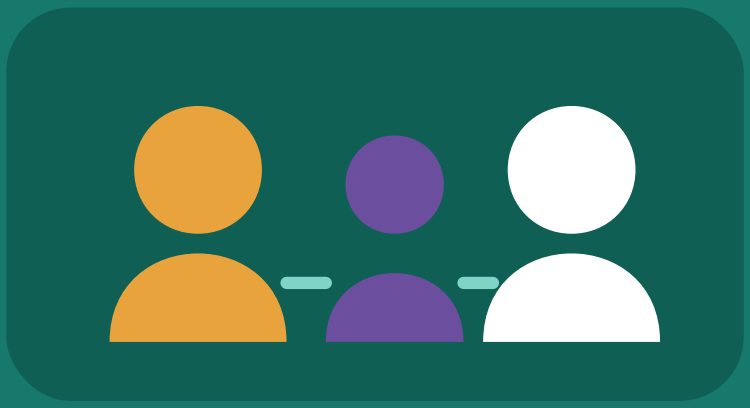
PROTECTING NEURODIVERGENT CHILDREN

Every child, a plan

Self-protection, crowded places, wandering and crisis support — for autistic children, children with Down syndrome, ADHD and other neurodivergences.

For families, schools and therapists



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Na Rota do Afeto
capacitando e interagindo pelo mundo

Free prevention material
Free to share with families, schools and services
Paula Lins — Speech-Language Pathologist · CRFa 1-13828 RJ

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BEFORE YOU BEGIN

Who this guide is for

The two earlier booklets in this series teach self-protection directly to the child. This one is different: **most of it is addressed to the adult**, because with many neurodivergences protection depends less on what the child can do alone and more on how well the environment around them is organized to prevent harm.

That doesn't mean giving up on teaching self-protection. It means doing both at once: teaching what the child can learn, and holding up the rest with a plan, an environment and prepared adults.

What you'll find here

- Why the risk is higher, and what exactly raises it
- What changes in prevention when the child is neurodivergent
- Crowded places: preparation, identification and what to do if the child goes missing
- Wandering: why it happens, how to prevent it, what to do
- Crisis support: during and after
- How to ask for help when shouting isn't possible
- Forms to fill in, cut out and carry
- Simplified pages to read with the child

This material is educational and does not replace assessment, guidance or follow-up by a qualified professional, nor legal advice. Check the laws, registries and services of your own country before relying on anything gathered here.

PART 1 · UNDERSTANDING

Why the risk is higher

Children with disabilities are targeted by violence more often than children without disabilities. This is described in the international literature and recognized by child protection services. It is not because the child is inherently fragile — it is because the environment around them brings together several conditions that make abuse easier and disclosure harder.

What raises the risk

- **More adults with access to the body.** Therapists, carers, aides, transport staff, health professionals. Every extra person is an extra door.
- **Prolonged dependence for personal care.** Bathing, changing and toileting go on being done by adults for far longer — which normalizes intimate touch.
- **Compliance training.** Years of learning to do what the adult asks, including with their own body.
- **Difficulty disclosing.** Less language available, less vocabulary for body parts and sensations, or no speech at all.
- **Disclosures taken less seriously.** "He makes things up", "she doesn't understand", "that's just behavior". Offenders count on exactly this.
- **A smaller social network.** Fewer friends, fewer places outside home and therapy, fewer alternative adults to turn to.
- **Less education about bodies and sexuality.** Many families and schools postpone or avoid the subject, and the child grows up with no name for what is happening to them.

A hard point, but a necessary one

In most cases the offender is not a stranger. It is someone from daily life: family, neighborhood, transport, school, health service or therapy. Keeping this in mind isn't about suspecting everyone — it's about not dismissing a disclosure just because the person named is loved, competent or "beyond suspicion".

PART 1 · UNDERSTANDING

Compliance is not safety

This is probably the most important page in the guide.

Many neurodivergent children spend years being trained to follow adult instructions about their own bodies: quiet hands, look at me, sit here, wave goodbye, give auntie a hug, let the man examine you, do what the therapist asked. When refusal is treated as a problem to be corrected, the child learns a silent rule:

> **"Adults are the boss of my body. Saying no gets me in trouble."**
>
> That is exactly the child an offender is looking for.

What to do instead

- **Allow real refusal, in real situations.** If the child can say no to a hug from an aunt, they are training the very muscle they will need in a risky situation.
- **Offer an alternative instead of demanding.** A wave, a high five, a kiss blown from a distance. The affection stays, the obligation goes.
- **Stop when they signal stop** — including in play, tickling and affectionate holding. If you don't stop, nobody else will.
- **Don't make rewards conditional on touch.** No "give me a kiss and I'll give you...".
- **Announce before you touch**, always, even in routine care.

A warning sign in services

Be cautious with any school, therapy or service where a child's refusal is treated as a behavior to be extinguished, where "compliance" is presented as a goal in itself, or where the professional resists having parents present. Self-protection and compliance training pull in opposite directions.

PART 2 · WHAT CHANGES IN PREVENTION

Naming the body and the sensation

Correct names, with visual support

Penis, vulva, anus, breasts, mouth. Use photos, a board, a doll or drawings — whatever the child already uses to learn anything else. Nicknames don't work: a child who only knows a pet name can't describe what happened, and an adult from outside may not understand.

Sensation vocabulary, not just requesting vocabulary

"I like", "I don't like", "stop", "it hurts", "that's weird", "you hurt me", "I want to leave". Teach it in neutral everyday contexts, long before it's needed.

If the child uses AAC

Look carefully at the board, book or app. Most of the vocabulary available is usually about *requesting* and *choosing*: want, more, finished, juice, park.

Vocabulary for **refusal and disclosure** is almost always missing. Add: **no · stop · I don't like · it hurts · you hurt me · take your hand off · I want to go · body parts · names of the people around them**. A child without those words available has no way to tell you, even when they want to.

A simple test

Pick up the child's communication system right now and try to build the sentence "he touched my penis and I didn't like it". If you can't, the system needs expanding.

Personal care, privacy and services

Intimate care with clear rules

- **Announce before you touch**, describing what you're about to do.
- **Reduce the number of people** who do bathing, changing and toileting. The fewer, the better.
- **Record who did it**, when several services are involved.
- **Build independence step by step**, however slowly, however partially.
- **Nobody photographs or films** during personal care, changing or bathing — not even for progress records, without express written consent.
- **Progressive privacy:** door pushed to, a curtain, a towel. Even with full support.

Therapy, transport and aides

- Open door, a window panel or a camera in the therapy room.
- Parents may walk in at any time, unannounced. This should be agreed in writing.
- Know the full name of everyone who is ever alone with your child, including stand-ins.
- Watch for gifts, unusual special attention, contact outside working hours and requests for secrecy — "no need to tell your mom" has no acceptable professional version.

None of these measures accuses anyone. They simply remove the opportunity — and a good professional understands that in the first conversation.

PART 3 · CROWDED PLACES

Before you leave home

Malls, parks, beaches, parties, airports, events. A crowded place combines three things at once: sensory overload, a lot of unfamiliar people and a lot of exits.

Preparing the child

- **Preview it** with photos, video, a map or a social story: where it is, how long, what it sounds and smells like, how we leave.
- **Choose the quietest time** whenever there's a choice.
- **Bring the sensory supports** that work: ear defenders, a cap, sunglasses, a regulating object, headphones.
- **Agree an "I want to leave" signal** — a word, a card, a gesture — and honor that signal the first time they use it. If you don't honor it, they stop using it.
- **Agree a possible exit:** going to the car, a walk outside, leaving early.

Preparing yourself

- **A photo taken that day**, full body, in the clothes they're wearing. Take it as you leave.
- **Bright clothing**, or something easy to describe.
- If there are two adults, decide **who is responsible for the child** at each moment. Most losses happen when both assumed the other was watching.

ID and meeting point

Identification without the name on show

A wristband, a shoe tag, a label in the clothing or a QR code with a **contact phone number** — but **without the child's name visible**.

The reason is concrete: a stranger who reads the name can call the child by it and appear to be someone they know. For many children, being called by name is enough to create familiarity and lower their resistance to going along with that person.

The pocket card

Kept in a pocket or inside the backpack — not hanging on the outside. It is for whoever *finds* the child, not for whoever *approaches* the child. There's a ready-made template further on in this guide.

On arrival, before anything else

- Choose a **fixed meeting point**, visible and easy to describe. Walk to it with the child and show them.
- **Introduce the child to the staff** — security, reception, front desk. Give their name, show the photo from that day, and say they may not respond when called.
- Locate the **exits** and any **water** on the site.

On harnesses and other restraints

It's a family decision, based on your own child's real risk, and nobody from outside gets to judge it. If you use one, use it well: the strap on the adult, never attached to a fixed object, and always combined with the other measures — none of them replaces the others.

PART 3 · CROWDED PLACES

If the child goes missing: the first minutes

Don't wait to see whether they turn up. Time is the variable that matters most here.

1. **Tell the venue staff immediately** and ask them to monitor the exits and make an announcement.
2. **Call emergency services right away.** Tell them it's a child with a disability who may not respond to their name and may not ask for help.
3. **Search water first.** Pools, lakes, fountains, the sea, streams, water tanks. Many autistic children are strongly drawn to water, and that is where the risk of death is highest. Then: traffic, parking lots, escalators, elevators, machinery.
4. **Search the opposite too:** quiet, enclosed, tight spaces. Under tables and counters, inside clothing racks, behind doors, bathrooms, fitting rooms, fire stairs. A child in overload looks for silence, not for people.
5. **Show the photo from that day** to everyone you involve, and say the color of the clothing.
6. **One adult stays put** at the meeting point or at the spot where the child was last seen.

Don't shout their name repeatedly near them if you suspect they are hiding because of overload. Very often the noise and commotion push the child further into the hiding place.

PART 4 · WANDERING

Wandering isn't running from you

Bolting, slipping out of the house, disappearing from school, letting go of your hand and running. In the literature it appears as *elopement*. It is common, it is dangerous, and it is almost never what adults assume.

It isn't disobedience. It's usually:

- **Escape from overload.** Noise, light, smell, crowding, too many demands. The body removes the child from the situation.
- **Escape from demand.** A hard task, an unwanted transition, something they can't refuse any other way.
- **Going toward something specific.** Water, trains, elevators, gates, an animal, a place they love. Many children run *toward* something, not *away* from something.
- **Impulsivity.** Especially with ADHD: the idea and the action happen together, with no room for weighing risk.
- **Reduced perception of danger.** Roads, heights and water may simply not be read as a threat.

Why the distinction matters

If wandering is read as disobedience, the response will be punishment — and punishment doesn't reduce wandering, it only teaches the child not to let you know they're leaving. If it's read as function, the response is adjusting the environment, the demand and the supervision, which is what actually works.

Preventing wandering

At home

- Locks placed out of reach, on doors and windows.
- An alarm, chime or bell on doors and gates — cheap and effective for knowing something opened.
- Fencing or a self-closing gate, where possible.
- If there's a pool in the building or nearby, treat it as a priority safety issue.
- Tell neighbors and building staff. Leave them a photo and your phone number.

At school and in services

- Give them, in writing, the triggers for wandering and what usually settles the child.
- Agree who is directly responsible at each point of the day, including break, arrival, dismissal and PE.
- Ask to be told **immediately** about any incident, even one resolved in seconds.

Documents and signals that may help

Many countries have some form of disability identification card, a voluntary register with local emergency services, or a recognized symbol for non-visible disabilities. What exists, how it is issued and how widely it is recognized varies enormously — check what is available where you live before relying on it.

PART 5 · CRISIS SUPPORT

During a crisis

The goal is not to make the crisis stop. It is to **keep the child safe and reduce stimulation** until their system can come back. A crisis can't be negotiated or argued with.

Do

- **Shrink the environment:** less light, less sound, fewer people. Ask people to move away — including the well-meaning ones.
- **Only one adult speaks.** Very short sentences, quiet voice, long pauses. Fewer words, not more.
- **Approach from the side**, at the child's height, without staring and without blocking their way out.
- **Offer the regulating item** and then wait. Waiting is an intervention.
- **Protect from physical danger:** roads, water, heights, objects. Here, and only here, the body comes first.

Avoid

- **Cornering, grabbing by the arms, pulling or restraining.** Physical restraint carries a real risk of injury to the child and to the adult, escalates the crisis and leaves a mark. It should be limited to imminent danger and, ideally, to people with specific training.
- **Talking a lot, explaining, repeating instructions** or asking questions.
- **Threatening, bargaining or promising** something in exchange for stopping.
- **Filming.**
- **An audience.** If you can't move the people away, move the child.

PART 5 · CRISIS SUPPORT

After a crisis

In the first hours

- **Don't punish** the crisis or the wandering. The child didn't choose it, and punishing only teaches them to hide the next episode.
- **Offer recovery:** quiet, water, food, the favorite item, time. After a crisis the body is exhausted.
- **Conversation afterward, not during** — and keep it short.

Record it, and look for the function

Write it down while it's fresh: **what came before** (the previous two hours), **what was happening** at the time, **how long** it lasted, **what helped** and **what made it worse**.

After a few records the pattern shows up — and it almost always points to something in the environment or the demand, not to the child.

Look after the person who did the caring

After a serious crisis or a wandering incident, the adult's body usually stays on alert for hours, along with a guilt that has no basis. That needs recovery too, and it isn't self-indulgence. If episodes are frequent, look for professional support for the family, not only for the child.

PART 6 · ASKING FOR HELP

When shouting doesn't work

Shouting "help" tends to fail for any child: people nearby read the scene as a tantrum or a family argument and don't intervene. For a neurodivergent child who often shouts, cries or struggles, that misreading is even more likely.

For children who speak

Train one specific sentence, always the same, that undoes the family assumption:

"This is not my dad!"
"This is not my mom!"

Shouting **"Fire!"** is also widely recommended, because it makes people look immediately. Train it in a real setting, not just by talking about it.

For children who don't speak, or lose speech under stress

- **A pocket card** with the message ready — template on the next page.
- **A whistle** on a lanyard or backpack. A sharp, unusual noise draws attention and doesn't depend on speech.
- **A recorded message button** with a message recorded by you.
- **An app** on the phone or tablet with a quick-access emergency screen.
- **An agreed gesture**, unique and different from their everyday gestures.

Who to ask

Teach them to look for a **uniform or a badge** — a cashier, security, reception — or **a woman with a child**. Train with real photos of the places your child actually goes, not generic drawings.

FORM 1 · CUT OUT

Pocket card

Fill it in, cut it out and keep it **in a pocket or inside the backpack** — not hanging on the outside. Make a copy for every bag and for the transport.

If you found me on my own

I have a disability. **I may not respond when people call me** and I may not be able to ask for help.

Please stay with me and call:

PHONE 1

PHONE 2

If you can't reach anyone, call emergency services or the venue's security.

Back — information for whoever is helping

MY NAME

WHAT CALMS ME

WHAT MAKES IT WORSE

ALLERGIES AND MEDICATION

FORM 2 · FILL IN

Emergency profile

Fill this in and keep it ready on your phone and printed. It's what you hand to the police, the venue staff or the school without having to think.

FULL NAME AND AGE

DIAGNOSIS AND HOW THEY COMMUNICATE (SPEECH, AAC, GESTURES)

DO THEY RESPOND TO THEIR OWN NAME? TO STRANGERS?

KNOWN ATTRACTIONS AND RISKS (WATER, TRAFFIC, TRAINS, ANIMALS, ELEVATORS)

WHERE THEY USUALLY HIDE

WHAT CALMS · WHAT MAKES IT WORSE

ALLERGIES, MEDICATION AND HEALTH CONDITIONS

CONTACTS — TWO PHONE NUMBERS

FORM 3 · FILL IN

Wandering and crisis plan

Fill this in with everyone who spends time with the child, and hand it out: school, therapy, transport, grandparents, building staff.

SIGNS THAT APPEAR BEFORE A CRISIS OR A BOLT

SITUATIONS THAT USUALLY SET IT OFF

WHAT TO DO IN THE FIRST 30 SECONDS

WHAT TO NEVER DO WITH THIS CHILD

IF THEY RUN: WHERE THEY TEND TO GO

WHO TO CALL, IN THIS ORDER

TO READ WITH THE CHILD

My body is mine

I can say NO.

Nobody touches my body without my permission.

If I say **STOP**, the person stops.

If somebody doesn't stop, I tell.

I tell my grown-up.
If they don't listen, I tell another one.

Adult: one idea at a time. Repeat it on different days. Support it with the board, book or app the child already uses, and check that the words **no**, **stop** and **I don't like** are available in it.

TO READ WITH THE CHILD

If I get lost

1. **I stop.**
2. I **show my card**.
3. I look for someone in a **uniform** or with a **badge**.
4. I **wait**. My grown-up is coming for me.

If someone tries to take me:
"THIS IS NOT
MY DAD!"

Adult: practice in the real place, not only at home. Have the child actually point out who counts as "uniform" and "badge" there. Repeat before every big outing.

Where to get help

Services and numbers differ from country to country. Look up the ones where you live, write them below, and keep this page somewhere you can find quickly.

Emergency number
Police, ambulance or fire. Call at the first moment if the child is missing — don't wait.

Child protection service
The statutory body responsible for child welfare where you live.

National child helpline
A free, often anonymous line for reporting concerns and getting advice.

Police — child protection unit
Many countries have officers trained specifically for offences against children.

Disability advocacy organization
Local or national bodies can advise on rights, registers and safeguarding in services.

School safeguarding lead · pediatrician
Two people who already know your child and are required to act on concerns.

Check these before you need them. If your area has a voluntary register for people with disabilities with emergency services, sign up — it can save minutes in a search.

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