessment of learning achievement objectively

Activity Set

Activity Set 1: Teaching washing hands

- Use male and female pictorial illustrations to identify dirty and washed/clean hands.
- Use video presentations illustrating about washing hands of family, teachers or relatives.
- Tell and show how to open/close the water tap.
- Tell and show the child how to use each material respectively to wash their hands.
- Tell and show proper washing steps; i.e. turn on the water tap, wet hand, rub hands with soap, rinse and dry hands with towel.
- Ask children questions such as 'What materials are used to wash your hands and what they are doing as they are being through the act.
- Make washing of their hands part of a daily routine in schooling as part of a teaching program.
- Let the child complete the session demonstrate the routine by him/herself

Activity Set 2: Teaching washing face

- Use male and female pictorial illustrations to identify a dirty and washed/clean face.
- Use video presentations illustrating washing the faces of family, teachers or relatives.
- Tell and show how to switch/use the water tap.
- Tell and show the child how to use each material respectively to wash their faces.
- Add steps and details from the book

- Tell and show how dry their wet face towel.
- Tell/show and then ask children questions such as ‘What materials are important to wash your face?). Repeat the activity until mastering.
- Make washing of their hands and faces part of a daily routine in schooling.
- Let the child complete the session demonstration the routine by him/herself

Activity Set 3: Teaching washing hair

- Use male and female pictorial illustrations and 3D model to identify dirty and washed/clean hair.
- Tell/show and then ask children questions such as ‘What materials are important to wash your hair?) Repeat the activity until mastering.
- Tell and show how to switch/use the water pipe.
- Tell and show proper washing steps; i.e. turn on the water tap, wet hair, rub hair, and massage scalp with soap/shampoo, rinse, apply conditioner (optional), comb hair, rinse, towel dry, and comp hair.
- Tell and show the child how using each material respectively to wash their hair.
- Ask the child to repeat of using each material to wash their hair. Repeat the activity until mastering.
- Tell and show how dry their wet hair.
- Ask the child to repeat how drying their hair. Repeat the activity until mastering.
- Use male and female artificial 3D models to show how to wash and use a towel.
- Use video presentations illustrating the washing faces of family, teachers, or relatives.

Session 6.2. Brushing Teeth / Flossing teeth

Objective: Help children with ASD and related disorders understand the importance of brushing and flossing their teeth and develop the skills needed to properly clean their mouth and maintain good oral hygiene. Many autistic children experience difficulties with sensory sensitivities, motor coordination, and routine management, which can make caring for their teeth and vocal cavity more challenging. This objective aims to support them in learning step-by-step techniques for brushing and flossing, reducing discomfort, preventing cavities and secretion problems, and building consistent daily oral-care habits that promote overall health and confidence.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Tooth brush
- Tooth paste
- Mirrors
- Water and sink
- Floss
- Towel
- Pictures of brushing teeth
- Video of brushing teeth
- Teaching Songs in Local Languages
- TV & DVD
- A teacher for demonstrations

Expected Outcomes:

- Children will be able to understand and identify materials to use for brushing teeth
- Children will be able to develop the skill of properly brushing their teeth

Implementation Strategies

- Orientation and demonstration: teacher tells and shows what and how
- Picture Stories: pictures of what needs to be done to complete hands, face and hair washing. The story could be like; Picture of a child with dry, dirty hair and face, picture of a child getting his hands, face and hair wet, applying soap / shampoo, rubbing the head and massaging the scalp, making suds, rinse until water runs clean, drying with a towel, combing hair.
- Instructional stories: using narrations and tales to teach them how to brush / floss their teeth

- Modeling: using 3D models, pictorial presentations, video including songs and other visual aids
- Imitation: let children copy following what the teacher demonstrates in washing the parts
- Prompting: as needed
- Positive reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session by demonstrating washing hands, face and hair by their own
- Assessment: Continuous assessment of learning achievement objectively

Activity Set

Activity Set 1: Teaching brushing teeth

- Use pictorial illustrations showing brushing of teeth
- Use video presentation showing brushing of teeth
- Ask children questions such as 'What materials are used to brush your teeth and what they are doing as they are being through the act.
- Tell and show the child how to use each material respectively to brush their teeth.
- Ask the child to repeat of using each material to brush their teeth. Repeat the activity until mastering.
- Tell and show how to towel dry their mouth and hands after brushing. Repeat the activity until mastering.
- Make brushing of teeth part of a daily routine in schooling as part of a teaching program.
- Use video presentations illustrating about brushing teeth of family, teachers or relatives

Session 6.3. Oiling and deodorants

Objective: Help children with ASD and related disorders understand the importance of keeping their bodies clean, moisturized, and fresh by learning how to properly apply body oil or lotion and use deodorant. This objective supports them in building daily self-care routines, managing body

odor, preventing dry or irritated skin, and increasing comfort and confidence in social settings. Through structured guidance, visual supports, and step-by-step practice, learners will develop the skills to independently apply oil or lotion after bathing and use deodorant appropriately as part of personal hygiene.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Hand, face and body moisturizers; oil/lotion/cream
- Hair oil
- Deodorants
- Mirror
- Pictures of males and females who are moisturizing their hands, faces and bodies
- Pictures of males and females who are applying deodorants
- Video of persons applying moisturizers and deodorants
- Teaching Songs in Local Languages
- TV & DVD
- A teacher for demonstrations

Expected Outcomes:

- Children will be able to develop the skill of properly applying moisturizers and deodorants

Implementation Strategies

- Orientation and demonstration: teacher tells and shows what and how
- Picture Stories: pictures of what needs to be done to complete hands, face and hair washing. The story could be like; Picture of a child with dry, dirty hair and face, picture of a child getting his hands, face and hair wet, applying soap/shampoo, rubbing the head and massaging the scalp, making suds, rinse until water runs clean, drying with a towel, and combing hair.

- Instructional stories: using narrations and tales to teach them how to apply oiling and deodorant
- Modeling: using 3D models, pictorial presentations, video including songs and other visual aids
- Imitation: let children copy following what the teacher demonstrates in washing the parts
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session by demonstrating washing hands, face and hair by their own
- Assessment: Continuous assessment of learning achievement, objectively

Activity Set

Activity Set 1: Teaching application of moisturizers

- Tell and Show various types of moisturizers (body, hand, face, hair, oil, lotion, cream).
- Tell when these different types of moisturizers are going to be applied.
- Use male and female pictorial illustrations showing moisturizing of different body parts using different types of moisturizers.
- Video demonstration showing when and how to apply the different moisturizers
- Ask continuously to identify which moisturizer applies for what
- A teacher demonstrates application of moisturizers as students are asked to imitate the act
- Make moisturizing of body part of a daily routine in schooling as part of a teaching program.

Activity Set 2: Understanding deodorants

- Tell and Show various types of moisturizers (body, hand, face, hair, oil, lotion, cream).
- Tell when these different types of moisturizers are going to be applied.
- Use male and female pictorial illustrations showing moisturizing of different body parts using different types of moisturizers
- Video demonstration showing when and how to apply the different moisturizers

- Ask continuously to identify which moisturizer applies for what
- A teacher demonstrates application of moisturizers as students are asked to imitate the act
- Make moisturizing of body part of a daily routine in schooling as part of a teaching program.

Session 6.4. Washing body

Objective: Help children with ASD and related disorders understand and properly practice full-body washing as a vital part of personal hygiene. This includes learning when and how to wash different parts of the body using appropriate materials such as soap, water, and a towel, and developing a step-by-step routine that is clear, manageable, and suited to each child's sensory needs and functional level. The objective also emphasizes the health benefits of regular bathing, such as preventing body odor, skin infections, and discomfort, while reinforcing body awareness, privacy, and personal dignity.

Time Allocation: Individually made/allocated as per the child's level of response and functionality.

Resources:

- Bath room
- Body soap
- Rubbing Sponge
- Towel
- Mirror
- Pictures of people taking shower
- Video of people taking shower
- Teaching Songs in Local Languages
- TV & DVD

Expected Outcomes:

- Children will be able to identify the materials needed to wash body/take a shower
- Children will be able to develop the skill of properly washing their bodies/taking shower

Implementation Strategies

- Orientation and demonstration: the teacher tells and shows what and how
- Picture Stories: pictures of what needs to be done to complete hands, face and hair washing. The story could be like: Picture of a child with dry, dirty hair and face, picture of a child getting his hands, face and hair wet, applying soap/shampoo, rubbing the head and massaging the scalp, making suds, rinse until water runs clean, drying with a towel, combing hair.
- Instructional stories: using narrations and tales to teach them how to wash their body
- Modeling: using 3D models, pictorial presentations, video including songs and other visual aids
- Imitation: let children copy what the teacher demonstrates in washing the parts
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session by demonstrating washing hands, face and hair by their own
- Assessment: Continuous assessment of learning achievement objectively

Activity Set: Teaching washing body

- Use male and female pictorial illustrations to identify dirty and washed/clean hands.
- Use video presentations illustrating about washing hands of family, teachers or relatives.
- Tell and show how to open/close the water tap.
- Tell and show the child how to use each material respectively to wash their hands.
- Tell and show proper washing steps; i.e. turn on the water tap, wet hand, rub hands with soap, rinse and dry hands with towel.
- Ask children questions such as ‘What materials are used to wash your hands and what they are doing as they are being through the act.
- Make washing of their hands part of a daily routine in schooling as part of a teaching program.
- Let the child complete the session demonstration the routine by him/herself

- Ask children questions such as ‘What materials are used to wash body and what they are doing as they are being through the act.

Session 6.5. Keeping clothes hygienic

Objective: Help children with ASD and related disorders understand the importance of keeping clothes clean and develop the ability to recognize, sort, and care for clothing in a hygienic manner. This includes identifying clean versus soiled garments, learning when clothes should be changed, and understanding basic laundry concepts such as washing, drying, folding, and storing. The objective also promotes awareness of how clean clothing contributes to health, comfort, self-confidence, and social acceptance. Teaching will be adapted to each child’s learning style using visual aids, repetition, hands-on practice, and positive reinforcement to build lasting habits and reduce reliance on caregivers.

Time Allocation: Individually made/allocated as per the child’s level of response and functionality

Resources:

- Different types of clothes (underwear, socks, other clothes and shoes)
- Washing basin
- Water and Soap / Detergent
- Cupboard
- Table
- Iron & Iron Board
- Hanger
- Mirror
- Pictures of people putting on clothes
- Video of people putting on clothes
- TV & DVD
- A teacher for demonstrations

Expected Outcomes:

- Children will be able to understand the importance of Keeping clothes hygienic

- Children will be able to develop the skills of properly keeping their clothes hygienic

Implementation Strategies:

- Orientation and demonstration: teacher tells and shows what, how and when to wear.
- Picture Stories: pictures of a child wearing clean clothes and regularly changing worn clothes. In addition pictures showing children changing under wears and pajamas on a daily basis needs to be illustrated.
- Instructional stories: using narrations and tales to teach them how to keep their clothes hygienic
- Modeling: pictorial presentations, video and other visual aids
- Imitation: let children copy following what the teacher demonstrates in washing the parts
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session by demonstrating washing hands, face and hair by their own
- Assessment: Continuous assessment of learning achievement objectively

Activity Set: Teaching how to keep clothes hygienic

- Have a visual routine that covers cleanliness throughout the day. (For instance: Morning. School time, sleep, recreational places…clean clothes…)
- Use pictorial illustrations to identify dirty and clean human clothes. Use a range of clothes used both by males and females, wears and underwear, …
- Tell/show and then ask children questions such as ‘What types of clothes are going to use to school, sleep, sports, work, holidays …) Repeat the activity as many times and situations as needed.
- Tell and show how to identify dirty and clean clothes using real clothes. Repeat the activity as many times as needed and until mastering of differentiating and changing clean clothes
- Demonstrate ‘laundry’; when the clothes get washed; the process of separating clothes, putting clothes in the wash, identifying and rubbing the dirt part, washing, rinsing,

wringing/spinning, taking them out, hanging on a hanger, collecting when dry, ironing & folding, and finally putting them in order.

- Albeit children can wash their own clothes on their own; depends on the individual, always work with parents on their children's habit of keeping clothes clean.
- Make parents have their washing/laundering attended by their children and lasting habit.

Session 6.6. Menstrual Hygiene

Objective 1: Help children with ASD and related disorders understand the importance of menstrual hygiene by introducing the concept of menstruation in a clear, respectful, and developmentally appropriate manner. This includes teaching the purpose of menstruation, its natural and recurring nature, and the role of proper hygiene in staying healthy, comfortable, and confident during menstruation. The objective also emphasizes reducing fear or confusion by using visual tools, social stories, demonstrations, and structured routines to explain body changes, hygiene products, and disposal methods. Through repeated, supportive instruction, children will begin to recognize menstruation as a manageable part of life, while building a foundation of dignity, safety, and body autonomy.

Objective 2: Help children with ASD and related disorders develop the practical skills needed to manage menstrual hygiene independently or with minimal support. This includes learning how to recognize the onset of menstruation, use and dispose of sanitary pads correctly, maintain personal cleanliness, and manage discomfort appropriately. The objective also involves introducing tools like visual calendars to track cycles and teaching how to select suitable clothing during menstruation. Instruction will be structured, sensory-sensitive, and reinforced through modeling, repetition, and collaboration with caregivers, ensuring privacy, safety, and confidence throughout the menstrual experience.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Sanitary pad
- Soap
- Fake blood/ Red food coloring/

- Calendar
- Pain killer
- Bath room
- Towel
- Mirrors
- Picture of females while using pad step by step(starting from taking pad to throw the old pad to waste basket)
- Teaching Songs in Local Languages
- 3D female of using pad step by step (starting from taking pad to throw the old pad to waste basket)
- Video of using pad step by step
- TV & DVD
- A teacher for demonstrations

Expected Outcomes:

- Children will be able to understand menstrual hygiene
- Children will be able to properly manage hygiene

Implementation Strategies

- Orientation and demonstration: teacher tells and shows to begin the lesson learning
- Picture Stories: pictures of a girl showing the process of using pad
- Video presentation of a girl showing the process of using pad
- Instructional stories: using narrations and tales to teach them how to keep menstrual hygiene
- Imitation: let children copy following what the teacher demonstrates in application of sanitary pad
- Prompting: as needed
- Reinforcement: Reward for positive responses
- Repeat the above strategies until mastering and continuously check for possible regression
- Practice: Let children complete the session by demonstrating proper application of menstrual hygiene

- Assessment: Continuous assessment of learning achievement objectively

Activity Set:

Activity Set: 1. Teaching menstrual hygiene

- Start teaching menstrual hygiene before menstruation begins.
- Consider age in selecting students to teach.
- Work closely with parents on menstrual period for replication of the training both at school and home.
- Use the calendar to anticipate the period of a child. Start using pad, days before menstruation is anticipated. Repeat the activity every month and as needed.
- Create a comforting situation at the time of period, considering the interests of the student, e.g., music, and massages, using preferred and calming toys and activities,
- Use red colored fluid (i.e., fake blood, preferably from a food item) and show what a period looks like.
- Tell/show and then ask children questions such as 'What materials are important to keep menstrual hygiene?)
- Tell and show how to keep menstrual hygiene (Steps: go to the bathroom, close the door, pull down the underwear, remove the old pad if there is any, put a new pad, pull the underwear up, put the old pad in the waste basket, wash hands with soap, …)
- Ask the child to repeat following the teacher on proper practice of keeping menstrual hygiene. Repeat the activity until mastering.
- Use a pictorial illustration showing the proper practice of keeping menstrual hygiene.
- Use video presentations showing proper practice of keeping menstrual hygiene.
- Teach the pre- and during-menstrual tension signs using certain gestures and facial expressions along with pictorial illustrations.
- Initiate the use of a painkiller and communicate with parents on doing the same
- Teach appropriate clothing during menstruation, i.e., tighter shorts, darker colored clothes,

Chapter Seven

7. Safety Skills

Objective: Help children with ASD and related disorders understand essential safety skills that protect them from harm in their daily environments. Because many children and youth on the autism spectrum have difficulty recognizing danger, identifying unsafe people, or interpreting risky situations, they are more vulnerable to different forms of abuse, exploitation, and accidental harm. This objective aims to equip them with practical, concrete strategies for staying safe, including recognizing unsafe behaviors, understanding body boundaries, knowing who they can trust, and learning what actions to take when they feel scared, confused, or uncomfortable. By strengthening their ability to protect themselves and seek help, these safety skills promote independence, reduce vulnerability, and support their overall well-being.

Trainers' Note:

Trainer's Note (Enhanced)

Children with Autism Spectrum Disorder (ASD) and related developmental disorders often have a limited or fragmented understanding of safety skills, which increases their vulnerability to various forms of harm and abuse. Many of these children inherently lack an appropriate sense of danger, making them more susceptible to risky situations compared to their neurotypical peers. Therefore, safety instruction must be approached from a developmental and individualized standpoint.

Keeping children safe requires a deliberate and structured effort to teach them how to recognize unsafe situations, prevent harm, respond appropriately during emergencies, and report dangerous or abusive encounters. Safety education for children with ASD should be comprehensive and include practical, day-to-day scenarios. Examples of essential safety skills include: how to safely cross a street, when and how to make an emergency call, knowing their own address and at least one trusted contact number, not opening doors to strangers, avoiding dark or isolated places, using caution around unfamiliar animals, and staying away from hot or hazardous items such as stoves or boiling water. Additionally, children must be guided to identify safe adults, such as parents, teachers, or police officers, whom they can approach when they feel unsafe.

Teaching children about safety equips them with tools to protect themselves and assert their boundaries. However, learning concepts such as recognizing abuse, setting limits, or reporting harmful behavior can be particularly difficult for children with ASD. This is often due to limitations in expressive and receptive communication, difficulty interpreting sensations like pain, and a lack of understanding about their rights and bodily autonomy. These challenges require educators and caregivers to invest extra effort in creating a safe, affirming learning environment where safety concepts are taught with sensitivity, repetition, and care.

Given the breadth of safety skills to be taught, instruction should be broken into manageable, bite-sized lessons taught consistently over time. Safety education must be tailored to each child's cognitive, sensory, and emotional needs, using appropriate teaching methods such as visual aids, modeling, storytelling, role-play, and scenario-based learning. Teachers should frequently assess the child's level of comprehension and retention, adjusting strategies as needed.

It is also essential that teaching methods are engaging, strengths-based, and sensitive to the child's interests and temperament. Approaches that work well in the classroom should be shared with parents and caregivers for reinforcement at home. Family and caregiver collaboration is a critical element of safety instruction, as skills must be consistently modeled and practiced across all environments.

Children with ASD may also have fragmented or inaccurate perceptions about alcohol and need clear, guided instruction not only on identifying alcoholic substances but also on understanding their effects. Teaching them to distinguish alcohol based on color, odor, labeling, and taste can support avoidance. Importantly, children must understand that alcohol use can increase their vulnerability to victimization and unsafe behavior.

Instructors should explicitly teach the health-related and social consequences of alcohol use, such as impaired judgment, physical unsteadiness, heightened risk of accidents or drowning, unsafe sexual behavior, and addiction. Teaching about alcohol should also include categorizing beverages into 'good' (e.g., water, juice, soft drinks) and 'bad' (e.g., liquor, beer, and traditional brews), using visual comparisons and structured sorting activities.

Likewise, students should be educated about the behavioral, psychological, and socio-economic impacts of substances like khat (kchat). Children must be taught that not all green leaves are safe

or edible, even if they appear similar. Educating them to visually distinguish between edible, non-edible, addictive, and non-addictive plants is essential in preventing accidental or peer-influenced consumption of harmful substances.

Regarding smoking, students need to be made aware that it is a major cause of various cancers and other severe health complications affecting nearly every organ system. Teaching about cigarettes should include both visual and verbal instruction, highlighting their dangers and reinforcing refusal skills through role-play, visual prompts, and positive reinforcement.

Environmental context is another critical aspect of safety for children with autism. Their behavior and ability to manage risks are highly influenced by the settings they inhabit. A poorly designed or unpredictable environment can increase distress and risk, whereas a calm, structured, and supportive environment can foster safety and confidence. Educators and caregivers should work together to adapt the environment in ways that reduce overstimulation, limit access to hazards, and encourage self-regulation.

*The concept of a **risky environment**, as defined in this manual, refers to any setting in which children with autism are likely to face physical, emotional, or sexual harm. These environments include places associated with substance or alcohol use, dark and poorly visible areas, isolated or unsupervised locations, emotionally neglectful spaces, or unfriendly and chaotic playgrounds. Helping children recognize and avoid such environments must be an intentional part of safety education.*

Additional safety skills to target would include:

- Navigating and using community resources appropriately and independently, such as spiritual places, police station, school, dad/mom's workplace, bridge, …
- exiting a car and crossing a parking lot or busy street safely;
- responding appropriately in emergency situations such as fire, flood, and street mobs;
- addressing potential household hazards such as cleaning chemicals, and electrical appliances, …
- Learn emergency phone numbers, identify a need, and learn how to dial an emergency call???
- using basic first aid procedures;

- interacting appropriately with pets and other animals;
- managing teasing and bullying

Some rules of safety skills

- Do not let anyone touch your body parts except with your parent's permission.
- When you feel unsafe, let your parents know as soon as you can in private.
- If you feel unsafe, tell the person No and seek help.
- Never to get in a car with a stranger, unless your parent is there.
- If you get lost, seek help from some community helper or someone from the first three circles.
- Don't keep a secret that makes you feel uncomfortable or unsafe.

Resources:

- Pictures that shows how to cross the road
- Pictures of immediate family, police officers, fire fighters and security guards
- Dress for different role (police uniform, firefighter, security guards
- Video record
- TV & DVD
- Uniform /dresses police, firefighters, security guards

Implementation Strategies Orientation

- Looking both ways, reading the walk/don't walk signals, crossing at the crosswalks, etc. are all good skills).
- Teach the child how to act assertively in different scenarios, using role play, video modeling and social scripts e.g. Being asked to smoke, drinking alcohol, take drugs, have sex, being bullied, or being told to do something that they don't want to do. instructional story about assertiveness

Session 7.1: Avoid alcohol and substance abuse

Objective 1: Help children with ASD and related disorders understand the dangers of alcohol and substance abuse by providing clear, concrete information about their harmful effects on the body, brain, emotions, and behavior. This includes teaching how alcohol and drugs impair judgment, increase vulnerability to accidents and abuse, and negatively affect physical health, social relationships, and emotional stability. The objective also aims to help children distinguish between safe and unsafe substances using visual aids, sensory comparisons, and repetition, building their ability to make informed choices, resist peer pressure, and seek help when faced with risky situations.

Objective 2: Help children with ASD and related disorders develop the practical skills needed to recognize, resist, and avoid alcohol and substance use in real-life situations. This includes teaching them how to identify harmful substances, say "no" confidently, avoid peer pressure, and seek support from trusted adults. Through visual modeling, role-playing, and consistent reinforcement, the objective empowers children to make safe decisions, understand personal boundaries, and build protective behaviors that reduce their exposure to risky environments and harmful influences.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Cartoons and Character pictures
- Sample alcohol
- Sample of juice
- Pictures of different kinds of alcohols
- Video and Pictures that shows health impact of taking alcohol
- Video and Pictures that shows personal hygiene impact of taking alcohol
- Video Pictures that shows economic impact of taking alcohol
- Different videos that explain effect of taking alcohol
- TV & DVD
-

Expected Outcomes:

- Children will be able to properly identify and label different drinks
- Children will be able to develop the skill of avoiding alcohol

Implementation Strategies

- Orientation: The Teacher explains about different types of alcohol and effects of taking alcohol
- Pictorial presentations, and other visual aids that show the effect of alcohol (health, personal hygiene, financial, social, psychological)
- Video presentation: A drunk person and a person not taking a drink
- Prompting: as needed
- Positive Reinforcement: Reward for positive responses
- Demonstration and practice in identifying alcohol and nonalcoholic drinks
- Practice: Students will be made to differentiate between alcohol and nonalcoholic drinks on their own

Activity Set 1:

- Tell students about the harm of alcohol and its effect on their health using video presentation showing a drunk person along with a medically affected individual. Similarly, use videos showing good drinks and their benefit to health
- Demonstrate and act to help students differentiate a drunk and not not-drunk persons
- Use different sorts of drinks and help children differentiate between the good and bad ones based on their smell and taste.
- Play a game of separating alcoholic and nonalcoholic bottles in a separate container

Chewing Kchat

Objective 3: Help children with ASD and related disorders identify, label, and avoid *kchat* by teaching them to visually distinguish it from other green leaves and understand its harmful effects on physical health, mental well-being, behavior, and social functioning. This includes using visual comparisons, sensory descriptions, and repetition to build recognition skills, while reinforcing why *kchat* is unsafe and should be avoided. The objective also promotes the development of refusal

skills, awareness of peer influence, and the ability to make healthy, informed choices in environments where *kchat* may be present.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Picture of kchat
- Pictures of other green leaves
- Cartoons and Character pictures
- Video showing negative health and social impact of chewing kchat
- TV & DVD

Expected Outcomes:

- Children will be able to properly identify and label kchat leaf
- Children will be able to develop the skills of avoiding chewing kchat

Activity Set 1: chewing kchat

1. Show pictures of kchat and help children differentiate it from other types of leaves in a picture. Repeat the activity until mastering.
2. Tell and then ask the child to show different green leaves and let them identify and label them.
3. Use video presentations illustrating the different impacts of chewing kchat, e.g. health, social, and financial
4. Ask children questions such as 'what types of leaves are edible and not?'

Smoking cigarette

Objective 4: Help children with ASD and related disorders understand the serious health risks of smoking cigarettes and develop the skills to avoid it. This includes teaching the harmful effects of tobacco on the body, such as cancer, breathing problems, and heart disease, using visual aids and simplified explanations suited to their developmental level. The objective also focuses on building

the ability to recognize cigarettes, resist peer pressure, and make safe choices through role-play, repetition, and supportive guidance from caregivers and educators.

Time Allocation: Individually made/allocated as per the child's level of response and functionality

Resources:

- Different pictures of cigarette
- Video showing the health impacts of smoking cigarette
- Pictures showing saying no to cigarette
- TV & DVD

Expected Outcomes:

- Children will be able to properly identify and label cigarette
- Children will be able to develop the skills to avoid smoking

Activity Set

1. Show a picture of cigarette. Tell and then ask the child to label it. Repeat the activity until mastering.
2. Use video presentations showing the different human body parts damaged by Smoking cigarette
3. Use pictorial illustrations showing saying no to cigarette smoking
4. Assess if children refuse to cigarette or not

Risky Environments

Objective 1: Help children with ASD and related disorders understand, recognize, and avoid risky environments by teaching them how to identify unsafe settings that may expose them to harm, such as isolated places, dark areas, substance-use spaces, or environments lacking trusted supervision. This includes using visuals, real-life examples, and sensory cues to build awareness of environmental dangers, while reinforcing safe behaviors and strategies for seeking help. The objective also encourages the development of decision-making and self-protection skills that can reduce vulnerability and promote safety in everyday surroundings.

Objective 2: Help children with ASD and related disorders develop the practical skills needed to avoid the risks of being in unsafe environments by teaching them how to make safe choices, follow protective routines, and respond appropriately when they feel uncomfortable or threatened. This includes practicing how to stay close to trusted adults, avoid wandering into unfamiliar or isolated areas, recognize warning signs in their surroundings, and seek help when necessary. The objective emphasizes empowering children through repetition, visual tools, and clear rules to build confidence and reduce exposure to potential harm.

Resources:

- Pictures
- Video presentation
- TV & DVD

Expected Outcomes:

- Children will be able to properly understand and identify risky environments
- Children will be able to develop the skill of avoiding risky environments

Implementation Strategy:

- Orientation: Teacher explains about different types of risky environments
- Pictorial presentations: illustration used for identification of risky environments
- Video presentation: that show the risk of being in a risky environment
- Practice: field visit to real setting of risky environments
- Prompting: as needed

Activity Set

1. Show a picture of different risky environments and explain. Repeat the activity until mastering.
2. Use video presentations illustrating the different risky environments and consequences of being there.
3. Make a field visit to places that are considered risky for real-time experience and learn what to avoid

Stranger as well as Trusted Circle Danger

Objective 1: Help children with ASD and related disorders understand and identify stranger danger by teaching them who a stranger is, how to recognize unsafe behavior, and why not all unfamiliar people can be trusted. This includes using visual stories, role-play, and clear examples to help them distinguish between safe and unsafe interactions. The objective also fosters awareness of personal boundaries, builds vocabulary to describe uncomfortable situations, and encourages children to seek help from trusted adults when they feel unsafe or unsure.

Objectives 2: Help children with ASD and related disorders understand and identify trusted circle danger by teaching them that unsafe behavior can also come from familiar people, such as relatives, caregivers, neighbors, or authority figures. This includes helping them recognize inappropriate touch, manipulation, secrecy, or emotional harm, even when it comes from someone they know. Through visual supports, storytelling, and safe, respectful dialogue, the objective promotes body autonomy, reinforces the right to say "no," and encourages children to report uncomfortable or confusing experiences to a trusted adult without fear.

Objectives 3: Help children with ASD and related disorders develop the practical skills to avoid and report abuse from both strangers and members of their trusted circle. This includes teaching them how to recognize unsafe or uncomfortable behavior, set personal boundaries, say "no" firmly, leave the situation when possible, and report the incident to a trusted adult. Using role-play, social stories, and repetitive practice, the objective focuses on building self-protection strategies, communication skills, and confidence to speak up, ensuring children know that abuse is never their fault and that they have the right to be safe and respected.

Trainer note:

Children with autism and related developmental disorders face a higher risk of abuse and neglect compared to their neurotypical peers, including harm from both strangers and, most critically, from within their trusted circles. Global evidence, including reports from the World Health Organization (WHO) and UNICEF, indicates that children with disabilities are up to three times more likely to experience violence, often from individuals they know and depend on for care and support. These perpetrators may include family members, neighbors, relatives, teachers, religious leaders, healthcare providers, or other caregivers. Because these figures often hold authority or

emotional closeness, children on the autism spectrum may find it especially difficult to recognize abusive behavior, set personal boundaries, or report what has happened, underscoring the need for proactive, structured, and protective education tailored to their developmental and communication needs.

While it is essential to teach children about stranger danger, it is equally, if not more important, to address the potential risks posed by those within their trusted environment. Trusted circle abuse can be particularly harmful and confusing for children with ASD, as it involves betrayal by someone they are taught to respect or feel safe with. Many children on the autism spectrum have difficulty understanding manipulation, deceit, or boundary violations, especially when they come from a familiar and seemingly caring figure. They may be more compliant, less likely to question adult behavior, and struggle to distinguish between affection and inappropriate contact. Therefore, protective education must emphasize that no one, regardless of closeness or authority, has the right to touch or treat them in ways that make them feel unsafe, confused, or uncomfortable.

In the past, messages about stranger danger focused primarily on physical threats, such as being lured with candy or being taken by a stranger. Today, however, the risk landscape has expanded significantly due to technology and globalization. Children are now exposed to online predators, inappropriate content, and digital manipulation through social media, games, or messaging apps. For children with ASD, who may interpret communication literally and lack awareness of deception, the digital world presents even greater challenges. A seemingly harmless message or online friend could pose real danger.

When it comes to protecting children, especially those with communication or cognitive challenges, teaching about both stranger and trusted circle danger is one of the most urgent responsibilities of caregivers and educators. However, this task is not simple. Children with autism face unique social and communication challenges that may delay their understanding of safety concepts, personal boundaries, or abstract ideas like "danger" or "trust."

It is crucial to remember that teaching these safety concepts is not a one-time conversation or isolated lesson, it is an ongoing, consistent process. Concepts need to be introduced gently, reinforced regularly, and adapted to the child's level of understanding using visual aids, social stories, role-playing, and repetition. While limiting a child's interaction with others is not healthy or realistic, creating a safe learning environment where children can learn about healthy

relationships, body autonomy, and how to recognize unsafe behavior is both protective and empowering.

Resources:

- Pictures of a kind of dress, e.g., cashiers, the waitress, etc.
- Pictures of the core family, police, security guards, teachers, doctors, friends, service providers, …
- Colors/ coloring materials
- A flip chart to paste the pictures on
- TV & DVD

Expected outcomes

- Children will be able to identify strangers and family members properly.
- Children will be able to properly identify acts acceptable by both strangers and their trusted circle
- Children will be able to develop the necessary skills to avoid such dangers and report abuse

Implementation Strategies

- Orientation: The Teacher explains about the dangers that possibly can be posed by both strangers and trusted circles
- Pictorial presentations: pictures of families and other trusted circle identification
- Video presentation: that shows the risk of being with a stranger, inappropriate deeds and how to avoid and report that
- Prompting: as needed

Activity Set 1: Stranger Danger

- Use photos of families as the trusted circle of the child to help him/her identify families from strangers.
- Tell your child to steer clear of people in his/her life and play a game of coloring for classification of categories: mark stranger and danger red.
- Show videos of meeting up with strangers and potential risks and consequences happening

1. Teaching based on scenarios and stories. E.g., Opening the Door if No One Is Home, allowed and prohibited touches of body parts, receiving gifts such as candy and toys from strangers in exchange for a return.

Activity Set 2: Trusted Circle danger

1. Use photos of families and trusted circle of the child to help him/her identify core families from the trusted circle.
2. Tell your child to steer clear his/her trusted circle and play a game of coloring for classification of categories: mark core families green.
3. Show videos of unacceptable acts by families, such as inappropriate touch.
4. Show video of identifying dangers to report to core families, authorities, and others around for help.
5. Teaching based on scenarios and stories. E.g., your relative kissing you on your cheek and lips, a family member touching your genitals for sanitary or other purposes, your teacher/therapist taking you alone in a no-class session.
6. Teach children to memorize emergency and family phone numbers.

Session 7.2: Exploitation and Abuses

Objective 1: Enable children with ASD and related disorders to recognize, understand, and differentiate the various forms of exploitation and abuse, physical, emotional, sexual, financial, and neglect, by building their awareness of unsafe behaviors, situations, and relationships.

Objective 2: Strengthen children's ability to respond appropriately and safely to incidents of exploitation or abuse, and to confidently report such experiences to trusted individuals or authorities using clear, accessible communication methods.

Trainer Note:

There is a close relationship between the terms "abuse" and "exploitation." Abuse refers to the act of causing physical, emotional, or psychological harm to another person through maltreatment, violation, or misuse of power. Exploitation, on the other hand, involves taking unfair advantage of a person often for personal gain, profit, or gratification, at the expense of their rights, dignity, or well-being. According to international frameworks such as the World Health Organization (WHO)

and UNICEF, child abuse encompasses all forms of physical, emotional, or sexual mistreatment, neglect, or negligent behavior by a parent, caregiver, or any other person in a position of responsibility, trust, or power, which results in actual or potential harm to the child's health, development, or dignity. Children are particularly vulnerable to abuse and exploitation due to their dependence on adults, limited understanding of risk, developmental immaturity, and communication barriers, factors that are even more pronounced among children with disabilities or neurodevelopmental conditions. In this context, abuse is commonly categorized into several forms, including physical, sexual, emotional, and neglect-related harm.

Child Exploitation

Child exploitation can be defined as the use of children for someone else's advantage, gratification or profit, frequently resulting in an unjust, cruel, and harmful treatment of the child. These activities are to the disadvantage or harm of the child's physical or mental health, education, morals, or socio-emotional development. It covers conditions of manipulation, misuse, victimization, oppression, or ill-treatment. Child exploitation still goes to comprise child prostitution, trafficking for sexual abuse and exploitation, child pornography, sexual slavery, child labor, soldiering and recruiting and enforcing them to be involved in armed conflict, child bondage, using children for criminal activities including use, sale and distribution of drugs/Narcotics, cocaine…, involvement of children in any hazardous work are child exploitation that everybody has to protect them from.

Intentionally hitting or otherwise physically harming a child is considered as abuse. Forms of physical abuse may include: slapping, shaking, throwing, hitting, biting, tying, pinching, scratching, burning or scalding, suffocating or drowning, poisoning, withholding sleep, food, or medication.

A.Physical abuse:

Child physical abuse is the second mostly reported form of abuse, next to Neglect. It is any use of physical force against a child that doesn't happen by accident and causes injury. Hitting, beating, shaking, punching, biting, burning, scratching, and choking a child are all examples of physical abuse. Many physically abusive parents, caretakers, or others claim that they are disciplining the ways to make children learn to behave right. But there is a big difference between using physical punishment to discipline and physical abuse.

Signs of physical abuse

Indications that physical abuse may be occurring include the following, but it is important to note that these are not necessarily signs of abuse, and they can occur for other reasons.

- Unexplained black eyes, broken bones, bruises, bites, or burns
- Injuries that may reveal a pattern, for example, more than one burn or welts on the hand
- Protesting or crying when it is time to go to a particular location, whether home or school, or another place where abuse might occur
- Appearing to be frightened of a specific individual
- Being watchful, as if expecting something unpleasant to happen
- Flinching when touched
- Wearing inappropriate clothing, for example, long sleeves in summer/sunny days, to cover up injuries
- Talking about being injured by a parent, caregiver, or other person
- If an adult is carrying out abuse, they may:
- Appear overly severe and harsh when with the child
- Behave in an unpredictable way with no clear boundaries or rules
- Lash out in anger when the child does something wrong, instead of explaining
- Use the fear of physical punishment rather than teaching rules, as a way to control a child's behavior.

Activity Set 1: Physical Abuse

1. Tell using photos of different physical abuses of the child to help him/her understand the types of possible abuses
2. Play a game of coloring for classification of categories: mark abusive acts red or otherwise any color
3. Show videos of physical abuse acts and abuse signs
4. Show video of a child reporting abuse to core families, teachers, authorities, and others around for help
5. Teaching based on scenarios and stories. E.g., a child hit by a teacher reporting to the principal, a child with bruises on his/her skin showing to a police officer

6. Continue working on the children's ability to memorize emergency and family phone numbers

B.Emotional abuse:

Child emotional abuse is the most misunderstood form of which can result in damage to a child's developing brain, leading to long term learning difficulties, problematic behaviors, and increased incidences of physical and mental health matters. The emotional abuse of children may be the most damaging form of maltreatment, affecting their emotional and physical health as well as their social and cognitive development. It is a pattern of denying child love, sanction and security, or emotional mistreatment Bullying, isolating, criticizing, terrorizing, ignoring and shaming are types of emotional abuse. Continuous disparaging, humiliating calling names and making negative comparisons with others, telling children they are "not good," "worthless," or "a mistake" frequent shouting at them, or rejecting a child as punishment, giving them the silent treatment limiting physical contact with a child (no hugs, kisses, eye contact) or other signs of affection exposing a child to violence against others, whether it is against the other parent, a sibling, or even a pet.

Emotional abuse happens when people consistently say things and behave in a way that conveys to the child that they are inadequate, unloved, worthless, or only valued as far as the other person's needs are concerned.

These can have a profound, long-term impact on the child.

- Not allowing children to express their views and opinions
- Mocking what they say
- Silencing them
- Frequently shouting at or threatening them
- Mocking the way they are or how they try to communicate
- Telling them they are "no good" or "a mistake"
- Preventing normal social interaction with peers and others
- Ill-treating another person in front of the child, for example, through domestic violence
- Bullying, including online bullying
- "Emotional blackmail"

- All types of maltreatment will include some level of emotional abuse, but it can also occur on its own.

Signs of emotional abuse

Some of these signs may indicate that a child is experiencing emotional abuse:

- Appearing withdrawn, anxious, or afraid
- Showing extremes in behavior, for example, compliance/noncompliance, passivity, or aggressiveness
- Lack of attachment to parent or caregiver
- Age-inappropriate behavior, for example, sucking a thumb.

Activity Set 2: Emotional Abuse

1. Show videos of emotional abuse acts and abuse signs
2. Show video of a child reporting abuse to core families, teachers, authorities, and others around for help
3. Teaching based on scenarios and stories. E.g., a child who has been through frequent bullying and ridicule at school, reporting to a teacher,

C.Neglect:

Child neglect is a very common type of child abuse, which is a pattern of failing to provide things they need to grow, such as shelter, food, hygiene, supervision, medical attention, education or others needed for their safety. It can also include the failure to make a reasonable effort to protect a child from abuse, exploitation or neglect by another person. Neglect of a child may be based on repeated conduct or on a single occurrence that results in, or should reasonably be expected to result in, serious physical or mental injury or a considerable risk of death to a child.

Child neglect is not always easy to spot. Sometimes, a parent might become physically or mentally unable to care for a child, such as in cases of serious illness or injury, or untreated depression or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe.

Child neglect is when a parent or caregiver persistently fails to meet the basic physical and psychological needs of a child, resulting in impairment of the child's health or development.

The long-term effects of abuse include loneliness, isolation, and low self-esteem.

Neglect may involve:

- Not providing appropriate food, clothing, shelter, or medical care
- Locking a child in a room or closet
- Abandoning a child or excluding him/her from the family home
- Placing or leaving the child in a situation in which they might experience emotional or physical danger or harm.
- Neglecting or not responding to a child's basic emotional needs could constitute neglect.
- Inability to make a child get an education at the right time

Signs and symptoms of neglect

If a parent or caregiver is behaving in a neglectful way, the child may:

- Have medical or dental care needs that are not being met
- Have unwashed clothes, skin, or hair
- Be using drugs or alcohol
- Be missing food or money at unusual times, for example, for lunch or bus fare home
- Miss school frequently
- Nobody looks after them at home

Activity Set 4: Neglect

1. Tell using photos of different neglected children to help students understand what neglect means
2. Play a game of coloring for classification of categories: mark abusive acts red or otherwise any color
3. Show videos of acts of neglect
4. Show video of a child reporting neglect to core families, teachers, authorities, and others around for help

5. Teaching based on scenarios and stories. E.g., a child frequently neglected by his/her caretaker, getting proper feeding reported to his/her mom, a child neglected of proper care at home, manifested with dirty clothing, discussing the issue with his/her teacher

D.Sexual abuse:

It is any type of sexual involvement between a child and an adult. Sexual abuse can also be undercover sexual abuse on a child, or sexual acts. Sexual abuse and exploitation can take a variety of forms, including rape, commercial sexual exploitation and domestic abuse. Sexual abuse should be understood not only as violent sexual assault but also as other sexual activities, including inappropriate touching, where the child does not fully comprehend, is unable to give informed consent, or for which the child is not developmentally prepared. To best address and prevent the occurrence of such abuse and exploitation, it is important to understand how each act has devastating effects on the physical and mental Health of children, as well as their ability to learn and communicate. There may also be a deep impact on the family and community.

Sexual abuse is defined as any act that forces or entices a child or young person to participate in sexual activities. It is sexual abuse, even if the child does not understand what is happening and there is no force, violence, or even contact. If the child is forced or invited to participate in any activity that causes the other to be aroused, this is considered to be sexual abuse.

Such activities may include;

- Assault by penetration, such as rape or oral sex
- Non-penetrative sexual activities, such as arousing, touching, rubbing, kissing, and masturbation
- Getting a child to watch others performing sexual acts
- Getting a child to look at, show, or share sexual images, videos, toys, or other material
- Telling dirty jokes or stories
- Forcing or inviting a child to undress for sexual gratification
- "Flashing" or showing one's genitals to a child
- Encouraging a child to behave in a sexually inappropriate way
- Grooming, or preparing for future abuse or activity

The person who carries out the abuse may be an adult male, adult female, or another child, usually a teenager who has already reached puberty, although younger children may also carry out abuse.

Signs in the child that may indicate sexual abuse committed include:

- Talking about being sexually abused
- Displaying sexual knowledge or behavior that is beyond their years, bizarre, or unusual
- Withdrawing from friends and others
- Increased attachment to a certain individual
- Shying away from a specific person
- Running away from home
- Having nightmares
- Wetting the bed after not doing so before
- Changes in mood or appetite
- Pregnancy or having a sexually transmitted disease (STD)
- Burning sensation around the genitals and anus
- Physical signs that may indicate sexual abuse include difficulty walking or sitting down.
- Sexual abuse usually involves someone the child knows. Often, the child will be told to keep the relationship a secret. They may be threatened with something bad happening if they tell anyone.

Activity Set 3: Sexual Abuse

1. Tell using photos of different sexual abuse of the child to help him/her understand the types of possible abuses
2. Play a game of coloring for classification of categories: mark abusive acts red or otherwise any color
3. Show animation videos of sexual abuse acts and abuse signs
4. Show video of a child reporting abuse to core families, teachers, authorities, and others around for help
5. Teaching based on scenarios and stories. E.g.; a child experienced a form of sexual abuse and informs of the case to a mother, a sexual abuse survivor who has a burning sensation around her genitals, informing her mom/doctor

6. Continue working on the children's ability to memorize emergency and family phone numbers

Resources:

- Picture Illustrations showing types of abuses
- Videos presenting acts of reporting abuses
- Colors/ coloring materials
- TV & DVD

Expected outcomes

- Children will be able to properly understand different forms of exploitation and abuses.
- Children will be able to develop the necessary skills of responding to and reporting abuses

Implementation Strategies

- Orientation: The teacher explains the different forms of abuse
- Pictorial presentations: pictures showing visible forms of abuse
- Video presentation: that shows different forms of abuse and the response/reporting of victims
- Social Stories on scenarios such as: a child experienced a form of sexual abuse and informs of the case to a mother, a child hit by a teacher reporting to the principal, a neglected child telling of his case to a teacher, a child forcefully being pulled/held, shouting for help
- Prompting: as needed

Session 7.2. Do Report Abuses

Objective: Help children with ASD and related disorders identify, understand, and confidently report different forms of abuse by teaching them how to recognize unsafe behaviors, body boundaries, and situations that make them feel scared, confused, or uncomfortable. This includes developing their ability to communicate what happened, who was involved, and where it occurred, using words, gestures, or alternative communication methods. The objective also focuses on helping children know whom to report to, such as parents, teachers, caregivers, or trusted authorities, and to understand that reporting abuse is a right, not a wrongdoing. Through repetition,

modeling, and supportive learning, children will build awareness, self-protection, and trust in safe adults while strengthening their confidence to speak up and seek help.

- One sign that may indicate that abuse has taken place is children making drawings that represent their experience, or acting out what has happened to them in play.
- An individual who suspects or believes a child is experiencing abuse should take action for the child's immediate and long-term safety; you do not need to be sure whether abuse is occurring or know which type.
- It is worth noting that no two cases will be the same. The signs, too, may overlap. Aggressive behavior changes, for example, could be a sign of either physical or emotional abuse. In addition, other factors can trigger similar symptoms. The loss of a loved one, separation, or divorce, among other things, can also cause signs of emotional stress.
- Children who may have experienced abuse should visit a doctor or hospital, as physical medical help or counseling may be needed.
- There are help lines available, and the local police or health services can help. Calls can be made anonymously. The appropriate people will take action to investigate. To report a suspected case of abuse, you can call 9-9-1 or free Hotline (7711) for GBV survivors receives in three languages, Amharic, Afan Oromo and Tigrigna. The calls come primarily from women who are victims of violence, including GBV. The Ethiopian Woman Lawyers Association (EWLA) runs the call center to provide quick access to legal aid services.

Coordination & Referral Pathways

Effective prevention and response to abuse of children and youth with autism requires a coordinated, multi-sectorial referral pathway that is disability-inclusive, child-centered, and locally anchored. Key components of this referral system may possess.

1. Map and agree on the network of entry points and services.

Identify and document local entry points (Autism Rehabilitation Centers, schools/teacher focal points, health posts/health centers, social affairs office at woreda, Sub-City or zone, GBV/child protection units/police, community leaders, Nia Foundation/other NGOs, and any existing helplines). Produce a simple, pictorial referral card listing who to contact, where to go, and what

immediate help is available. Service-mapping and simple referral cards are a core first step recommended by child-protection guidance and humanitarian toolkits.

2. Establish clear SOPs and one-page referral pathways.

Develop short Standard Operating Procedures (SOPs) that define timelines (e.g., immediate safety steps; 24-hour health/medical response if needed; 72-hour case registration), roles, confidentiality rules, and reporting lines. SOPs should include disability-specific adaptations (communication supports, assisted interviews, sensory-sensitive spaces) so staff know how to receive and manage reports from people with autism. Inter-agency SOPs are repeatedly recommended by UN guidance.

3. Use a single, child-friendly first contact and referral card.

Design a simple, pictorial "If you feel unsafe" card that a child can carry or keep at school/home. Cards show: 1) three trusted adults to call, 2) a local health or police contact, 3) a reminder to keep themselves safe (go to a public place, stay with someone). These make help immediate and concrete and fit well with the visual learning strengths of many autistic children. Guidance on service mapping and simple referral aids is standard practice.

4. Ensure disability-inclusive communication and safe spaces.

All referral points and first responders (health, police, and social workers) must be trained to: use plain language, allow augmentative/alternative communication (AAC), permit a caregiver/support person if needed, provide sensory-sensitive interview rooms, and allow extra time. UNICEF's disability-inclusive child protection guidance sets this as essential.

5. Multi-sectoral case management and rapid coordination.

Once a report is received, activate a multi-sectoral case conference (health/psychosocial, social services, protection/police, education, legal aid) to make a Best-Interest decision and assign a case manager. Ethiopia's national child protection case management guidance and humanitarian CP (Child Protection) practice recommend timely case management and confidentiality. Use the Child Protection Information Management System (CPIMS) or paper logs where digital systems are unavailable to track referrals and outcomes.

6. Community engagement and prevention at the grassroots level.

Train community focal points (Autism rehabilitation Centers, school staff, health extension workers, community elders/leaders, religious leaders) in basic recognition, safe first response, and how to make a referral. Community awareness reduces stigma, increases reporting, and helps prevent trusted-circle abuse by widening accountability. Community coalitions are a cornerstone of Ethiopia's child-protection approach.

7. Protection measures and safe temporary arrangements.

SOPs must include immediate safety actions (safe room, medical check, psychosocial first aid, temporary alternative care) and legal reporting routes if criminal conduct is suspected. For children with autism, ensure caregivers are involved in decision-making and that placement options account for sensory and routine needs. Guidance emphasizes rapid medical/psychosocial access and survivor safety.

8. Capacity building, supervision, and referral quality checks.

Regular training and supportive supervision for teachers, health staff, police, social workers, and NGO staff who work in the same area are required. Simple quality checks, monthly referral reviews, anonymised outcome tracking, and a feedback loop to communities improve responsiveness and trust. UNICEF and WHO recommend strengthening the social service workforce and monitoring referrals as a priority.

9. Data protection, confidentiality, and informed consent.

Maintain strict confidentiality, record only what is necessary, and use consent procedures adapted for children with disabilities (involving guardians appropriately while respecting the child's agency). Records should be secured (CPIMS or locked files), and access limited to the case management team. International child protection standards require confidentiality and child-centered consent processes.

10. Practical low-cost tools

- Printable pictorial referral cards and school posters.
- One-page SOPs in local language(s) for woreda health/social offices and schools.
- Simple referral forms (paper) and a monthly consolidated log for areas without CPIMS access.

- Orientation packages for community volunteers and health extension workers on autism-sensitive response. Toolkits and SPSEA referral templates are adaptable and low-cost.

Session 7.3. Understand and Manage Others' Emotions.

Objective: Help children with ASD and related disorders develop the ability to recognize, interpret, and appropriately respond to the emotions of others by using visual signs, facial expressions, tone of voice, and body language. This objective aims to strengthen their social understanding, empathy, and communication skills, enabling them to interact more successfully in rehabilitation centers, school, home, and community settings. Through structured teaching, modeling, and guided practice, learners build awareness of emotional differences, learn how their actions affect others, and practice positive ways of responding, such as offering help, giving space, or seeking adult support when needed.

Trainer Note:

Children with ASD and related developmental disorders often experience significant challenges in understanding, interpreting, and responding to the emotions of others. Despite these difficulties, consistent, patient, and intentional teaching can meaningfully strengthen their ability to recognize emotional signals in people around them. Developing these skills is not only essential for improving their social interactions but also plays a critical role in reducing their vulnerability to manipulation, misunderstanding, or potential abuse.

Supporting learners to recognize others' emotions enhances their overall communication, builds empathy, and helps them navigate social situations with greater confidence. This manual provides practical, structured, and developmentally appropriate strategies, including visual supports, modeling, repetition, and guided practice, to help children identify emotional expressions and respond in safe, respectful, and socially appropriate ways. Trainers are encouraged to approach this work with persistence, flexibility, and encouragement, recognizing that even small progress can lead to meaningful improvements in the child's well-being and social participation.

Expected Outcome:

- *Children will be able to understand and identify the different signs of emotions people undergo*

- *Children will be able to develop the skills of recognizing and responding to people's emotional expressions properly*

Resources:

- Picture Illustrations showing types of emotional expressions
- Videos presenting emotional expressions and children understandably responding to them
- Matching / Flash Cards.
- TV & DVD

Implementation Strategy:

- Orientation: The Teacher explains about the different signs of emotions and how we respond to them
- Demonstration: teacher demonstrates different expressions of emotions by means of facial expression and bodily gesture.
- Pictorial illustrations: pictures showing visible forms of emotional expressions.
- Video presentation: that shows different forms of emotions and their expression, and how children need to respond to them.
- Social Stories on scenarios such as: a child who wants to play with another kid, and the kid is not in the mood to play, showing an unfriendly face. Then the child looks for other friends or plays by himself.
- Prompting: as needed.

Activity Set

Tell different emotional expressions (i.e., smiley face, sad face, happy face, crying face, angry face, funny face, open/loving hands, rejection hands,…) using pictorial illustrations.

Demonstrate different forms of emotional expressions by means of both facial and bodily gestures. Repeat until mastering.

Play a game of flash cards/matching with different emotional expressions with appropriate responses, such as: People crying, giving comfort; Rejection Signs, keeping self at a distance.

Show videos of the different emotional expressions that people use, and children responding to each of them.

Teaching based on social stories. Teachers are advised to create as many different stories of their own context.

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ANNEX: 1

STANDARD OPERATING PROCEDURE (SOP) TEMPLATE:-

For Autism centers, schools, and health institutions: reporting and referral of abuse cases involving children and youth with Autism

1. Purpose:

This SOP provides clear, step-by-step guidance for therapists, teachers, school staff, and health professionals to identify, respond to, and refer suspected or confirmed cases of abuse, neglect, or exploitation involving children and youth with Autism Spectrum Disorder (ASD). It ensures that all actions are consistent, timely, and aligned with Ethiopia's National Child Protection Case Management Guidelines and UNICEF disability-inclusive standards.

2. Scope and Application

This SOP applies to:

All therapists, teachers, school leaders, school counselors, nurses, health extension workers, and social/community workers who interact with children.

All rehabilitation, education, and health institutions that serve children and youth with ASD, including inclusive schools and special needs centers.

3. Guiding Principles

Best Interest of the Child: Every decision must prioritize the safety and well-being of the child.

Confidentiality: Protect all personal and case details; share only with authorized personnel.

Non-Discrimination: Children with autism must receive equal protection and respect.

Do No Harm: Handle disclosures gently, avoid re-traumatization.

Inclusion and Accessibility: Communicate in ways suitable to the child's needs (visuals, AAC tools, simple words).

4. Step-by-Step Procedure

Step 1: Recognition

Observe for unexplained injuries, fear of certain people, sudden withdrawal, regression in skills, or unusual anxiety.

Pay attention to nonverbal signals or changes in routine behavior (e.g., refusal to attend school, changes in communication).

Document only facts, not assumptions.

Step 2: Response

Stay calm and ensure privacy.

Listen without judgment; do not ask leading questions.

Reassure the child: *"You did the right thing by telling me. I will help you stay safe."*

Provide emotional comfort; do not make promises you cannot keep.

Step 3: Record

Use the Incident Reporting Form, including:

Child's name, age, gender, and communication style.

Description of concern (who, what, where, when).

Immediate actions taken.

Name and signature of reporter.

Step 4: Referral

Refer cases within 24 hours to the appropriate authority:

SN	Referral Pathway	Contact / Institution
1	School Child Protection Focal Person	(put name and phone)
2	Woreda Office of Women, Children & Social Affairs (MoWSA)	(put contact)
3	Health Center / Social Worker	(put contact)
4	Police (Child Protection Unit)	991

5	Child Helpline	8335
6	Nia Foundation / Partner NGO	(put contact)

In emergency cases, call the police (991) immediately

Step 5: Follow-Up

Support the child's ongoing care and psychosocial recovery.

Participate in case review meetings organized by MoWSA.

Continue to monitor the child's safety and emotional well-being.

5. Roles and Responsibilities

SN	Role	Key Responsibilities
1	Director of the Center/Teacher/ Health Worker	Observe, listen, and report immediately.
2	School Director /Facility Head	Ensure prompt referral, maintain records.
3	MoWSA Child Protection Officer	Coordinate inter-agency response and case management.
4	Police (Child Protection Unit)	Investigate and ensure protection.
5	Nia Foundation /NGO Partner	Provide specialized autism and psychosocial support.
6	Parent /Caregiver	Cooperate with authorities and support the child.
7	Teacher /Health Worker	Observe, listen, and report immediately.

6. Key Contacts (To Be Filled by Each Institution)

SN	Organization / Individual	Name	Phone / Address
1	Nia Foundation Contact		
2	Center/School Focal Person		
3	MoWSA Child Protection Officer		
4	Health Center Social Worker		
5	Local Police (CPU)		

7. Monitoring and Review

The Center/ school or health facility shall review and update this SOP annually.

Conduct staff training every six months.

Keep a confidential file of all reported cases and actions taken.

ANNEX: 2

Pictorial Referral Card for Persons with Autism

If I Feel Unsafe or Someone Hurts Me

It is okay to tell. You have the right to be safe.

SN	What Happens	What I Should Do	Who Can Help Me	Phone or Place
1	Someone touches me in a way I don't like	Say "STOP!" and go to a safe place	My Parent/ Caregiver/Social Worker/teacher	(Insert parent phone number here)
2	Someone says or does something that makes me scared or confused	Tell a Therapist/Teacher or School Counselor	My Therapist/Teacher/ Counselor	(Insert school contact number)
3	Someone hurts another person	Tell a Responsible Adult right away	Community Police/ Child Protection Officer	991 (Police)/ 8335 (Child Helpline)
4	Someone online or on the phone talks to me badly or sends bad pictures	Tell a Trusted Adult, and never reply to the message	ICT Teacher/ Parent/Older Sibling	(Insert ICT office contact or parent number)
5	I feel unsafe at home or anywhere	Go to my Safe Person or Safe Place	Therapist/Health Extension Worker/ Social Worker	(Insert local health post or woreda social office contact)

My 3 Trusted Adults

1. _____ (Parent/Sibling/Guardian)
2. _____ (Therapist/Teacher/Social Worker)
3. _____ (Neighbor/Church or Mosque Leader)

Simple Safety Rules

✓ I can say “NO” when something feels wrong.

✓ I should tell an adult I trust.

✓ I should keep telling until someone helps me.

✓ I am never in trouble for telling the truth.

Visual Signs (for printing or laminating)

⊘ *Stop hand sign* - for “No”

🚶 *Walking away symbol* - for leaving unsafe situations

📞 *Phone icon* - for calling a trusted person

🏫 *School building icon* - for a safe place

💬 *Speech bubble icon* - for “Tell someone”