

# **I Protect Myself**

*Simple language booklet to educate children  
with and without disabilities about prevention against sexual abuse.*

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## Research Question

How can we support families and educators to teach children with and without disabilities about sex abuse and how to prevent it?

## Research Objectives

Analyze data, gather bibliography and consult with specialists to create and validate practical and easy to use materials to prepare children with and without disabilities to prevent and combat sex abuse with the help of family and educators.

## Presentation

UNICEF (2015), The United Nations Children's Fund, estimates that 120 million girls under 20 (about 1 in 10) have been raped or sexually abused. Boys are also at risk. Almost half of adolescent girls who go through sexual abuse do not tell anyone, and 7 out of 10 never seek help.

In the case of children with disabilities, there is a gap in the literature. But it is known through scarce data and anecdotal accounts in the community that the level of vulnerability of children, adolescents and adults with disabilities to sexual abuse is extremely high:

- Children with disabilities are almost four times more likely to become victims of violence than children without disabilities, and nearly three times more likely to be subjected to sexual violence, with girls at the greatest risk (Jones et al, 2013).
- In Africa, nearly every young person interviewed (between 18 and 24) had been sexually abused at least once – and most more than once (African Policy Forum, 2010).
- People with intellectual disabilities are sexually assaulted at seven times the rate of people without disabilities in the United States, according to the U.S. Department of Justice, and this crime often goes unrecognized and unpunished (Shapiro, 2018).
- In Australia as many as 62 per cent of women with disabilities under the age of 50 experienced violence since the age of 15, and women with disabilities had experienced sexual violence at three times the rate of those without disabilities. (Dowse et al, 2016).
- In Chile, Costa Rica and Uruguay, 70% of women with disabilities suffer from gender violence, exclusion situations and marginalization and young women with disabilities are often subjected to forced medical treatment, decided without their consent (UN Report Santiago, Chile, 2016).
- In Brazil, 10.3% of rape victims were disabled. In addition, 12.2% of the total cases of collective rapes were against victims with some disability (Diest/Ipea and FBSP, 2018). And a recent report by the UN Special Rapporteur on the rights of persons with disabilities (2017) concluded that:

“Many of those forms of violence are a consequence of the intersection between disability and gender and might happen while a girl or young woman with disabilities performs daily hygiene, receives treatment or is overmedicated. Gender-based violence occurs at home, in institutions, in schools, in health centers and in other public and private facilities, and perpetrators are frequently relatives, caregivers and professionals on whom the girl or young woman may depend.”

## **Sexual abuse of people with disabilities**

A series of factors may contribute to further widen the vulnerability of populations with disabilities.

- Unawareness of the body and its functions;
- Lack of access to sex education tailored to their needs;
- Ignorance of concepts such as public and private;
- Unawareness of the concept of consensual relationship and sexual abuse;
- Unprepared for the use of social networks;
- Inability to recognize and defend oneself against aggressors;
- Lack of autonomy;
- Fear, generating denial and overprotection of family members;
- Embarrassment and lack of information / training of family members, therapists and educators (United Nations Population Fund, 2018).

Women with disabilities are extremely even vulnerable because they are raised trusting other people to care for them (Cruz, 2007).

All this can occur because among people with disabilities, especially those with intellectual disabilities, sexuality is treated, almost always, as taboo by their relatives, caregivers and educators. Often, in an attempt to protect their children, parents and family members simply ignore the subject, treating individuals with disabilities like angels or eternal children (United Nations Population Fund, 2018).

Nevertheless, in his book “Already Doing It”, Michael Gill argues that it is a given that people with intellectual disabilities are active agents in their sexual expression. In the first chapter, “Rethinking Competence and Sexual Abuse”, Gill describes the case of a sexual encounter of an 18-year-old woman with intellectual disability with her assigned 15-year-old peer educator at a mainstream school staircase in 2004. What could be seen as a consensual affair, was taken to court and the teenager was charged with sexual assault and sent to juvenile detention. Unfortunately, we might never know what really happened, as, disregarded by an ableist judicial system, the young woman’s testimony was never heard (Gill, 2015, p. 26).

The denial of family members and social exclusion do not prevent the bodies of young people with disabilities from growing, developing, going through the same biological cycle as their peers such as menstruation, masturbation and ejaculation. As a consequence, these young people

awaken to sexual desire and feel the need to exercise their sexuality and maintain loving relationships.

Sexual and reproductive rights of persons with intellectual disabilities should be fulfilled on an equal basis with others. In her research in locked wards in the UK, Rebecca Fish found that most female participants with intellectual disabilities “did want a sexual relationship, despite experiencing sexual abuse and violence in their pasts” (Fish, 2016).

But because young people with intellectual disabilities did not have access to adequate preparation, besides being able to present socially inappropriate behaviors, and being labeled as "hypersexualized," their lack of information and experience put them at heightened risk for situations of abuse. (Ministry of Health, Brazil, 2018)

On top of that, the lack of preparation for using social media and virtual relationship forums and apps can lead them to the undue sharing of messages, photos and videos making them more vulnerable to potential abusers (UNICEF-Argentina, 2019)

On sex education, Gill expresses concerns over the fact that some materials targeted at people with intellectual disability focus on heterosexuality, sex oppression and harm reduction. The author affirms that “individuals can be equipped to lead diverse sexually fulfilling lives while negotiating discourses of abuse and risk” (2015, p. 58)

## **Inclusive Education**

Around the world, there is a lack of public policies and educational programs designed to include people with disabilities. Providing an appropriate, multi-sectoral, and coordinated institutional infrastructure that ensures preventive measures to combat sex abuse is critical.

Those who did not have the opportunity to experience an inclusive education, do not usually share inclusive environments with their peers of the same generation without disability. Most young people seek to know about sex through other peers or the media, where pornography dominates with a violent and abusive version of sexuality. Young people with disabilities are left out of the information and opportunities for responsible exchange on the subject, while still having access to disconnected images and behaviors that they might fail to understand and contextualize.

Considering the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) by 181 countries, those States Parties to the Convention should “ensure an inclusive education system at all levels” UN General Assembly, 2007). That is to say that students with and without disabilities should attend the same schools and learn the same subjects alongside each other in the same classes.

To facilitate this change, students with disabilities must have access to adapted materials so that they can learn the same content as their peers. One of the tools that facilitate inclusive classes is Universal Design for Learning (UDL), “a framework to improve and optimize teaching and learning for all people based on scientific insights into how humans learn”(UDL Guidelines,

2018). With comprehensive, concrete and proper education, students with disabilities would be able to prevent abuse and lead a healthy fulfilling sex life.

### **Why this project?**

I decided to work on this project because of my daughter, who is now 15 years old, and was born with Down Syndrome in Brazil.

We lived in Switzerland for five years, where, surprisingly, access to inclusive schools is limited to students with very mild disabilities. According to the Federal Statistical Office half (53%) of pupils requiring reinforced learning support were integrated into a standard class, 6% received support in a special class and 41% received support in a special school in the school term of 2017/2018 (Switzerland Federal Statistical Office, 2017/2018).

But the fact is we tried to enroll her in over 13 schools in 2014, and all refused Amanda. At that time, the only option was a special public school. She went there for 6 months and all my daughter learned was how to become more disabled. She lost her good behavior and started imitating other peers actions, like throwing herself to the ground and screaming. She also lost her ability to read that she had acquired in an inclusive school in the United States, where we had lived for the previous 4 years.

They offered me the opportunity to sit during one class with one teacher, Amanda and another pupil with Down syndrome. The teacher spoke with her in French quickly, as if she was speaking to a non-foreign kid without disability. Not even I could follow her words. She made Amanda read the one 10 page-book she had been “working with Amanda” for the last 4 months. Amanda parroted the words back in French, without looking at the book or a clue about what she was “reading”. After this day I decided to move her from public special school to private lessons with a tutor. She learned to read in French but lacked social contact with children her age.

When we moved back to Brazil in 2018, I realized that this beautiful teenager, who had limited speech was too vulnerable to enter an inclusive school setting without learning how to navigate an environment with peers her age. It immediately occurred to me that she would need self-defense lessons. And adapted sex education to be easily understandable. I tried to talk to my daughter about bodily changes, menstruation, and warn her that she should not undress in front of others, that she should sit with her legs down (she is quite flexible), but she would not get it. She is very visual and needed peer models and more practical and concrete image cues. Prior to now she was living in a trusted family and caregiver enclave, surrounded by trusted adults. She had yet to enter the more realistic world without these safety nets and I wanted her to have practice defending herself before we released her into the outside world.

I reviewed textbooks on sexuality for children with disabilities and sexuality in general that I had been collecting since she was born, took workshops on sex education for people with intellectual disabilities, and began designing a booklet with pictures for Amanda. The idea was to combine sex education and self-protection in the same book, using practical, direct, concrete, down to earth information in a universal design learning format, so that this important educational tool would be available to the largest group possible—not solely girls with disabilities.

As far as my research went, I couldn't find any materials that joined the three elements together - sex ed, self-defense and easy read.

Actually, Easy Read (Simple language, as we call in Brazil) became a new area of interest to me, that would reach not only for people with disabilities. In unequal, uneducated countries like Brazil, it should be used in every source of public information. I am currently working with other specialists to educate communication agencies on how to inform clearly, using comprehensive images and less text.

### **First presentation on the project**

On 21/3/2019, I was invited to make a presentation as a member of the Board of Down Syndrome International and co-founder of Movimento Down, to mark World Down Syndrome Day 2019 at APAE DF in Brasilia, Brazil, an institution for people with intellectual disabilities.

I showed the first version of the booklet I was creating on sexual education and self-defense for people with intellectual disabilities to staff, clients and their parents of their day center. The presentation was very well received and even cheered at by the audience.

At the end of my presentation, a 15-year-old girl with Down syndrome came to me and asked me to give the same presentation at her school. She urged that I call her inclusive school director and show it there right away. I later found out that this girl had been molested by a previous school non-disabled peer (he touched her breasts in front of their classmates). The case was taken to the Public Ministry, and in the end the aggressor was considered innocent. The girl had to change schools.

Another woman came to talk to me: Neusa Maria, a psychologist who runs an NGO called Renascer (Rebirth) in the periphery that attends to women who are victims of violence and marginalized groups, including people with disabilities.

She was the one who first alerted me to the urgent need for this kind of material, and how it had the potential to benefit not only girls and women with disabilities, but a much wider public.

### **Interview about the project**

As a part of my research, I sent the PDF archive with the booklet I built for my daughter to Neusa Maria to have a look, and later interviewed her.

The interview made me more determined to carry on with this project.

*Content of interview translated from original in Portuguese*

“I took a look at the materials and I think there is a lack of dialogue with the person himself, who is the victim of violence, because people with special needs unfortunately, are more than likely to be sexually abused, and factors such as communication difficulties and understanding of

abusive behavior such as violence are what give the abuser the opportunity to continue abusing without being caught and punished.

We know that in 2008 Brazil ratified the Convention on the Rights of Persons with Disabilities, but we also know that there is almost no effective public policy in the area. And I realize that children, adolescents, and adults with intellectual disabilities are much more susceptible to these abuses, which are not reported, and they are subjected to these abuses all the time, at home, at school, on the bus etc.

They are vulnerable because they do not understand. And abusers remain free to abuse, especially girls, who are more vulnerable than boys. Children with Down syndrome, CP, Deaf, Blind, Mentally Delayed I noticed attending in the community are the ones who are most vulnerable to such abuses regardless of gender.

We know that violence is not only in one sphere. And abusers know it and take advantage of these vulnerabilities. They abuse by making sure that they will not be punished. I've had cases where the family only found out when the girl became pregnant. And the victim grows up without understanding what happens, does not perceive the cycle of violence.

We professionals need to make it clear that this is neither normal nor acceptable. The recurrence of these abuses is enormous. This booklet must be primarily intended for the victim, so that they recognize and denounce, or at least begin to identify this cycle. We know that when it refers to the sexuality of these groups, there is a certain silence. And that silence enables the abuse, risk, and vulnerability of these people.

Their sexuality exists, it is a basic necessity, we must understand it, face it, because, either society does something, or we will continue with this anguish of attending to abused children, adolescents and adults, with psychic sufferings, sometimes even without understanding what happened to them. We need to change the context, not allow this violence to take off. The phase of puberty is a very important stage in which to work, it is one of the main phases where abuses occur, perhaps even because of biopsychosocial change.

I saw your presentation at the APAE (*first version of the booklet presentation*), I really liked it because at least for me, it's unprecedented material, I realize it's a taboo to talk about sexuality in these groups. The right terms like vagina and penis, I think it's more appropriate, I remember a teenager told me, "touching the body is good I feel good it's a good feeling. When I say that to my mother, she hits me". I think that if our behaviors were ambiguous, there would be conflicts.

Maybe also, it would be good to include, pregnancy and ejaculation, menstruation is already on the topic, which is very important. This information will be useful for young people to understand and know their body (knowing the body is extremely important) all this understanding helps to develop the possession of the body in the youth. If they know and understand their body, this will help them. After all, the limitations are intellectual and not emotional and encourage this knowledge and communication in a playful process, as well as with clear and appropriate designs for their understanding is ideal!

This booklet is already born with the proposal of not encouraging parents to deny their children's sexuality, which I have already found wonderful! And just because of this, it has already worked, because it is difficult for you to have this dialogue with parents, and to deny the sexuality of these young people is to have to deal with psychic suffering, sadness, depression, pain, finally, suffering that leads to illness and imbalance of the young person, of the parents, of the relatives.”

***Patricia - What do you think, in your experience, would be good to add to the booklet?***

“There are questions that would be very good if you could tackle like: be explicit that no one else can touch their body, that they cannot send photos of their nude bodies - I have a lot of difficulties with adolescents because some of them who have cellphones, we find nudes on their cellphones, that they send, and ask other people to send them pictures as well, and sometimes we note that even people in their own families ask them to send nudes.

Add material saying that they can't kiss me on the mouth. There was this 12 year-old girl that gave me a kiss on the mouth and put her tongue in my mouth, and when I told her no, she told me that adults are kissing her on her mouth, with second intentions. There are children who tell me that sometimes they go outside for a moment and people want to touch their bodies, holding them against the wall. They are invited to get inside strangers' cars. Many girls were raped because they were called to get in the car, “hi, hi”, and get abused, in a neighbor's home,... it happens many, many times.

I don't know if it's because it is the outskirts, and working with minorities we perceive it very, very much. And I think these statistics are under-notified because parents do not notify the police, and people let everything pass, it is surprising how much they let everything pass.

Asking kids to lie down and close their eyes - this happens a lot with boys! I treated many boys who have been sexually abused. Not all that is good is permitted... Errr... Some girls have sexual intercourse ... Why this phrase: not all that is good is permitted? Because many girls tell me, when I question them, they say “I liked it, I want to do it again”... Precisely because they are in this phase, and they are abused, and they don't understand it as abuse, they understand it as tenderness because they felt pleasure and thought it was good. so, this is very important.

And make it very clear that even if it is someone from the family, your intimacy is just yours. and... that it cannot be invaded and unfortunately pregnancy happens, and ... it is very common... people think that those with Down syndrome don't get pregnant, but they do get pregnant. It happens a lot, which is not good because then there is another child at risk of vulnerability, because I work with these families. So, I wanted you to touch on this aspect.”

***Patricia - What do you think are the main challenges?***

“I worked for two years with children with special needs and I noticed that the difficulty is more in understanding, getting the victim to understand that she was abused, getting them to understand what is considered abuse. I note that... then what happens, that abuse keeps happening, becomes natural, the child understands it as affection, the family doesn't do anything because they don't understand that the child was abused; this happens a lot by people very close

to the family, at schools, at a social level where they are included, in transportation that pick up and deliver the children and teenagers, or even adults, because there are adults with cognitive disabilities that have adult bodies but the cognitive age is that of a child, then my worry is that, as you are the first person that I've met that is willing to do this work, I wanted to pass on this understanding.

If that child opens that booklet and lets people know with their finger, with their hand and sign, and says - mum, this happened to me. And if they manage to say who, we could break the abuse cycle! So, my perspective is more or less through this side, ok? I think if we don't think of everything, include everything, the materials that exist are more directed at families, they have to understand that children need to have this understanding. If we can get - I don't know how we are going to do that, I know it is difficult, but if we get to do this, wow... it would make a huge difference, Patricia, really huge.

The reality in which I work in the outskirts is a little different. It is as if there were two distinct realities, one, of the young people that, despite cognitive and physical disability, live their sexuality even if dysfunctionally, because often they do not perceive the abuse. The other, is of young people who feel the desire, which we cannot deny because it is part of human development, but do not know how to deal with it especially because it is a taboo subject, so families also do not have a way to talk about it, and doing this work in schools, I realized that exclusion is driving them, many times, to suicidal thoughts and self-extermination. One of the girls told me that after she was abused, she felt so dirty that she had to take a shower with a heavy brush, and this was why she was bruised.

Boys have their libido very prominent, and I hear complaints about their behavior as well. I realize we have a lot of work to do. I see that in the environment I work in it is also difficult for the mothers to have an understanding because they don't have access to information. Then I note that when mothers have a differentiated socio-economic level, they have more access to information.

Today, I had a complaint that one of these boys, with another girl, were hugging, and kissing on the mouth and she was kissing back, and I had to explain - mother, it's because of the phase they are at... I saw that she became very nervous - "oh, do you think this is normal, you are letting them get away with it? This is wrong, it's shameless". I explained to her, mother, this is not a lack of shame, they feel what we feel, there is no way out of it, if you feel like loving, if you feel like dating, so will your son. He is not different from you in this respect. He is different physically, that is visible, but that doesn't mean that he won't feel the same as you feel, that way she started to calm down and began to understand a little, but I noticed that it is complicated, and I go there (*to the schools*) just go give presentations to parents, deliver workshops, I can imagine the teachers that deal with it every day.

Sexuality is a phase of development that is ingrained in all of us, independent of our conditions, and in these minority groups it has been ignored for many years. The damage is enormous, but we can change this perspective through a multi-disciplinary team and do prevention work that is effective, that does not treat the subject as taboo and that works.

I liked your material, I know that we need some adjustments, but I worked with it with small children today and even the small children, they understood it, it provoked reflections, (you needed to see the stories that came out of it!)

I had access to questions that in another way I wouldn't have had. It was good to work with teachers at continuing education. The children recognized themselves, but the best thing is that anyone can understand the guide's content, it's not for a specific public, it is for the general public, it is very professional already, looks like final work already. You asked for feedback, I saw it, and worked with it and they liked it very much. It is a potent instrument for psychological access, raising many questions. It will point out many abuse cases. I work with domestic violence and mental health prevention psychology and human rights with all age groups, from children to elderly people. All my work is for free.”

## **Process**

To do this research, I contacted other people I knew and others I did not know before, and are specialists in the area, showed them what I had done so far and asked for their feedback.

I created a WhatsApp group where we exchange information and adjust the material.

More than 50 people from different countries, among, psychologists, writers, educators, policewomen, lawyers, mothers, social assistants, people who have been abused, people with disabilities... who became collaborators of the project.

A full list of collaborators can be found on the project's website:  
<https://www.eumeprotejo.com/colaboradores>

At first the project was called “My Body is Mine”. And later we decided to change the name to “I Protect Myself.”

We decided to separate the information in age groups – child, pre-teen and teen.

We decided that, due to the strong conservative wave the world is facing, it would be safer to guarantee that small children were covered with solid direct information about body parts, how to recognize sexual abuse and what to do about it.

The information in the first booklet is just about body protection and abuse prevention – no sex education content involved.

The first book was divided in 6 sessions, with over 100 pages. Then we decided that we should have a “light” version with less pages, because children could lose focus/interest.

The 100-page book would still be used, but as an “educators’ resource” for schools.

The final book has 33 pages and is intended for children from 0 to 8 years old.

I hired an illustrator and instructed him to use characters with different characteristics. In the first booklet we have: indigenous kids, white kids, black kids, kids with Down syndrome, scout kids, kids with albinism, kids with glasses, kids with crutches, etc.

I hired a designer for the website, which was launched on March 5, 2020.

Reviews have been all positive, with some press coverage and also requests for translation to other languages.

Volunteers have translated to English and Spanish (soon to be published at the website) and Brazilian Sign Language.

I also translated to Portuguese the booklet *It is Part of life*, about sexuality of young people with disabilities which will be added to the website soon.

During the Covid-19 pandemics, we added a WhatsApp helpline for children, because with social isolation child abuse and domestic violence reports at the Brazilian Ministry for Women, Family and Human Rights have gone up 17,79%.

## **Conclusion**

I hope “I Protect Myself” can reach as many people as possible, so that families are encouraged to educate their children and that children may be prepared to own their own bodies and prevent any form of harm from others when they are younger and later on in life.

[www.eumeprotejo.com](http://www.eumeprotejo.com)

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## **Appendix I**

**Booklet translation to English – Children 0 to 8, or according to development.**

**Booklet images: [https://19f4ab62-7d8d-403f-b2ea-843c1bb7fde9.filesusr.com/ugd/d8efe7\\_6094bf94fabd4d07bbcf9a18c3c621c7.pdf](https://19f4ab62-7d8d-403f-b2ea-843c1bb7fde9.filesusr.com/ugd/d8efe7_6094bf94fabd4d07bbcf9a18c3c621c7.pdf)**

Page 1

### **I PROTECT MYSELF**

Page 2

### **PRESENTATION**

This book was written for children who are beginning to learn about their body.

They need to learn about how to protect and take care of it.

This book will also help families and educators talk about these measures with children.

Page 3

### **I AM GROWING UP**

We are all born babies and then grow up.

Page 4

Do you know what the private parts of our bodies are?

Page 5

### **PRIVATE PARTS**

Are those covered by:

- Diapers,
- Underwear,
- Panties,
- Bras, tops,
- Bikinis,
- Swimsuits and trunks.

Page 6

**THE PRIVATE PARTS ARE:**

	Mouth	
Vagina	Breast	Testicles Penis
	Butt	

Page 7

**AND THE MOUTH?**

Even though it's not covered by clothes,  
The mouth is also a private part.

“My mouth is only mine!”

Page 8

**WHO CAN TAKE CARE OF ME?**

Page 9

**I MAY NEED HELP TO TAKE CARE OF MYSELF**

And it is OK. People who I trust can help me:

- Go to the bathroom,
- Take a shower,
- Change my clothes.

Page 10

**PEOPLE WHO ARE ALLOWED TO TAKE CARE OF ME**

People who I trust may take care of me, but must not touch my private parts.

People are only allowed to touch my private parts if I do not know how to bathe or take a shower.

But they must not touch me in a way that hurts or embarrasses me.

Page 11

ATTENTION!

If someone wants to caress me and asks to touch my private parts, this person is lying!  
This is not a caress.

Page 12

PROTECTING MYSELF FROM DANGER

Page 13

ATTENTION!

I need to learn how to protect myself from people who do not respect other people's body.

In our family there may be people like that too.

Page 14

CAREFUL

I do not touch people I don't know.

Page 15

DANGER!

BE VERY CAREFUL!

If someone wants to touch my private parts.

Page 16

DANGER!

BE CAREFUL!

If someone, man or woman, wants to touch me.

Page 17

DANGER!

BE CAREFUL!

If someone asks me to do something on his/her body.

Or wants me to let him/her do something on my body I do not think is OK,

Or something that embarrasses me.

Page 18

DANGER!

BE CAREFUL!

If someone wants to play doctor with me

Or asks me to take off my clothes.

Page 19

DANGER!

BE CAREFUL!

If someone wants to show me his/her private parts.

Page 20

DANGER!

BE CAREFUL!

If someone wants me to show him/her my private parts,

Or wants to film or take a picture of my private parts.

Page 21

DANGER!

BE CAREFUL!

If someone wants to go into the bathroom with me.

Page 22

ATTENTION!

If any of these things happens

And I feel uncomfortable/embarrassed

It is because there is something dangerous!

Page 23

DANGER!  
THEN I MUST RUN AWAY!  
I must run and shout:  
NO!  
HELP!

Page 24  
NO IS NO!  
I make a STOP sign with my hand.

Shake my head.

Push the person away.

Page 25  
ATTENTION!

I tell someone else

Who I really trust

What is going on.

Page 26  
ATTENTION!

But this person must not be the one who is bothering me,

Even if this person is family.

Page 27  
ATTENTION!  
I must tell what is bothering me even if  
I was touched by someone whom I trusted [*or* someone I trusted touched me].

Page 28  
ATTENTION!

Even if this person says that this is a secret, or that no one will believe me if I tell.

Or that if I tell, something bad will happen to someone I love.

Page 29

**ATTENTION!**

This is a threat or a menace.

Never believe in threat/menaces!

I tell everything,  
The menace too!

Page 30

**DANGER!**

I stay away from the person.

Even if this person is

My father, my mother,

My brother, my sister,

My grandpa, my grandma,

My stepfather, my stepmother

or anyone from my family.

Page 31

**DANGER!**

If I do not find

anyone who I trust nearby

I will seek help

In my school, in the health center,

Hospital, child protection services or

A neighbor.

Page 32

**How I feel**

Draw here how you feel after learning the content of this book.

Page 33

**Let's sing "I protect myself"?**

I love my body, it's mine,  
I don't touch people I don't know.  
I shout very loud  
If someone touches me (very loud)  
Shoo, shoo, shoo  
Get out  
Because no one can touch my body!  
Because no one can touch my body!

Page 34

**WHAT'S THE PLAN?**

Private parts are PRIVATE  
Let someone you trust know  
Always remember: your body is yours  
No is NO

The PLAN is to protect yourself

Page 35

I protect myself because my body is only mine.

Page 36

"I protect myself" is a volunteer-based, non-profit and independent project to teach preventive measures against child sexual abuse.

Website      [WWW.EUMEPROTEJO.COM](http://WWW.EUMEPROTEJO.COM)  
Email         [EUMEPROTEJOB@GMAIL.COM](mailto:EUMEPROTEJOB@GMAIL.COM)

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## **Appendix II**

Website contents – Translation to English  
[www.eumeprotejo.com](http://www.eumeprotejo.com)

### **I Protect Myself**

#### **What is it?**

“I Protect Myself” is a booklet with illustrations for children from 0 to 8 years old to learn about their bodies.

It was made to be read with family, educators or protectors.

Use according to the need and the understanding of each one.

You will find information and drawings to talk to the children about: the body, care, family, who can help, how to protect themselves.

#### **PREVENTION IS ALWAYS THE BEST REMEDY**

It is our responsibility to prepare the children to protect and defend themselves.

Why?

Nobody wants to believe that abuse CAN happen to your child. We need to stop DENYING that this can happen and recognize that there are ways to PREVENT it from happening.

Talk to your daughter or son about preventing sexual abuse.

It may be the best gift you have ever given her or him.

Didn't we convince you? Click the buttons below for more information.

Why don't parents talk to their children and take preventive measures against child abuse? See 10 excuses that families make for not discussing the subject and the reasons that make this conversation so important (The excuses are numbered and in capital letters. Touch the square to see the reasons):

1. Children are seldom victims of sexual abuse. Actually, according to the U.S. Centers for

Disease Control, in the United States, 1 in 4 girls and 1 in 6 boys is sexually abused by the time they are 18. Consider those numbers for a moment. They are shocking and devastating. Those figures alone should motivate parents to seek out prevention strategies.

2. This kind of thing doesn't happen where we live. Actually, child sexual abuse has no socio-economic boundaries. It doesn't care if you are black or white, rich or poor or what religion you practice. It can creep in when you least expect it.

3. We don't let our children go near strangers. Actually, 93% of all child sexual abuse occurs at the hands of someone known to the child and trusted by the parents. Even if a child is never around strangers, he or she could be victimized by a neighbor, a coach, a religious official or family member. Parents who teach only stranger danger are doing a disservice to their child.

4. My child is not old enough for this discussion. Actually, the appropriate age to discuss child sexual abuse prevention is when a child is three years old. The conversation can start as simply as "Did you know that the parts of your body covered by a bathing suit are private and are for no one else to see or touch?" Continue the conversation by explaining to the child that he or she should tell Mommy, Daddy or a teacher if someone touches him or her on those private parts. Be sure to include any necessary exceptions for potty training, hygiene and doctor visits.

5. I don't want to scare my child. Actually, when handled properly, children find the message empowering and are not frightened at all. Parents do not refrain from teaching traffic safety for fear that their child will be afraid to cross the street. So too should we address the subject of body safety.

6. I would know if something happened to my child. Actually, child sexual abuse is difficult to detect because frequently there are no physical signs of abuse. The emotional and behavioral signs that may accompany sexual abuse can be caused by a variety of triggers.

7. My child would tell me if something happened to him. Actually, most children do not immediately disclose when they have been sexually abused. Contrary to a child who falls down and runs over to tell his parents, a child who has been sexually abused is likely being told not to tell anyone because no one will believe him, that people will say it is his fault, that the disclosure will cause great sadness in the family and that the behavior is their little secret.

8. We never leave our child alone with adults. Actually, children can be sexually abused by other children. The very same lessons that can help prevent children from being sexually abused by adults, can keep them safe from other children. Teach children what touch is appropriate and

what is inappropriate, teach them the proper terminology for their private parts and teach them who they can talk to if anyone touches them in a way that makes them feel uncomfortable.

9. I don't want to put thoughts in her head. Actually, there is no data to indicate that a child who has been taught about child sexual abuse prevention is more likely to fabricate that they have been sexually abused. According to Victor Vieth, director of the National Child Protection Training Center at Winona State University, "Children do lie, but seldom about being abused. All human beings can and do lie, but it's hard for kids to do it about sex. They can't lie about something they have no knowledge of," he said, "and children don't learn about oral sex on Sesame Street."

10. It's not going to happen to my child. Actually, as the statistics reveal, child sexual abuse is so pervasive that it could happen to any child. This reason is the catch-all. Educated, loving parents have actually said this to me. If one were to ask any parent whose child has been sexually abused if they thought their child would ever be sexually abused, I can guarantee each one would say no. No one wants to believe this could happen to their child. We need to stop denying that it could happen and recognize that there are ways to prevent it from happening.

By Jill Starishevsky

Source: <https://www.linkedin.com/pulse/10-reasons-discuss-child-sexual-abuse-2016-jill-starishevsky/>

## Appendix III

There is limited literature that links sexual education to self-defense. Most are booklets or practical guides. These are some of the references I used to create booklet “I Protect Myself”.

### Scotland

Relationship, sexual health and Parenthood

<https://rshp.scot/first-level/>

### United Kingdom

National Society for the Prevention of Cruelty to Children

<https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/underwear-rule/>

Disabled children have an equal right to protection from abuse (recommendations)

[https://www.nspcc.org.uk/what-we-do/news-opinion/disabled-children-equal-right-protection-abuse/?\\_t\\_id=fQNYEPQR-FDN-Q1Av7oz8Q%3d%3d&\\_t\\_uuid=qga8m-jZSAGTF7xFC-4LvA&\\_t\\_q=disability&\\_t\\_tags=language%3aen%2csiteid%3a7f1b9313-bf5e-4415-abf6-aaf87298c667%2candquerymatch&\\_t\\_hit.id=Nspcc\\_Web\\_Models\\_Pages\\_NewsPage/\\_f0a5bda7-ecde-4d80-9eea-520a09ceaf6e\\_en-GB&\\_t\\_hit.pos=2](https://www.nspcc.org.uk/what-we-do/news-opinion/disabled-children-equal-right-protection-abuse/?_t_id=fQNYEPQR-FDN-Q1Av7oz8Q%3d%3d&_t_uuid=qga8m-jZSAGTF7xFC-4LvA&_t_q=disability&_t_tags=language%3aen%2csiteid%3a7f1b9313-bf5e-4415-abf6-aaf87298c667%2candquerymatch&_t_hit.id=Nspcc_Web_Models_Pages_NewsPage/_f0a5bda7-ecde-4d80-9eea-520a09ceaf6e_en-GB&_t_hit.pos=2)

Talking Together about Growing Up

by Lorna Scott and Lesley Kerr-Edwards

FPA – The Sexual Health Company

<http://www.fpa.org.uk>

### United States

Children’s Book

<http://www.mybodybelongstome.com/book/>

by Jill Starishevsky

with tips to tell the story

Video

<https://youtu.be/a-5mdt9YN6I>

10 Reasons Not to Discuss Child Sexual Abuse in 2016

<https://www.linkedin.com/pulse/10-reasons-discuss-child-sexual-abuse-2016-jill-starishevsky/>

by Jill Starishevsky

Videos – on the subject

<https://e2epublishing.info/videos/2018/4/10/my-body-safety-rules>

### Argentina/Uruguay

Es parte de la vida – Sergio Meresman

[https://www.argentina.gob.ar/sites/default/files/esi\\_es\\_parte\\_de\\_la\\_vida.pdf](https://www.argentina.gob.ar/sites/default/files/esi_es_parte_de_la_vida.pdf)

### Brazil

Chega de Silêncio: enfrentando a violência sexual contra crianças e adolescentes - Guia para pais e educadores - Cartilha contra violência CREAS – Ariquemes –Rondônia

By Alcilene de Souza Araújo Conroy, Eliane Melnic Vieira. Ariquemes: Secretaria Municipal de Desenvolvimento Social, 4.ed. 2018.

(Enough of Silence: facing sexual violence against children and adolescents - Guide for parents and educators - Booklet against violence)

<http://ariquemes.ro.gov.br/pma-portal/public/system/Attachment/attachments/000/000/256/original/CARTILHA%20-%20ENFRENTAMENTO.pdf>

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Course Leiliane Rocha

Método Prático e Descomplicado para Ensinar sua Criança a se Proteger do Abuso Sexual, Sem Traumas, usando Brincadeiras e Situações do dia-a-dia

(Practical and Uncomplicated Method for Teaching Your Child to Protect Yourself from Abuse Sexual, No Trauma, Using Jokes and Everyday Situations)