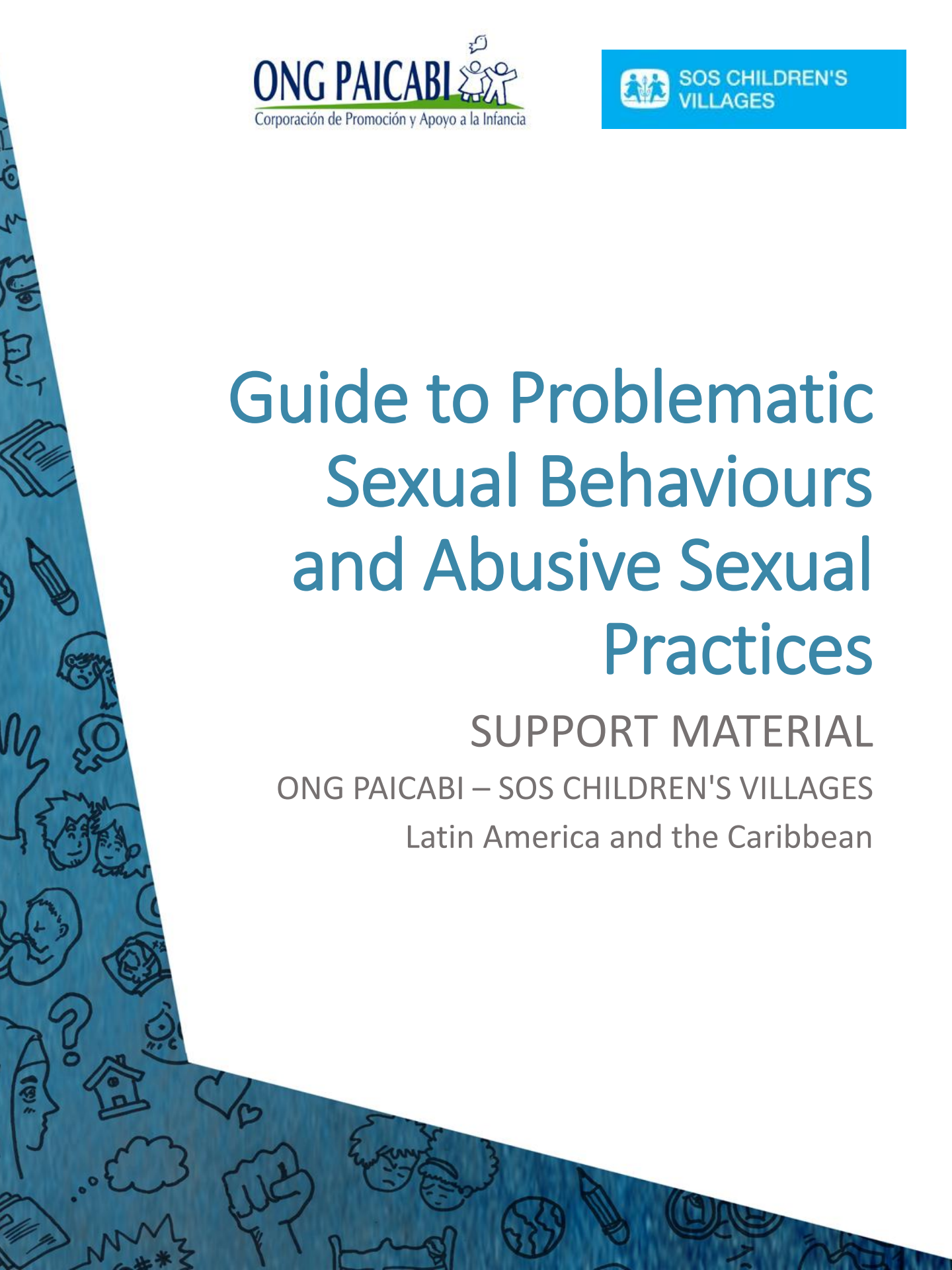
ONG PAICABI
Corporación de Promoción y Apoyo a la Infancia

SOS CHILDREN'S VILLAGES



Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

SUPPORT MATERIAL

ONG PAICABI – SOS CHILDREN'S VILLAGES

Latin America and the Caribbean

This publication has been designed by ONG Paicabí
within the framework of collaboration and capacity building
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Region Latin America and the Caribbean (LAAM)

Author: Francisco Romero Cabrera
Co-authors: Nelly Navarro Hernández
María Inés Meyer Froese

Design and Drawings: Francisco Romero Cabrera
English translation: Simon Beswetherick and
Language Services, SOS Children's Villages

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Preface:

All children, adolescents and young people have the right to physical and psychological integrity and protection against all forms of violence. Unfortunately, violence as a social problem is acquiring different dimensions and manifests in all settings.

With regard to sexual abuse, in Latin America, while progress has been made with diagnosis and intervention in cases involving an adult as abuser and a child as victim, situations involving children or adolescents engaging in sexual behaviours with other children or adolescents continue to represent a major challenge.

As an organization that works with children, adolescents and young people who have lost or are at risk of losing parental care, SOS Children's Villages is not immune to these situations and recognizes the vulnerability of those who make up our target population.

Within this context and as part of the process of implementing the Child Protection Policy, SOS Children's Villages considers it essential to establish strategic partnerships with specialized organizations, such as Paicabi, which is a key partner for addressing and preventing abusive sexual practices and problematic sexual behaviours.

This Guide aims to provide a framework of reference and support for all member associations in the Latin America and Caribbean Region (LAAM) and further afield, and to stimulate the creation of long-term strategies that promote continuous learning and the creation of protective and safe environments for all children, adolescents and young people.

In this respect, we invite you to use this Guide as a key reference tool when working to protect our target population.

Aristide Ramaciotti
International Director LAAM
SOS Children's Villages International

Nadia Garrido
Regional Director of Programmes LAAM
SOS Children's Villages International

Presentation of the Guide:

In Latin America, ONG Paicabi has been a pioneer in working with children and adolescents who have carried out sexual assaults. The organization has 18 years' experience in promoting and defending children's rights and a decade of experience in the field of child-on-child sexual abuse.

It is currently estimated that children and adolescents are responsible for one third of all acts of sexual abuse against other children and adolescents; therefore, discussing child-to-child sexual assaults is a necessity and a challenge. It is a necessity as this phenomenon is an undeniable fact, and a challenge as it questions our usual assumptions about violence and childhood.

SOS Children's Villages in Latin America and the Caribbean has decided to address this need and tackle the challenge with courage, since it is not easy to talk about sexual abuse within family and residential care contexts. SOS Children's Villages is starting to seek ways of addressing sexual assaults of children and adolescents in all their complexity and through an approach that is consistent with its principles. When we started gathering background information about this at ONG Paicabi, we were keen to put together a proposal that went beyond purely technical considerations to also include ethical and human dimensions.

This Guide summarizes some of those aspects and is split into four sections: The first outlines **"Considerations to Aid Understanding"**, explaining concepts that help understand paediatric and adolescent sexual development and its problematic manifestations. The second, **"Considerations for Prevention"**, proposes measures to avoid child-to-child sexual assaults. The third part reviews **"Considerations for Intervention"**, setting out suggestions for intervening in the event of the occurrence of sexual assaults within an SOS family or other care setting. Finally, in the last part, **"Transversal Considerations"**, basic recurring themes in work with children and violence are reviewed.

Iván Zamora
Director Ejecutivo
ONG PAICABI

Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

CONSIDERATIONS TO AID UNDERSTANDING

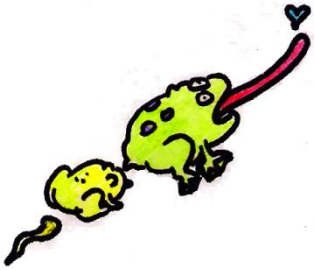
Principles of the Guide:

Any human idea, including the content of this Guide, arises from assumptions that are often neither theoretical nor academic. They are the emotional, ethical and political factors that frame our thinking and guide our work.

With the aim of making our assumptions more transparent, below we present a series of principles that underpin our approach towards childhood and adolescence, paediatric and adolescent sexual development, and problematic and abusive sexual practices.

1. Rights perspective:
The human rights of a child or adolescent must be respected and guaranteed, regardless of his or her behaviour.

2. Doctrine of comprehensive protection:
The state, society and the family have a duty to take all legal, administrative and economic measures to demand, guarantee, exercise and protect all the rights of children and young people.



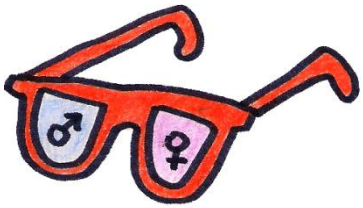
3. Developmental approach:
Children and adolescents go through different stages of development. Changes are part of these stages and healthy development requires the care of adults.

4. Complex understanding:
Human phenomena are complex insofar as they are associated with multiple non-linear, interrelated variables.

Principles of the Guide:

5. Situational understanding:
Human phenomena are situational in that they take place in specific cultures, families and individuals. The task as professionals is to adapt our understanding and interventions to each concrete situation.

6. Gender perspective:
All human phenomena, including sexuality, violence or psychosocial intervention, are shaped by cultural constructs of masculinity and femininity.



7. Collaborative approach:
In order to both gain a holistic understanding of a situation and effectively intervene in it, a team of people who are willing to dialogue and cooperate with each other is needed.

8. Caring for the teams:
The institutions that provide support to families, children and young people should also consider the rights of the professionals working in those contexts. They should promote care for the teams themselves, care between professional peers and self-care.

Each of these eight principles is present throughout the Guide. As they read this document, we invite readers to permanently bear in mind the assumptions described here.

Sexual development:

Human beings are sexual beings. We are born with a body, we are aware of our body and we learn to live with it. As we grow, we discover how our bodies work, react and change. In this exploration, we assign meaning to things (pleasant, unpleasant, good, bad, useful, pointless, etc.) and we experience them from different emotions (surprise, curiosity, fear, love, pride, etc.).

These eye-opening discoveries are made over many years and start from the first minute of life. In the following tables, we list some expected, healthy behaviours by age. Do you remember experiencing some of them yourself?

1. Prenatal development:

- ☑ In the fourth month of pregnancy, the sexual organs are fully developed.
- ☑ In the fifth month of pregnancy, the baby can show reflex responses of erection or lubrication.
- ☑ Some babies in the womb can also exhibit self-stimulation behaviours.

2. Development from 1 to 3 years:

- ☑ Boys and girls might sometimes take off their clothes and walk naked if an adult has not explained the notion of privacy to them.
- ☑ Boys and girls may touch their own genitals as a way of calming or soothing themselves.
- ☑ Curiosity and questions about the parts of their own bodies and the bodies of those close to them (friends, siblings, parents, etc.) arise, especially regarding functions and differences (organs, shapes and sizes).
- ☑ At 3 years, there is greater clarity and awareness about the body and the categories of male and female (gender identity).

Sexual development:

3. Development from 3 to 5 years:

- ☑ Consensual sexual games may arise with other known children. These games are about exploring the body and its sensations and may involve playing house, mummies and daddies or doctor.
- ☑ Curiosity also gives rise to questions about the reactions and sensations of the body, as well as questions about reproduction and where babies come from.
- ☑ It is expected that by four years of age, children will have greater clarify about privacy, and about their own and others' rights regarding touching or being touched.

4. Development from 5 to 8 years:

- ☑ If children have not been clearly educated, they may use vulgar or slang terms to talk about the parts of the body. They may also use this type of language to make jokes or make others laugh.
- ☑ There is greater awareness of social gender roles, that is, what society expects of males and females.
- ☑ Sexual games or activities with friends may continue on an occasional basis, associated with ideas of: making love, touching each other or being a couple.
- ☑ Masturbatory behaviours may start, where the child touches his or her own genitals as a way of feeling pleasure, especially at bath times or before going to sleep.

Sexual development:

5. Development from 9 to 12 years (pre-adolescence):

- ☑ The need for privacy and independence increases. Modesty in relation to the child's own body also increases.
- ☑ Doubts may arise about bodily changes in this and the next stage. Attempts are made to clarify these questions by talking to people close to them and to peers.
- ☑ An interest in romantic relationships emerges.
- ☑ Sexual activities (from caressing to sex) are understood as an act between a couple or an exploration of oneself (not just games between friends).
- ☑ Masturbation becomes more frequent and is accompanied by erotic thoughts or fantasies. Erotic dreams may start or orgasms may occur during sleep.

6. Development from 12 to 18 years (adolescence):

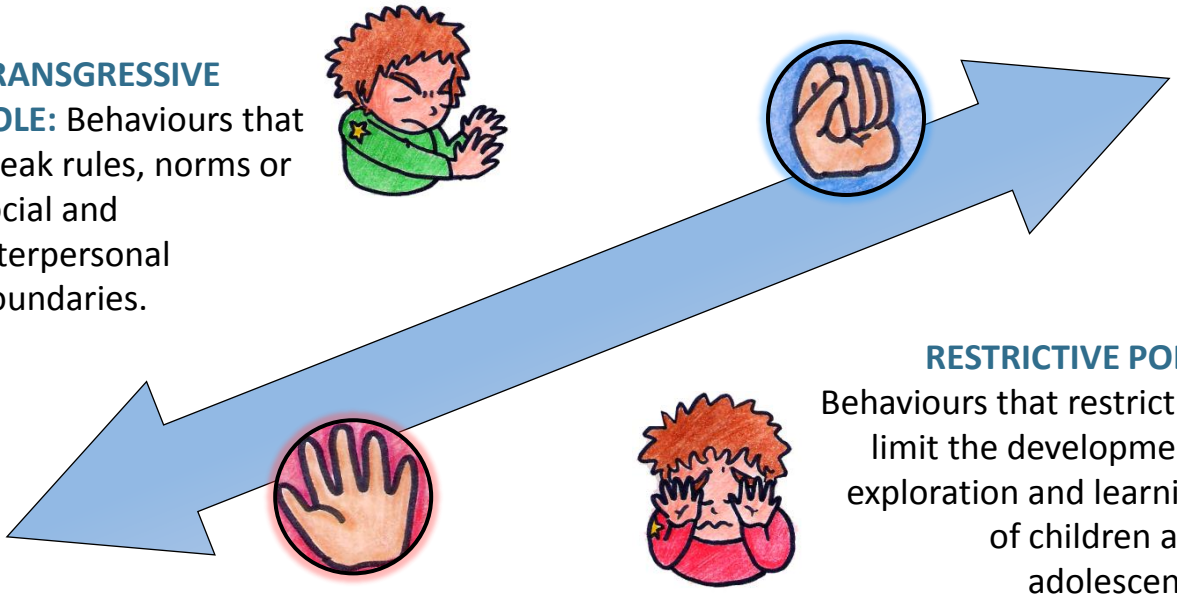
- ☑ Curiosity is exhibited in relation to questions of development and bodily changes, but doubts also arise regarding human sexual response (desire, arousal, sexual intercourse, orgasm, etc.) and sexual orientation (the sex to which we are attracted).
- ☑ Interest in erotic material emerges (pictures in magazines, on the television or internet). This material may be used during masturbation. Masturbation takes place more frequently and in private.
- ☑ A conscious desire emerges to start an active sex life with people of a similar age who are found physically and emotionally attractive.
- ☑ Thinking becomes more flexible and more critical of norms, a respect for sexual diversity is acquired and strengthened, accompanied by a growing awareness and questioning of sexism.

Problematic sexual behaviours:

Just as there are behaviours that are expected at certain ages and are part of the development of children and adolescents, there are also behaviours that are not expected at certain stages, hinder development or place children and young people in situations of risk. We will call these **"problematic sexual behaviours"** (PSBs).

PSBs comprise a number of types of behaviour and can manifest at both the transgressive and restrictive areas of the spectrum.

TRANSGRESSIVE POLE: Behaviours that break rules, norms or social and interpersonal boundaries.



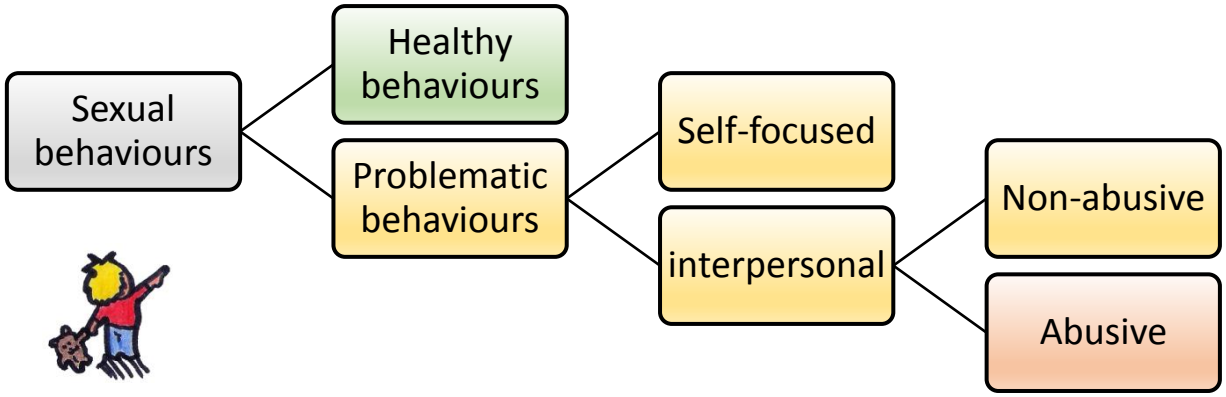
RESTRICTIVE POLE: Behaviours that restrict or limit the development, exploration and learning of children and adolescents.

Some examples of transgressive behaviours are: spying on other children in the bathroom, furtively touching others' private parts or showing high interest in violent pornography. Examples of behaviours of the restrictive pole are: aversion to talking about sexuality with people close to them, intense embarrassment around talking about sex, or rigid homophobic or sexist ideas about sexuality.

Although approaches to studying and distinguishing paediatric and adolescent sexual development have traditionally paid greater attention to transgressive behaviours, restrictive behaviours deserve the same level of attention. For example, it is equally worrying for a seven-year-old child to demonstrate sexual knowledge in advance of his or her age (such as anal sex or sex with animals) as a seven-year-old child demonstrating ignorance of basic subjects (for example, where babies come from or the private parts of the body).

Problematic sexual behaviours:

In addition to manifesting at the two poles (transgressive and restrictive), there may be different types and subtypes of PSBs. They can be classified as illustrated in the following chart:



The chart shows that sexual behaviours of children and adolescents can be divided into **healthy** or **problematic**. Problematic sexual behaviours are a broad umbrella which includes not only child-to-child sexual assaults, but also any type of sexual behaviour that hinders development, causes harm or gives rise to risk situations for the child, young person or other people involved.

Problematic behaviours can be subdivided into **problematic self-focused behaviours** and **problematic interpersonal behaviours**. A self-focused sexual behaviour is one where the damage or risk only involves the child or young person engaging in it, for example compulsive masturbation, masturbation with harmful objects, excessive interest in pornography, rejection of sex education, etc. A problematic sexual behaviour is interpersonal when, as well as the person carrying it out, other people are involved (children, peers or adults).

In turn, these interpersonal problematic behaviours can manifest in a **non-abusive** way, that is, without the intention to harm or without there being a power imbalance between those involved, for example persistent sexual games with peers, sharing violent pornography between adolescents, sexual promiscuity, seductive or provocative behaviour, etc. **Abusive** interpersonal problematic behaviours may also manifest, which constitute **abusive sexual practices**.

Abusive sexual practices:

Abusive sexual practices (ASPs) are a type of interpersonal problematic sexual behaviour (PSB) that is characterized by involving a non-reciprocal relationship in which there is a power imbalance between the children or adolescents involved and, given this power imbalance, one of the participants is non-consenting.

Sexual consent is the capacity to freely choose, with appropriate information and resources, whether or not to take part in a sexual encounter with someone else. Any form of non-consensual sex constitutes sexual abuse.

Various factors can give rise to a power imbalance and lack of sexual consent. **a)** Some imbalance factors may come from the child or adolescent carrying out the ASP (such as the use of threats or force). **b)** Others may be the result of individual differences between the children involved (such as an age difference). **c)** Others may derive from vulnerable characteristics of the victim (such as intellectual disability). **d)** Finally, the imbalance could be the result of conditions created by the context or family (for instance, if roles or power or authority are assigned, or preferential treatment is shown towards one of the children or adolescents).

Coercive strategies:	Threats, trickery, persuasion or use of force by one of the youngsters involved. These may be employed during the sexual act or in the background relationship (background of domination, violence within a couple or bullying).
Individual differences:	Differences in age (a difference of 4 years or more), size or strength, sexual experience, intellectual capacity or social skills.
Vulnerability of the victim:	If the victim has a background of sexual ignorance or confusion, a history of sexual or sexist abuse, a mental disability, an intense need for approval and affection, or altered states of consciousness (use of alcohol, drugs, medicines, etc.).
Conditions of the context:	Sexist environment (power being assigned to males), allocation of power roles (carer, authority or leader), imbalanced relational dynamics (coalitions, positions of authority, secrets, privileges or trans-generational dynamics in the family).

Abusive sexual practices:

Abusive sexual practices can also be classified. As an initial distinction, we can differentiate **ASPs with contact** and **ASPs without contact**, depending on whether the sexual assault involves direct touching or skin-to-skin contact between the instigator and the victim (ranging from sexual rubbing or caressing to penetration), or the abuse does not involve direct contact (for example, exposing oneself naked for sexual purposes, spying in a sexual manner, making propositions or verbal harassment of a sexual nature, showing pornography or hassling someone via the internet).

A second distinction depends on the type of thinking behind the act; here, we have **impulsive** or **planned ASPs**. Impulsive ASPs are assaults carried out due to difficulties of self-control, which do not suggest the use of sophisticated strategies by the person committing the act. Planned ASPs suggest that the person committing the act prepared assault strategies (strategies to be alone with the victim, strategies for the victim not to tell anyone about the assaults or to ensure that the abuse is not discovered).

Finally, two types of ASP can be differentiated depending on the age of the victim. In the majority of cases, ASPs are carried out **against younger children** (a little sister, younger cousin or younger friend); in other cases, they are carried out **against peers** (people of the same age, such as a school friend or girlfriend); and in other situations **against adults**.

Research conducted to date shows that ASPs are most often unplanned, impulsive acts carried out by children or young people (mostly males) against known victims from their family group, who are generally younger than the person committing the act and are most commonly female.

Terminological clarifications:

Different concepts have been used to talk about child-to-child sexual abuse. In this Guide, the term "abusive sexual practices" (ASPs) has been chosen as we think that it offers certain benefits over other terms, as well as explaining other relevant aspects of the phenomenon.

On the following pages, we explain other concepts, together with their origins and some disadvantages of their use.

1. Youth sexual aggressor / Adolescent sexual offender

Term used in the field of criminology. An age specification is added to the concept used for adults.

Disadvantages: This concept causes the ASP to contaminate and take over the individual's identity, as if the conduct completely defined the child or young person.

2. Young people or adolescents who have committed sexual crimes or offences:

This is also a term used in criminology. It emphasizes the aspect of breaking the law.

Disadvantages: It is a legalistic term, so 'sexual assault' is understood to be an act that a given criminal code defines as such (offence or crime). One of the problems with legal definitions is that they are rigid. There are situations that the law may categorize as sexual abuse although, strictly speaking, they are not. This may apply to reciprocal sexual relations between two adolescents aged 13 or 14 years (in most countries, the age of sexual consent is between 14 and 16 years). There are other situations that are abusive but that the law would have difficulty recognizing as such, for instance the use of emotional blackmail by a youngster who threatens to leave his girlfriend if she does not agree to have sex with him.

Terminological clarifications:

3. Abusive sexual behaviours or aggressive sexual conduct:

This has been the preferred concept of therapists who work with children under 14 years of age, and other professionals who consider the paediatric and adolescent development perspective. It is considered to be a term that does not stigmatize and focuses attention specifically on the abusive conduct rather than the identity of the youngster or the law.

Disadvantages: Talking about conduct or behaviour approaches the ASP with a certain individualistic bias. Moreover, talking about conduct ignores the fact that violence as a human phenomenon is related to a particular culture or ideology, factors that make human actions different from those of other animals, such as the behaviour of lab mice.

4. Abusive sexual practices:

When we talk of a practice, we place emphasis on the fact that a child or young person brings to the action something that pre-exists and is shared with others. For example, when we say "practising football" or "practising the violin", we are referring to the fact that an action is being carried out that has a prior tradition associated with a set of ideas, such as the rules of football or the history of the sport, or the musical culture or genealogy of instruments. The same occurs with violence (including sexual violence): there is a (individual, family or social) history behind it, as well as an associated culture and ideology (e.g. sexism, ideas of domination, individualism, hyper-sexualization). All this is manifested in, but is not reduced to, the specific action of a child or young person.

Advantages: Talking about an abusive sexual practice avoids stigmatizing the identity of the child or adolescent; it avoids being restricted by legalisms and makes it possible to acknowledge the associated cultural and historic aspects, understanding the phenomenon in all its human complexity.

Distinguishing sexual behaviours:

To accurately assess a sexual behaviour and ascertain whether it is healthy or problematic, abusive or non-abusive, we must have clear criteria. From the review of the research, theories and tools in this field, we have defined 10 criteria that help make this distinction.

Relationship involved	In the cases of interpersonal sexual behaviours, this criterion refers to the ways in which children and adolescents bond and their differences.
Feelings of the instigator	This criterion refers to the feelings or emotions felt by the child or adolescent who carries out or leads the sexual behaviour.
Feelings of the receiver	Refers to the emotions, reactions or feelings of the child or adolescent who is invited to participate in or is on the receiving end of the sexual conduct.
Type of sexual conduct	This is associated with what precisely is said or done during the sexual act, and if it is unexpected or represents a risk.
Setting of the conduct	This relates to the characteristics of the place or time where the conduct takes place.
Persistence of the conduct	This is linked to the urgency or need with which a child or adolescent engages in a sexual behaviour.
Attitude of the instigator	This relates to the attitude with which a child or adolescent agrees to discuss or learn about sexuality.
Level of knowledge	This is associated with the quantity and quality of information that children or adolescents have about sexuality.
Extent of sexual interest	This is linked to the degree to which a child or adolescent focuses on sexual subjects or content.
Background of the instigator	This refers to risk factors from experience and research associated with the occurrence of PSBs or ASPs.

Distinguishing sexual behaviours:

Having clarified certain types of sexual conduct that can be expected at particular ages, together with some problematic sexual behaviours, as well as setting out PSB and ASP definitions and criteria, we can move on to a first evaluation tool.

Tools for distinguishing behaviours:

On the following pages, tables are presented that can help to distinguish PSBs or ASPs. One of the tools is for children under the age of 12 years and the other is for youngsters over the age of 12 years.

Each table summarizes the 10 criteria described above, which are detailed in the different cells, arranged in three columns according to how the criteria in question manifest in the cases of healthy behaviours, non-abusive problematic behaviours and abusive behaviours. For correct use of the tables, the following interpretation guidelines are offered:

Expected behaviours

- None of the characteristics detailed in the yellow or red cells. In other words, the criteria of the PSB or ASP columns are not met.
- The behaviour to be assessed resembles the descriptions in this column (green cells).

Non-abusive PSBs

- Do not reflect the three criteria in red (three first criteria in the ASP column).
- Reflect at least one of the criteria in the yellow cells (PSB column).

Abusive sexual practices

- The presence of at least one of the red cells. In other words, one of the first three ASP criteria.
- The subsequent criteria in this column (yellow) are indicated as "**non-differentiating**", since they do not distinguish whether or not the behaviour is an ASP.
- Nonetheless, an ASP with several PSB criteria is more serious than an ASP with fewer PSB criteria and a greater number of healthy indicators (less yellow and more green).

Behaviour distinguishing tools:

EVALUATION CRITERIA FOR CHILDREN (UNDER 12 YEARS OF AGE)

CRITERION	ABUSIVE SEXUAL PRACTICE	NON-ABUSIVE PROBLEMATIC	EXPECTED HEALTHY
RELATIONSHIP INVOLVED	It is a non-consensual relationship, as there is a power imbalance between the children.	It is a consensual relationship between children, but is indiscriminate (peers who do not ordinarily interact or do not know each other).	It is a consensual relationship between children who usually play together. There is no power imbalance.
FEELINGS OF THE INSTIGATOR	The practice is associated with aggression or a motivation to harm the other (anger, rage, resentment, domination, revenge, jealousy).	The practice is associated with confusion or seeking comfort and proximity (prompted by memories of traumas, feelings of loneliness, anxiety or sadness).	Positive feelings (happiness) predominate, and the motivation is associated with curiosity and pleasure.
FEELINGS OF THE RECEIVER	The child on the receiving end expresses pain, hurt, displeasure or complaints during the practice, or fear and avoidance of the instigator after the practice.	The practice is associated with confusion or seeking comfort and proximity (prompted by memories of traumas, feelings of loneliness, anxiety or sadness).	Positive feelings (happiness) predominate, and the motivation is associated with curiosity and pleasure.
TYPE OF CONDUCT	***Non-differentiating.*** May be expected for the age (sexual games/touching) or unexpected (penetration).	Not expected for the age: Involves penetration, anal sex or oral sex, explicit comments or jokes, or sexual contact with animals or harmful objects.	Expected for the age: questions about reproduction, sexual games or exploration of the body and its sensations.
SETTING OF THE CONDUCT	***Non-differentiating.*** May be spontaneous and open (e.g. furtive touching), or planned and secret.	Behaviours suggest high degree of planning and secrecy.	Sexual behaviours occur spontaneously and in open contexts of trust and play.
PERSISTENCE OF THE CONDUCT	***Non-differentiating.*** An ASP may occur as an isolated incident or more persistently.	After the sexual conduct has been stopped by an adult, the children resume it immediately and with urgency.	The sexual conduct occurs occasionally and does not resume after having been stopped by an adult.
ATTITUDE OF THE INSTIGATOR	***Non-differentiating.*** The child may not view the ASP as a problem (denial, playing down or refusal to discuss).	Child demonstrates refusal, fear or distress when sexuality is discussed, even with close, trusted figures.	Acceptance of sexuality. Positive attitude to educational conversations with significant trusted figures.
LEVEL OF SEXUAL KNOWLEDGE	***Non-differentiating.*** May be accompanied by premature knowledge (premature adult behaviours) or complete ignorance of the subject (naivety).	Not expected for the age: whether premature knowledge (familiarity with adult or kinky subjects), or ignorance of basic facts.	Expected for the age: knows about reproduction, parts of the body, sensations and self-care.
EXTENT OF SEXUAL INTEREST	***Non-differentiating.*** The instigator of the ASP may or may not be focused on sexuality.	Sexuality appears to be the sole focus of the child's activities and tastes.	The child's interests and activities are diverse (not only sexual).
BACKGROUND OF THE INSTIGATOR	ASP risk conditions are present. It is recommended to check the "Assessing the possibility of ASPs occurring in children and adolescents subjected to violations" checklist.	Child has a history of violations of rights, difficulties with emotional self-regulation, history of abandonment and/or eroticized environment.	Instigating child, family and context do not present ASP risk conditions or a history of problematic sexual behaviours.

Behaviour distinguishing tools:

EVALUATION CRITERIA FOR ADOLESCENTS (OVER 12 YEARS OF AGE)

CRITERION	ABUSIVE SEXUAL PRACTICE	NON-ABUSIVE PROBLEMATIC	EXPECTED HEALTHY
RELATIONSHIP INVOLVED	It is a non-consensual relationship, as there is a power imbalance between the youngsters.	It is a consensual relationship between adolescents, but is indiscriminate (promiscuity or with strangers).	It is a consensual relationship between adolescents who know each other to some extent. There is no power imbalance.
FEELINGS OF THE INSTIGATOR	The practice is associated with aggression or a motivation to harm the other (anger, rage, resentment, domination, revenge, jealousy).	The practice is associated with confusion or a search for approval and proximity (prompted by memories of traumas, sadness or fear of abandonment).	Positive feelings (happiness) predominate, and the motivation is associated with pleasure or an exchange of affection.
FEELINGS OF THE RECEIVER	The youngster on the receiving end expresses pain, hurt, displeasure or complaints during the practice, or fear, rejection and avoidance of the instigator after the practice.	The practice is associated with confusion or a search for approval and proximity (prompted by memories of traumas, sadness or fear of abandonment).	Positive feelings (happiness) predominate, and the motivation is associated with pleasure or an exchange of affection.
TYPE OF CONDUCT	***Non-differentiating.*** May be unplanned (e.g. furtive touching), or planned and secret.	Transgresses social norms or laws (sexual contact with animals, use of money or means of exchange with a peer, use of violence or use of hardcore pornography).	Expected for the age (caressing or sex with peers, interest in and use of erotic materials, jokes and conversations with peers). Does not transgress social norms or laws.
SETTING OF THE CONDUCT	***Non-differentiating.*** May be spontaneous and open (e.g. furtive touching), or planned and secret.	Behaviours do not consider privacy (exhibitionism or spying), occur at any time and anywhere, or in an irresponsible manner (without care for oneself or others).	Behaviours occur in contexts of trust, responsibly and considering privacy.
PERSISTENCE OF THE CONDUCT	***Non-differentiating.*** An ASP may occur as an isolated incident or more persistently.	Despite a problematic conduct being stopped and clarified by an adult, the adolescent continues it with urgency or increased secrecy.	Considering hormonal changes, it is expected that some non-abusive problematic sexual behaviours will occasionally arise.
ATTITUDE OF THE INSTIGATOR	***Non-differentiating.*** The adolescent may not view the ASP as a problem (denial, playing down or refusal to discuss).	Adolescent demonstrates refusal, aversion or distress when sexuality is discussed.	Acceptance of sexuality. Positive attitude towards talking about experiences or receiving education, with significant trusted figures.
LEVEL OF SEXUAL KNOWLEDGE	***Non-differentiating.*** May be accompanied by rigid perceptions or distorted knowledge, or complete ignorance.	Not expected for the age: rigid perceptions (sexism or homophobia) or lack of expected knowledge.	Expected for the age: understanding of basic facts, developmental changes, sexual response, sexual diversity and self-care.
EXTENT OF SEXUAL INTEREST	***Non-differentiating.*** The instigator of the ASP may or may not be focused on sexuality.	Sexuality appears to be the sole focus of the youngster's activities and tastes. Isolation from peers.	The adolescent has diverse interests and activities (not only sexual).
BACKGROUND OF THE INSTIGATOR	ASP risk conditions are present. It is recommended to check the "Assessing the possibility of ASPs occurring in children and adolescents subjected to violations" checklist.	Adolescent has a history of violations of rights, difficulties with emotional self-regulation, history of abandonment and/or socialization of sexual violence.	Adolescent, family and context do not present ASP risk conditions or a history of problematic sexual behaviours.

Examples of PSBs and ASPs:

Below are some real examples of abusive sexual practices and problematic sexual behaviours (the names of the children and adolescents have been changed). Together with the description of the behaviours, a brief analysis is included based on the content set out so far in the Guide.

Jorge is 14 years old. At night, he goes into his 16-year-old sister's room and starts touching her while she is asleep. In the past, the sister was the victim of sexual abuse and, in her family, Jorge has a role of authority as there is a sexist order. All the children witness the father acting violently towards the mother.

Analysis: It is an ASP because, despite the fact that the sister is older, there is a power imbalance due to the context (sexism and distribution of power within the family) and the vulnerability of the victim (female, victim of sexual abuse for years and assaulted while she was asleep). It is an ASP with contact (rubbing and touching), towards a peer (sister of a similar age) and was planned.

Analysis: It is not an ASP as there is no power imbalance or intention to harm, despite the fact that the children reject the behaviour. It is a PSB since it can be associated with feelings of loneliness in the boy, seems to involve strangers, there are signs of persistence and the boy may have a particular interest for this kind of behaviour (over other types of games).

Carlos is a nine-year-old boy, who is usually alone and tends to be isolated from the other children in the SOS family. On three occasions (twice at home and once at school), Carlos has approached other boys (generally new arrivals who are one or two years younger than him) and asked to play with them. After a while, the boys accuse Carlos of saying to them: "Do you want me to show you how to masturbate?"

Daniel is 15 years old. His parents recently discovered that he had downloaded a large amount of pornographic material from the internet. The browsing history also shows that XXX pages with violent content (hardcore sex and even sexual contact with animals) are visited every day. The adolescent spends nearly all day alone in his room.

Analysis: This is a self-focused PSB (focusing on pornography). The criteria of persistence, type of conduct (pornography that transgresses social norms) and extent of sexual interest are present (isolation).

Examples of PSBs and ASPs:

Fabiola is a seven-year-old girl. It is known that she has been exposed to sexual relations between her parents (overcrowding). Her school teacher has complained that she frequently masturbates, both in class and at break times and in the toilets. The teacher reports that the girl masturbates particularly when she is scolded for other reasons or when she is assigned difficult school tasks.

Analysis: This is a PSB mixed with elements of self-focused behaviour (compulsive masturbation) and interpersonal behaviour (masturbation in public places). The criteria of persistence and non-private setting are also present. Moreover, it is likely that the girl masturbates in response to feelings of anxiety, as a way of comforting herself ("Feelings of the instigator" criterion).

Analysis: It is an ASP considering the vulnerability of the victims (young female cousins and adults who do not know that they are being spied on) and the lack of consent. This is a sexual assault without contact, which includes other problematic aspects such as planning and secrecy, persistence of the boy, rejection of others, lack of knowledge of interpersonal boundaries (which should be known by this age).

Eleven-year-old Luis masturbates while spying on his younger female cousins (aged seven and nine) and young aunts (in their twenties) in his house. He does this through an old window in the bathroom and keeps doing it even though he has been found out and reprimanded several times. He has also started spying on the girls when they are getting dressed in their bedrooms.

Raquel is 15 years old. She has sex with other youngsters of a similar age that she meets through social media networks or at parties. When she is asked about this, she says that sometimes she does it because she is "bored" or that she "doesn't know" because she is not even that attracted to the boys. She admits that, on several occasions, no condoms were used. She recounts all this with a degree of aversion, as she admits that it seems "degrading" to talk about it, even with her family or friends.

Analysis: The behaviour consists of two PSBs: a transgressive pole PSB (sexual promiscuity) and a restrictive pole PSB (rejection or aversion to talking about sexuality). The problematic criteria are associated with the level of sexual knowledge and attitude (closed), indiscriminate relations (there is no selectivity in the choice of partners), environment (unprotected sex) and the girl's feelings (her behaviour seems to be associated with a feeling of emptiness or seeking approval from others).

Possible causes of PSBs and ASPs:

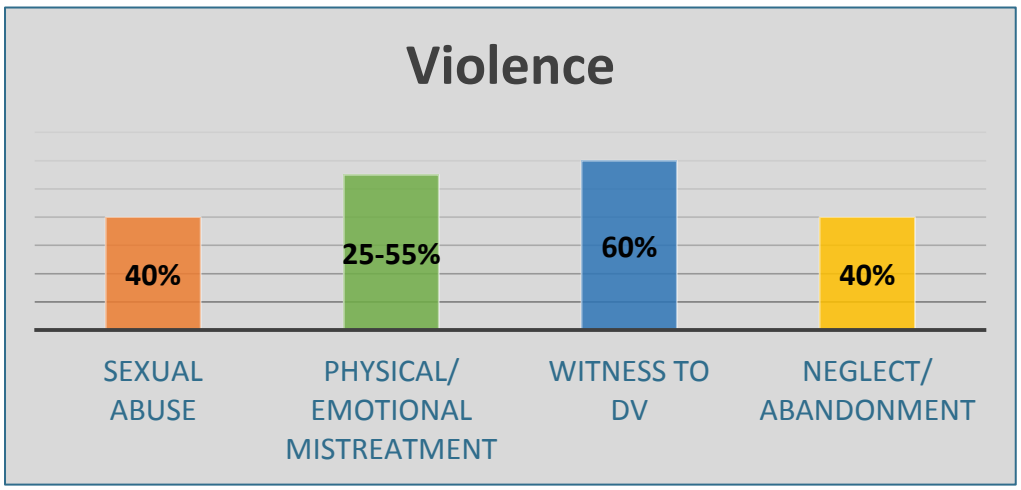
Why do some children and young people manifest PSBs and ASPs?

PSBs and ASPs have different causes depending on each particular situation. Therefore, in the event of a problematic or abusive sexual incident between peers, it is important to build an explanatory hypothesis for that specific case.

Two proposals for understanding such situations are presented below. One of them places emphasis on violent experiences that the children or adolescents have been through, and the other adopts a multi-causal ecological approach.

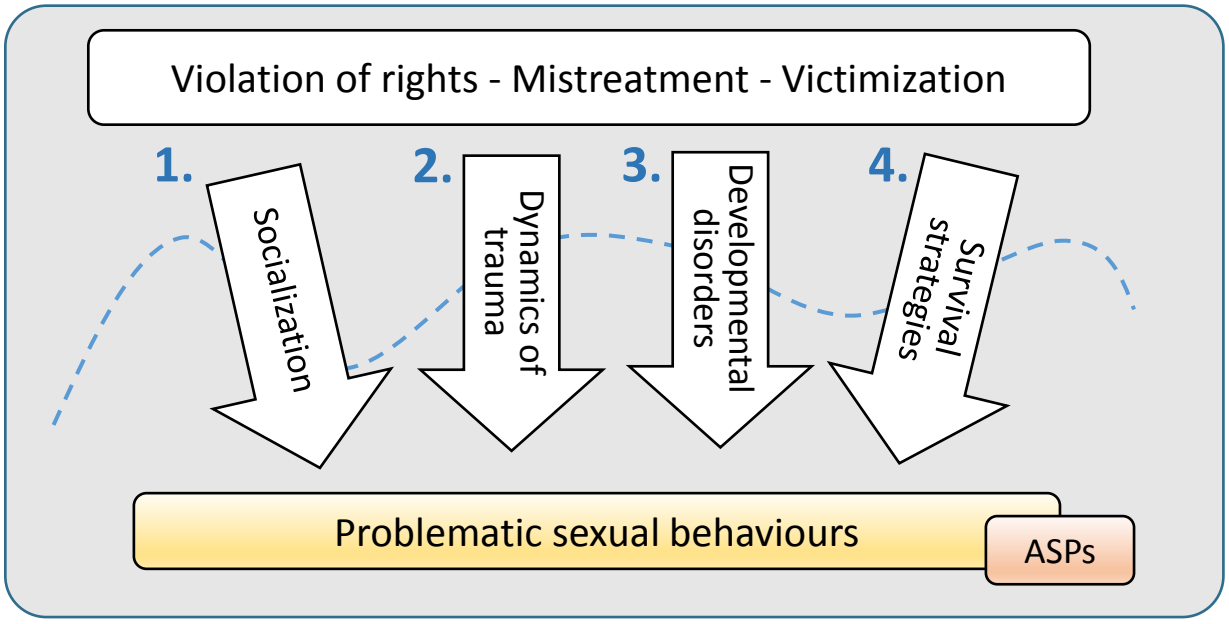
1) Histories of violence:

Although there is no consensus regarding the magnitude of the events of violence experienced by children or young people who engage in PSBs or ASPs, some percentages reported in different studies are shown in the graph below. As can be seen, it is not unusual to encounter histories of sexual abuse (assaults by adults or ASPs carried out by peers), physical and emotional mistreatment (insults, threats or beatings by carers), witnessing domestic violence (DV) (seeing assaults against other members of the family, often the father against the mother), and backgrounds of neglect or abandonment (being orphaned or treated coldly or with disinterest by adults). Overlaying the percentages also reveals situations of multiple mistreatment.



Histories of violence (continued):

Violence has consequences and effects on children and young people. There are many theories and models to understand these impacts. While it would be impossible to present them all in this Guide, we have grouped together four routes that could lead a child or adolescent to present a PSB or ASP after experiencing situations of victimization.



1. Socialization:

Violence and everything associated with it is learned. A girl who is subjected to sexual abuse may believe that sexual assaults are natural. An adolescent who is beaten by his mother may think that it is OK to abuse another's body when we feel angry. A child who witnesses gender-based violence may be convinced that men have power over women. Or a young person who has been abandoned may disregard others' feelings, just as his or her own feelings have been disregarded. In short, violence carries messages that are passed on, remembered and validated as ways of relating to and being with others. Many of those messages may lead to a PSB or an ASP.

2. Dynamics of trauma:

Many forms of victimization cause an intense shock to the minds and hearts of children and youngsters. When faced with traumatic experiences, the brain is flooded with stress hormones that alter the memory. This alteration results in some images being strongly imprinted while other memories are forgotten, generating "fragmented memories". There are occasions when certain stimuli (smells, sensations, touches, sights, etc.) cause the child or youngster to recall those traumatic memories. So, the mind becomes disordered, strong confusion is felt and repetitive behaviours associated with the abuse experienced may arise.

3. Developmental disorders

Experiences of violence, especially when chronic, may hinder the healthy development of children and young people. Children who have been sexually abused may come to believe, within their social skills, that eroticization is a useful way of receiving affection. If an adolescent is physically abused and insulted by a parent, his self-concept may be distorted, causing him to feel "evil" or "inferior". In situations in which domestic violence is present, a youngster may not develop her intellectual skills, as she fears exploring her world or asking questions to learn, for example about sexuality. In a case of negligence, a child's emotional development may be affected, leading to difficulties of self control, as he never had adults who would help him to calm down. Beyond these examples, the key point is that disrupted cognitive, emotional, social or identity development can also increase the likelihood of the occurrence of a PSB or ASP.

4. Survival strategies:

Sometimes, children and adolescents try to adapt to violent environments, developing "survival strategies" that help them cope in those settings. However, such strategies become dysfunctional when applied in other contexts. Some examples of this are: A boy becomes extremely withdrawn to avoid verbal and physical attacks from his parents; however, that strategy (withdrawal) is not helpful for him outside of the home, especially when it comes to making friends or finding partners of his age. To cope with the sexual abuse inflicted by a close member of her family, a girl distances herself from that reality, even managing to block it out of her memory. While this "dissociation" strategy protects her from the emotional impact, it does not facilitate the girl asking for help or talking about the abuse in safer environments, such as at school. Accustomed to the emotional neglect of her parents, an adolescent girl survives by seeking approval indiscriminately from other people, acting obligingly, even when strangers demand sex. A teenage boy who has witnessed domestic violence copes with the dissonance of seeing his father assault his mother by idealizing male figures and devaluing female figures, assuming that women deserve to be punished. Each of these situations describes how children and adolescents develop strategies to protect themselves and cope with the pain. However, those same strategies can place the youngsters in new situations of risk, for example the risk of engaging in PSBs or ASPs themselves.

The four routes for understanding the effects of violations may lead to or encourage the occurrence of PSBs or ASPs. These four routes are interrelated, for example, distorted cognitive development may hinder reflection on socialized ideas, or the appearance of intrusive traumatic memories may disrupt survival strategies or activate other, less adaptive, strategies.

The examples given are not linear and depend on many other factors. They have simply been used to illustrate how violence impacts children and adolescents, and how PSBs and ASPs can be a consequence of rights violations.

2) Ecology of PSBs and ASPs:

People are surrounded by different systems and contexts (school, family, neighbourhood, community, society, etc.). All of these systems plus ourselves as individuals form the human ecology.

It has been noted that PSBs and ASPs are the result of various factors present in different systems of the ecologies of children and adolescents. These factors interrelate to give rise to PSBs and ASPs. Below, risk factors associated with PSBs and ASPs are presented in the order in which they appear in the individual, family and socio-contextual dimensions.

Individual dimension:

- Histories of rights violations and their effects
- Social skill deficits
- Emotional and behavioural problems
- Ignorance or confusion about sexuality
- Hormonal changes of adolescence
- Background of other PSBs

Family dimension:

- Occurrence of mistreatment or violence
- Family history of sexual abuse (trans-generational)
- Excessive eroticization within the family
- Family dysfunction or disorganization
- Family adversity or poverty
- Periods or moments of stress/change (mourning, separation or moving house)

Contextual dimension:

- Peer pressure
- Sexist and violent communities
- Hyper-eroticized media
- Culture of domination, individualism and consumerism
- Contact with other children and adolescents with PSBs (for example, in a care home)

Seeking specialized support:

Not all PSBs will require specialized support. A few PSB episodes may appear in the history of a child or adolescent and then disappear once an adult has talked to him or her. For example, a teenager is discovered masturbating in the living room of his SOS home and stops doing so once the carer explains ideas around privacy to him; or, on just one occasion, a boy spies on other children in the bathroom, but does not do it again after an adult has taught him about private parts.

However, any PSB raises concerns and should be addressed at least through educational conversations between the children or adolescents and the adults responsible for them (carers or professionals in the village). Other PSBs will also require the adoption of environmental and relational measures, or greater control of the content to which the child or adolescent is exposed (these measures are explained in later sections of this Guide).

Situations that may require a more thorough diagnosis or **specialized support** are:

Abusive sexual practices	• Child-to-child sexual abuse should be taken seriously and not be played down as "kids' stuff".
Situations with multiple PSBs	• These are cases where different types of PSB occur or various criteria are met. For example, if several members of a foster home engage in PSBs, or a single child or adolescent displays multiple PSBs.
Highly persistent PSBs	• These are PSBs that continue despite conversations with adults and the implementation of measures.
Isolated PSBs plus other vulnerability indicators	• PSBs that arise as isolated episodes, but are associated with non-sexual vulnerability indicators (to learn about those indicators, it is recommended to consult the texts suggested in the "Other resources" section of this Guide).

A more thorough diagnosis or specialized support shall be understood to mean an assessment or intervention by a professional or institution specializing in matters relating to paediatric and adolescent development, rights violations and sexual behaviour.

Summary:

Sexuality is part of our lives and develops as we do. From that development and any disruptions to it, we can distinguish different types of problematic sexual behaviours (PSBs), including abusive sexual practices.

The term abusive sexual practice (ASP) presents certain advantages compared with other concepts, such as: avoiding stigmatization of children and young people; not being limited to legalistic understandings; explicitly acknowledging the voluntary and cultural nature of human actions.

In order to be able to adequately differentiate a healthy sexual behaviour from a PSB or an ASP, it can help to consider 10 distinction criteria and four power imbalance elements in the relationship in question. For that, the tables contained in the Guide can be used.

There are different explanatory hypotheses for PSBs and ASPs. For the purposes of this Guide, an understanding from the perspective of histories of rights violations and their effects (socialization, trauma, developmental disorders and survival) has been chosen, in addition to a three-dimensional ecological framework (individual, family and socio-contextual).

While all PSBs should be taken seriously, not all of them require specialized support. Those that do require specialized support are: abusive sexual practices, situations of multiple PSBs, highly persistent PSBs and PSBs that occur in association with other vulnerability indicators.

Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

CONSIDERATIONS FOR PREVENTION

Levels of prevention:

If we consider the **three-dimensional ecological risk factors** (individual, family and socio-contextual) of PSBs and ASPs outlined above, we find that SOS care settings contain several of those factors. For example: Children joining the families have histories of severe and chronic rights violations. Some children with PSBs start to involve others in their behaviours. Sometimes, the adults responsible for direct care (carers) have difficulty organizing the families, achieving adequate cohesion and supervising all the members. In addition, the SOS Children's Villages are located in countries with economic difficulties and cultural beliefs associated with PSBs and ASPs.

Given that risk factors are present, the adults must establish **preventive actions**.

"Preventive actions" are understood to mean pre-emptive measures or arrangements carried out with the children, adolescents, their families and communities to avoid or reduce the risk of PSBs or ASPs.

Adopting the integral health model, we can distinguish **3 levels of prevention**. These levels are not mutually exclusive, but complementary:

Primary prevention	Aimed at avoiding the occurrence of PSBs and ASPs. Geared towards working with children, young people, families or communities where PSBs or ASPs have not occurred, with a focus on preventive resources.
Secondary prevention	Focused on detecting PSB or ASP risk situations to address those specific risk factors early on. In this case, work is done with risk groups.
Tertiary prevention	After PSBs or ASPs have occurred, this level of prevention comes into play. It aims to ensure that the behaviours or practices are not repeated or complicated (interruption and treatment).

Risk of abusive sexual practices:

Child-to-child sexual assaults have multiple impacts. ASPs have negative consequences for the victims, families, the instigators and the institutions concerned. Therefore, ASP risk indicators must be recognized as a priority in order to identify potential individual and relational ASP situations.

We can group these risk indicators or backgrounds into three areas:

1. Background of the sexual behaviour	Covers risk factors related to the child or adolescent's behavioural past and present, with regard to his or her sexual development.
2. Background of victimization and its effects	Covers indicators related to a history of rights violations and their impact on the life of the child or adolescent.
3. Family and contextual background	Covers indicators associated with the current functioning and history of the family and the environment in which the child or adolescent lives.

After 10 years of working in this field and having reviewed research and theories on the subject, we have designed a checklist with 12 ASP risk indicators. It is a tool for **"Assessing the possibility of ASPs occurring in children and adolescents subjected to violations"**. The presence of 4 or more of the indicators represents a risk situation, while 6 or more indicators constitutes a high risk.

We hope that this identification will motivate professionals to take ASP prevention actions, working directly with: **a)** children, adolescents and young people, for example, by increasing teaching about interpersonal boundaries; **b)** potential victims, for example, self-care workshops; **c)** significant adults, for example, by increasing the supervision of children and young people; **d)** other institutions, for example, starting pharmacological treatments to control impulses or seeking specialized treatment.

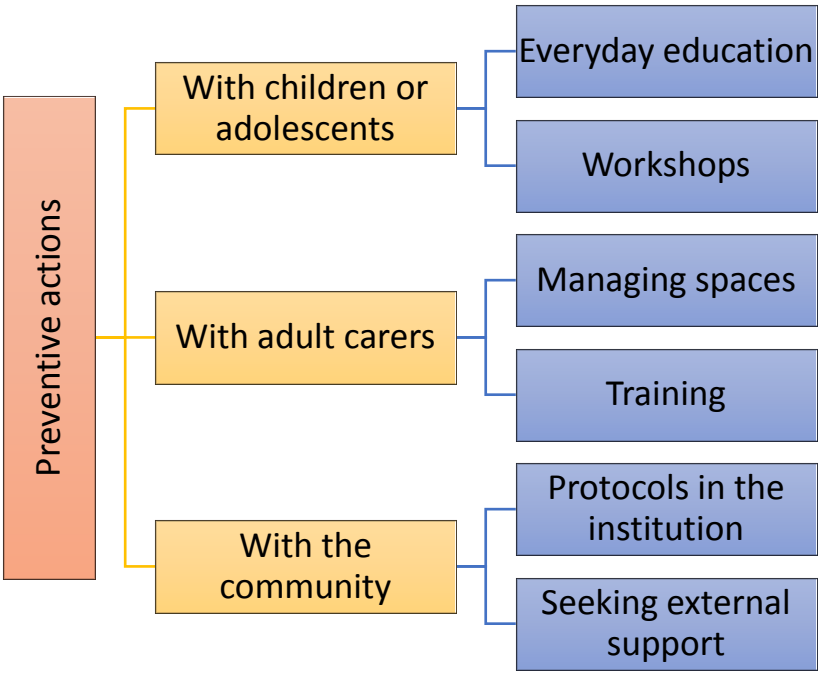
This tool may be useful for responsible adults wishing to avoid ASPs among children and adolescents who have been subjected to violations and who share the same care setting, go to the same school or live in the same family.

Evaluating the possibility of the occurrence of an ASP:

BACKGROUND OF THE SEXUAL BEHAVIOUR	
Use of sexuality as a relational strategy:	
A child, adolescent or young person uses sexuality as a strategy for socialization and bonding, frequently or persistently inviting others (including adults or strangers) to take part in erotic play as a way of making friends and trying to be loved.	
Use of sexuality as an affective strategy:	
A child, adolescent or young person uses sexuality as a way of changing or alleviating negative emotions (in situations in which they feel lonely, abandoned, sad, discouraged, frustrated, bored, etc.). In these cases, the child, adolescent or young person resorts to masturbation, erotic play, pornography, etc.	
Prior manifestation of other problematic sexual behaviours (PSBs):	
A child, adolescent or young person has previously manifested other PSBs (of different types or persistently), such as premature sexual knowledge or behaviours (not appropriate for his or her age), high interest in pornography, sexual behaviours that do not respect private space, sexual contact with animals, ignorance of or aversion to sex education, etc.	
Normative individual developmental characteristics:	
Male child or adolescent in a stage of the life cycle that is approaching or entering puberty (over 10 years of age). Females represent a lower risk of engaging in ASPs.	
BACKGROUND OF VICTIMIZATION AND ITS EFFECTS	
Socialization of sexual violence and patriarchy:	
The child, adolescent or young person has been subjected to violations related to sexual or gender violence, such as sexual abuse, exposure to sexual situations or explicit, hardcore pornography, or has witnessed domestic violence (gender-based violence). The child, adolescent or young person seems to validate or justify those forms of violence (displays sexist attitudes or actions of domination towards younger children or females).	
Difficulty recognizing interpersonal boundaries:	
The child, adolescent or young person does not understand concepts of privacy, personal space or intimate areas of the body. For example: treats strangers affectionately or informally; hugs strangers or sits on their laps; touches genitals, or caresses backside or breasts when talking; barges into toilets or private/closed rooms, or spies on others.	
Impulse control difficulties:	
The child, adolescent or young person has difficulties in relation to self-control, thinking before acting, calming negative emotions or delaying gratifying experiences. The child, adolescent or young person has diagnoses associated with impulsiveness as an attention deficit, behavioural disorders, indiscriminate attachment, explosive disorders or problematic consumption.	
Difficulties in shifting the understanding of his/her violations:	
The child, adolescent or young person has not received specialized support to overcome the effects of violations, or refuses to participate in a therapeutic process, displaying difficulty bonding appropriately with the professional and perceiving support, stability and safety in the environment.	
FAMILY AND CONTEXTUAL BACKGROUND	
Family dysfunction:	
The child, adolescent or young person experiences difficulties of cohesion or adaptability in the current family setting. This may be due to a weak sense of belonging and family identity, or because clear roles and private spaces have not been defined for the family members. Alternatively, the family may be very rigid or chaotic in the event of changes.	
Situations associated with stress and anger:	
The child, adolescent or young person has experienced an increase in or maintenance of high or recurring feelings of anger, such as rage, jealousy, revenge, fury or retaliation towards others, or has felt frustration or anger associated with recent environmental or family changes (due to separation, mourning, moving house or school, etc.).	
Context with sexual triggers:	
The child, adolescent or young person lives with others who have problematic sexual behaviours, in a setting where he or she is exposed to pornography or sexual relations, or with adults who give him/her roles of excessive authority and power over other vulnerable children, adolescents or young people (girls who are younger, have disabilities or are timid).	
Family sexual history:	
In the history of the family of origin, situations of sexual abuse have recurred in different generations (children, parents, grandparents, etc., either as victims or perpetrators). The current responsible adults have not adequately worked through or understood those histories (they are kept secret, normalized or symptoms are displayed in the adults, i.e. consequences of the abuse in adulthood and in the long term, etc.).	

Preventive actions:

Once cases or situations of ASP risks have been identified, a number of actions can be taken to reduce the likelihood of an ASP occurring. Several of these suggestions can also help reduce the occurrence of other PSBs. Preventive actions can be grouped according to their implementation dimension:



These three dimensions are clearly related and influence each other. Children require sex education on an everyday basis; adults responsible for direct care can provide this education but also need to receive appropriate training themselves. The content of the training should reflect the institutional vision of SOS Children's Villages; therefore, agreements should be established regarding that content. At the same time, each dimension contains and sustains the other: children and young people need competent adults, and, in turn, those adults need communities and institutions that support and care for them.

On the following pages, we will describe these preventive actions: everyday education and workshops with children and young people; training and management of spaces by the adults responsible for direct care; work with the communities. Suggestions are given on how to effectively carry out each action.

Everyday sex education:

The education that is given in a family is not the same as that provided at school. A foster home does not try to imitate a classroom, nor does a direct carer aim to be a teacher. It is a different type of education because it is 24/7. It is a type of education that is not entirely structured, as one day we might talk about pets, another hygiene, then the use of money and another time sexuality. So, each subject arises in response to the need of the moment. Moreover, emotional ties within families are different to those at school; ideally, they will be more stable, offer security and be warmer with both the adult carers and the peers in the care setting.

The above considerations lead us to think about certain recommendations for educating children and adolescents about sexuality on a day-to-day basis within care settings.

Recommendations for sex education within the family:

1. Sex education can arise at any time:

- Sometimes, it arises from a need for an adult to teach something, such as finding a child going to the toilet with the door open. It may also arise from a need for children and adolescents to learn, for example, they may have questions after seeing a couple kissing on television or noticing a pregnant woman in the street. In this sense, there is no "when" to start talking about sexuality; it is an everyday subject. There is no need to overload children and adolescents with information; it is better to be brief, as there will always be another opportunity to continue to the education process.

2. Sex education involves emotional education:

- Compared with school, the family is a more intimate setting. Consequently, sex education is not limited to biological or factual information. When direct carers talk about sexuality, we suggest that the sensations and feelings related to sexuality also be discussed. Simply giving information such as *"when the penis goes like that it is because it fills with blood, and it is called an erection"* creates a very different impact to adding *"And that usually happens when we touch ourselves and feel really nice tickles all over the body. That sensation is called pleasure and everyone feels it, although people don't normally talk about it."*

3. Sex education is individual:

- Carers provide a type of education that is useful in the local setting in which children and adolescents grow up. At the same time, that education is tailored to each child or adolescent, bearing in mind his or her background, subjectivity and characteristics. Continuing with the example of erections, a mother might add: *"It's like what happened last week when Luis (another child) was in his room and you went in and got a shock when you saw him naked with his penis like that…"* or *"The same thing happens to you in the morning and that's why you don't like having the sheets pulled off you."*

4. Sex education should be open and natural:

- It is common for people to feel a bit uncomfortable or embarrassed when talking about sexuality, but those feelings decrease the more we talk about it and the more natural we make it. This can be explained as follows: *"I know that it's a bit embarrassing to talk about it", "At first, we feel a bit ashamed, but that embarrassment soon goes away."* Our conversations should leave openings, that is, it should be made clear that the conversation can continue at that time or another time: *"Have you got any more questions that I can help you with?" "What do you think about what we've been talking about?" "Had you heard anything or did you know anything about that before?" "Remember that we can talk about this whenever you have questions…"*

5. Sex education involves education in values:

- As adult carers, we are agents of socialization. We teach the rules and norms for living respectfully in the world. Similarly, we encourage children and adolescents to learn which behaviours are right and which are wrong, as well as how to correct our own mistakes. For example: *"There's nothing wrong with having an erection. But it is something we do in private, when we're alone or with a partner." "Everyone has the right to express themselves with their bodies, and everyone has the right for their privacy to be respected."*

6. Sex education is also non-verbal education:

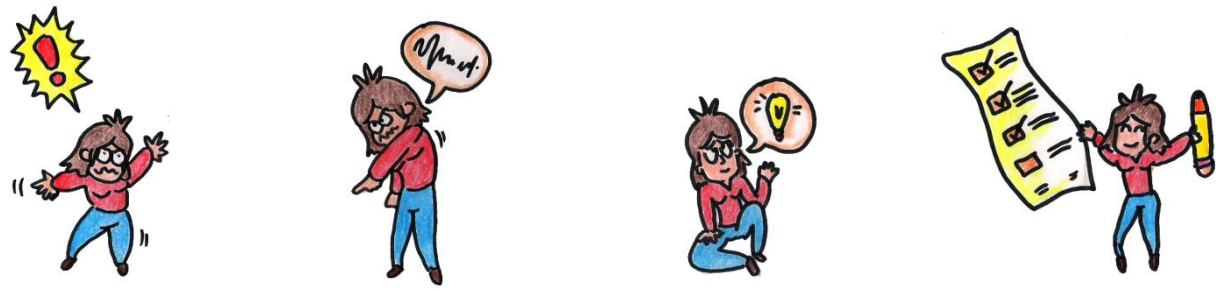
- Not only do we educate with words, but also with the body, our facial expression and our posture. In particular, we educate by example. We are points of reference and role models for children and adolescents. Children are very skilled at reading our non-verbal language and can see that certain subjects make us feel uncomfortable, surprise us or make us nervous. The only advice here is: be sincere! Talk about your own feelings and also describe what happens to you when you talk about them. Similarly, do not try to teach something that you do not do yourself or that is at odds with your own behaviour.

Responses from adults:

A girl asks "What is making love?"; a teenage boy is discovered watching pornography; two siblings are found hidden away in the garden playing sexual games... These are examples of sexual behaviours where adults might ask us "what should I do?" How should we respond? There are many possible responses, ranging from letting the children carry on and feigning blindness/deafness, to being outraged and reprimanding them.

We believe that there should be at least four stages to any response from an adult in relation to sexual behaviours.

1. Immediate evaluation → 2. Reactive response → 3. Re-evaluation → 4. Planned action



An adult's response starts with an **immediate evaluation**. This evaluation is usually visceral and intuitive, and is related to the question **"what is this?"** (is it right or wrong?). For example: As you walk down the landing of the house on a night round, you hear laughter coming from one of the bedrooms. When you pop our head in the door, you see two boys, aged 7 and 8, naked in the bed, one on top of the other. That is when the immediate evaluation occurs: a feeling of discomfort arises in your stomach, your body freezes and ideas like "how dirty!" or "that's wrong!" come into your head.

Secondly, there will be a **reactive response**. This response is triggered by the question **"what do I do now?"** and is the way we act in the moment. With the case described above, one possible automatic response might be: your facial expression shows surprise, then you frown and express annoyance. Seconds later, you raise your voice and shout: "Don't do that! That's for grown-ups! Stop that immediately!" (the boys are startled and each one runs to his own bed).

Both the first evaluation and the reactive response are associated with the knowledge available to us in the moment of the situation, combined with our own prejudices and ideas about sexuality, as well as personal experiences in our own lives. Continuing with the example: seeing two boys engaging in sexual behaviours may trigger our own fears and prejudices about homosexuality or activate memories about our own experiences of sex play or sexual abuse when we were children. That obviously affects the way we respond! And it is from this place that a re-evaluation and second response are needed.

In the third stage, **re-evaluation**, the sexual incident is over and you are feeling calmer. Now you can start to reflect and review your first actions, asking **"how shall I understand what happened?"** In this second evaluation, you might also ask yourself: "did I respond in the best way?", "was it really a problem?" Another possibility is to seek help from the team to understand the situation or use tools to more clearly distinguish the behaviour, such as the checklists and indicators provided in this Guide. For this re-evaluation, we suggest: **1)** looking back at our immediate ideas and actions; **2)** seeking information about the incident (for example, sex play in childhood); **3)** getting support from others (conversations with other adult carers and professional advisers).

Finally, you will come up with a **planned action**. Here you respond to the question **"what shall I do moving forwards?"** After reflecting and re-evaluating a situation, we can take measures to ensure that a behaviour does not happen again or plan better interruption, acceptance or education strategies. Any strategies will need to be agreed with the other adults, children and young people in the family, to make the action plan coherent and consistent. In the example about sex play between two boys, it might be decided to discuss the matter again with the boys, this time as calmer and more controlled carers, keep supervising the boys to ascertain how persistent and frequent those games are, and increase the number of night rounds in the house.

Regarding the last two stages, there is a golden rule that says:

The more people, motivation and time we invest in the subsequent evaluation and response, i.e. in re-evaluating situations and planning actions, the more the quality of our immediate evaluations and reactive responses will improve over time.

Types of responses from adults:

As well as breaking down adults' responses into four parts or moments, we can also distinguish **3 types of responses**:

A. RESPONSES OF TOLERANCE AND ACCEPTANCE:

- ✓ Responses of tolerance and acceptance are given by adults faced with sexual behaviours that are to be expected in the healthy development of children and adolescents.
- ✓ In these responses, the adult accepts the behaviour without stopping it.
- ✓ The adult may also let the child or adolescent know (verbally or non-verbally) that the actions in question are natural.

B. ATTENTION DIVERSION RESPONSES:

- Attention diversion responses are suggested at times of uncertainty, that is, when the adult is not clear how natural or problematic the sexual behaviour of the child or adolescent is.
- They are a type of reactive response where the adult indirectly and discreetly interrupts the sexual behaviour in question.
- As the adult is not clear about the type of behaviour, he or she should initially avoid conveying any messages about its appropriateness or inappropriateness.

C. EDUCATIONAL RESPONSES:

- ⊗ Educational responses are given to problematic sexual behaviours, including those of an abusive nature. They are an initial action of adults in the event of PSBs and ASPs.
- ⊗ In these responses, the adult stops the sexual behaviour and establishes boundaries for the children and adolescents.
- ⊗ In a firm, affectionate, sensitive and contained manner, the adult also educates about the inappropriateness of some sexual behaviours.

Attention diversion response:

An adult carer will not always be certain about how healthy or problematic a given sexual behaviour is. Therefore, if the children are stopped or told off, there is a risk that incorrect ideas will be conveyed about something that might be natural. However, if the behaviour is not stopped, there is a risk of allowing something inappropriate or violent to happen.

In these situations where the adult is unsure, we suggest using an immediate "attention diversion" response. This is a catch-all response that can be used in any situation of uncertainty.

We propose the following steps:

STEPS	DETAILS	EXAMPLE
1) DISCOVERING A SEXUAL BEHAVIOUR	A situation arises that we are not sure how to categorize or that we do not have enough time to evaluate.	In the next bedroom, a carer hears the voice of a boy (Pedro) asking others: *"Who wants to make love with me?"*
2) INTERRUPTING THE SEXUAL BEHAVIOUR	With a veiled request, we distract and separate the children. We might: ask them to play something, move to another place or join us in an activity.	The carer quickly enters the room and says to the group of children: *"Bedrooms aren't for playing. Go outside and play. Pedro, come with me, I need you to help me in the kitchen."*
3) MAINTAINING THE SUPERVISION OF THE CHILDREN OR ADOLESCENTS	We keep an eye on the children. If we leave them on their own, we should ensure that they do not continue the sexual practice.	The carer stays in the kitchen for 30 minutes with Pedro. During that time, she might talk to him (using an educational response). After letting him return to the group, she checks on the children 5, 15, 30, 60 and 120 minutes later.

Educational response:

If an adult is immediately sure that a sexual behaviour is problematic, or after using an attention diversion response, he or she should establish boundaries and educate the children and adolescents.

To give a sensitive and effective educational response, we suggest the following steps:

STEPS	DETAILS	EXAMPLE
1) DISCOVERING A PSB OR ASP	A problematic or abusive sexual behaviour is detected. After using an attention diversion response and re-evaluating the behaviour, it may be classed as a PSB or an ASP.	
2) NAMING THE BEHAVIOUR	The adult approaches the group, child or adolescent then correctly and precisely describes what he or she has seen or heard.	Continuing the previous example: *"Pedro, I heard you asking the others if they wanted to make love with you."*
3) REFLECTING FEELING OR MOTIVATION	The adult should imagine the emotion or intention of the child or adolescent at the time of engaging in the behaviour (see Mindfulness on the next page) and express that as a possibility to the youngster.	The carer knows that Pedro tends to be isolated by his peers and, therefore, says to him: *"Perhaps sometimes you feel lonely and want to make more friends."*
4) ESTABLISHING BOUNDARIES	The adult firmly explains the rules or norms that have been transgressed.	The carer says: *"Making love is something that couples do. It isn't done with family or friends."*
5) SUGGESTING ALTERNATIVE FORMS OF EXPRESSION OR SOLUTIONS	The adult teaches the child or adolescent a positive way of expressing his or her feelings or achieving his or her aim.	The carer suggests: *"It might be better to make friends playing football, don't you think? Or if you feel lonely, why not ask me for a nice cuddle?"*

PSB and ASP mindfulness:

As mentioned on the previous page, in order to be able to provide a correct educational response to children and young people, we must be able to imagine what feelings or intentions are behind their sexual behaviour. In other words, the adult must show them what prompts them to act in that way. In order to do that, we use a skill that all human beings have, which is especially useful for parents: **mindfulness**.

Mindfulness is understanding one's own actions and those of others as being the product of a mind, that is, of thoughts, feelings and motivations.

For example, we are reading this Guide because we want to learn, because we want to resolve things that happen in our families, or perhaps because we feel under pressure to do so. In all these cases, there is motivation, thought and emotion. There is a mind!

Parents do the same with their children. When a baby cries, a mother imagines: "Maybe he's hungry, cold or wants to play." When a little girl is very restless at home, a father might think: "Maybe she's anxious or bored." If a teenager is very quiet during dinner, the mother might wonder: "I wonder if he's had an argument with his girlfriend, had a bad day or is just tired." In all of these cases, the parents are trying to use mindfulness to put themselves in the youngster's shoes.

As adult carers, we can ask ourselves: **What thoughts, emotions and intentions do children who engage in PSBs or ASPs have?**

If we can answer this question, we will be able to: **1.** reflect those feelings and motivations to children and young people through sensitive educational responses; **2.** help children and adolescents understand themselves better and, consequently, regulate their behaviour better; **3.** suggest non-sexualized alternatives to children and adolescents to express and resolve their emotions, ideas and intentions; **4.** be emotionally attuned to them.

On the next page, we list a series of possible mental reasons (emotions and intentions) that lead children and young people to engage in PSBs and ASPs. In each case, we include an example of the use of reflection (step 3 of the educational responses).

FEELING/ MOTIVATION	EXPLANATION	EXAMPLE OF REFLECTION
Curiosity / Knowledge	Some children may become involved in PSBs due to ignorance about sexuality, seeking to learn through their actions.	A carer might say to a boy who spies on others in the bathroom: *"Maybe you're curious and want to know about sexuality. But you could ask me any questions you have..."*
Confusion / Understanding	If a child or adolescent has experienced situations of sexual abuse, a lot of confusion may arise and certain behaviours may be repeated as a way of making sense of those experiences.	A carer might reflect back to a girl who has been abused and persistently engages in sex play: *"Sometimes we need to understand upsetting memories. It might help you to express them by painting."*
Loneliness / Love	Children may use sexuality to cope with loneliness, as a way of expressing family love or receiving love and company from others.	A carer says to two sisters who engage in sexual behaviours: *"There are lots of ways of loving someone. Sisters do it with hugs and cuddles, but they don't touch each other's private parts."*
Sadness / Sexual Pleasure	Some children use sexuality to hide emotional pain under sexual excitement.	A carer says to a boy who engages in compulsive masturbation: *"That feels nice. But there are other ways of feeling good, such as playing..."*
Anger / Justice	Children might use sexuality to express their anger and hurt someone else who they feel has injured them (in an attempt to achieve justice or balance).	A brother who is jealous of his sister says sexual insults to her. The adult might explain to him: *"You're annoyed, but that's no way to treat a girl. Can you tell me what you're annoyed about and we can sort it out together."*
Inferiority / Power	Children who are worried about losing control of situations might use sexuality to feel powerful or superior.	When new children arrive in the village, a youngster sexually harasses them. The carer explains: *"You don't need to insult them. Here, we all respect each other. You're older and you've been here longer. You can teach them good things."*

Managing spaces and settings:

In order to prevent the occurrence of PSBs or ASPs, as well as understanding types and steps of responses, it is also necessary to take measures within an SOS home and family.

In the following points, we include proposals and suggestions for these measures, both for physical environments (spatial distribution) and interpersonal environments (relational dynamics and house rules).

1) Physical environments:

Identify blind areas	Places that are not easy to supervise, because they tend to be deserted or far away (e.g. a cellar or the bottom of the garden), are PSB risk locations. Recognize these spaces and visit them during the day or rearrange them.
Identify blind times	Identify the times of the day when it is more difficult to supervise the children and young people. Ask for help at those times, increase your surveillance rounds or change the routine, adding more group activities to be able to keep an eye on all the children.
Rearrange spaces	Move furniture that hides parts of the house, place mirrors strategically on the walls, be aware of the location of computers or rest and leisure areas (armchairs, cushions with toys, hammocks, etc.). These areas should be visible.
Decorate spaces	If the children have discussed the subject of privacy and self-care or have taken part in workshops about it, invite them to do drawings, write signs or make posters about it. Decorate doors and walls with those materials.
Separate bedrooms by groups	Assign bedrooms according to the children's ages, gender or resources (put at-risk children to share with children who can control themselves and do not display PSBs).

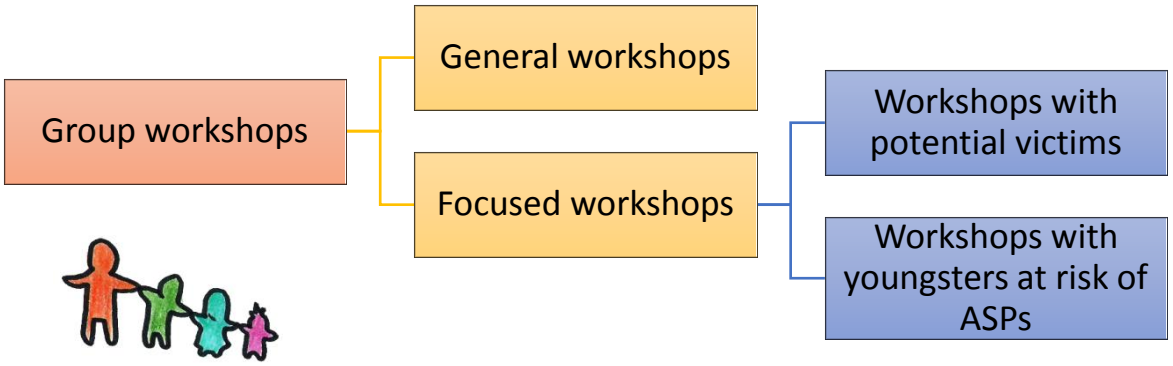
2) Interpersonal environments:

Establish rules	Consider locking risk areas (e.g. a cellar). Explain which spaces can be occupied during the day and at night (e.g. the bedrooms are only for resting after 6 pm). Educate the children about the use of toilets, single beds and the shower. Teach them about body contact, ways of demonstrating affection and physical games.
Establish a routine	Avoid idle moments or solitary activities. Create a timetable with the tasks and games of the day (afternoon snack, watching television, doing homework, etc.). Try to ensure that activities are done in groups, avoiding certain children moving away from the supervised activity. Prepare a list of activities for the children to do if they get bored.
Encourage support groups	Promote the development of friendships, assigning tasks as couples or groups. Encourage the children to help and collaborate with each other. Create support and reporting plans for hypothetical or imaginary scenarios of domestic accidents, natural disasters or violence between peers.
Pay attention to the distribution of power	Avoid giving authority to some children or adolescents over others. Treat all members of the family equally, without favouritism. Give equal credibility to all the children. Do not allow the older children to punish or give orders to the younger children. Intervene in situations of violence or harassment between peers.
Promote cohesion	Promote a group and family identity. Include those who exclude themselves or are isolated in activities. Make them participate in or at least observe group activities (e.g. games), ask their opinion and pay attention to their reactions, sharing them with the group. Use terms of cohesion "everyone here", "us", "the group", "the family", "our friends".

Prevention workshops:

Workshops with children and young people

Although sex education can be given on a day-to-day basis, it is also possible to create special moments and spaces for it. Group workshops with children and young people are a planned form of educating, where several children can be taught at once. We can distinguish the following types of workshops:



General workshops are intended for all children and adolescents in the same SOS home or family and often address broad subjects relating to sexuality. General workshops have the advantage of making conversations about sexuality within the family more natural, although their main disadvantage is that they do not offer differentiated instruction according to the gender, age or background of each child or adolescent.

Focused workshops, meanwhile, are geared towards specific groups (for example, pre-school children, school-aged children or adolescents; girls or boys). Focused workshops make it possible to address distinct issues, according to the characteristics of the children or adolescents in the group.

In the case of ASP prevention workshops, we believe that it is important to centre focused activities on two groups: **1.** children and adolescents presenting vulnerability characteristics, who could be potential victims of ASPs, and **2.** children and adolescents who display risk factors for instigating ASPs.

The topics to be worked on in the focused workshops for each group are detailed on the following pages of this Guide.

Prevention workshops:

Workshops with potential victims

There are individual risk factors that increase the likelihood of youngsters becoming the victims of an ASP inflicted by peers. These factors increase the vulnerability of the individuals, as they place them in positions of imbalance or hinder their ability to recognize and report the abuse. The factors are:

RISK FACTORS OF A POTENTIAL ASP VICTIM	YES	NO
Girls		
Younger children (male aged under 8 years; female aged under 12 years)		
Special needs (intellectual disability)		
Inhibited functioning (shyness, submissiveness or social isolation)		
Eroticized behaviour (sexualized socialization behaviours)		
Limited knowledge of sexuality and self-care		
History of sexual violations (that have not been addressed)		

The presence of three or more of these factors represents a case of a potential ASP victim. For this group, workshops with self-care content are suggested, including: **1)** interpersonal boundaries; **2)** good and bad types of touching; **3)** positive expressions of affection between peers; **4)** recognizing support and care figures; **5)** expressing emotions and ideas; **6)** reporting violence by peers (including sexual violence).

Ideas for organizing these workshops and possible activities with children and adolescents have been suggested in other documents available online (see the "Other bibliographic resources" section of this Guide). Given the short length of this Guide and the existence of plenty of material on the subject, we do not consider it necessary to describe specific activities.

Lastly, we would like to point out that the "child self-care" discourse is dangerous insofar as it makes children responsible for their own protection, instead of making the adults responsible. Therefore, these types of workshops must be accompanied by other preventive actions.

Prevention workshops:

Workshops with children and adolescents at risk of engaging in ASPs

With the help of the **"Assessing the possibility of ASPs occurring in children and adolescents subjected to violations"** checklist, referred to before, it is possible to identify youngsters who present risk factors associated with sexual assaults.

Although there is not a "profile" of a child or adolescent who sexually abuses (it is a heterogeneous group), in the context of an SOS care setting, those who engage in ASPs are most commonly: pre-adolescent or adolescent boys who have been subjected to several rights violations (negligence, physical and emotional mistreatment, sexual abuse or witnessing domestic violence), have a history of other types of (non-abusive) problematic sexual behaviours, and have difficulties of self-control and respecting interpersonal boundaries. In addition, they may be youngsters with family histories of sexual violence, who experience difficulty adapting to or feeling part of the SOS group or family.

However, ASP situations may also be instigated by girls, adolescent females and young people who do not have a history of serious violations, or even children under the age of 10. We reiterate: **There is no specific profile for an ASP instigator** and therefore we must be careful when using the checklist and detecting cases of risk.

Once we have identified the children and adolescents that present several ASP risk factors, it is possible to develop specialized preventive workshops with them. These workshops are aimed at modifying the individual and relational risk factors, as well as fostering greater emotional and sexual self-regulation and identification of problems by children and young people.

These workshops can be run by professionals (psychologists, social workers, educators, etc.) or by the carers themselves. We suggest a mixed approach, where the workshops are run by a professional and the carer. This generates greater trust in the dynamics and enables greater containment and regulation of the group. Ideally, there should be no more than 8 children or adolescents in the group.

Prevention workshops:

Workshops with children and adolescents at risk of engaging in ASPs

The content to be covered in the workshop is explained in the following tables. A few ideas of short activities are provided, although others can be used (see the "Other bibliographic resources" section). The content is only presented briefly, as structuring a specific workshop for children and young people is not an aim of this Guide.

1. MY PLACE IN THE GROUP:

It is important to help children and adolescents build their identity within the SOS family group or care setting, by identifying their order of arrival and hierarchy, as well as recognizing their place in the family and the world.

Activity: The children in an SOS home could be asked to arrange themselves in a line, from the first to be born to the last to be born (from oldest to youngest). Each child is given an identity document (for example, his or her birth certificate) and is asked, in order from oldest to youngest, to say: *"I am (full name), I was born in (place of birth) on (date of birth); I am the son/daughter of (full names of both parents)."* Afterwards, the children could be asked to arrange themselves in order of arrival in the SOS family or care setting (from oldest to newest). Ask them how they feel in their position and then get each child to say to the child before him or her: *"I recognize you; you arrived before me"* and then to the child after him or her: *"I recognize you; I respect your place."* The activity can end by sharing the ideas and feelings brought up by the exercise, placing an emphasis on recognizing the positions and places within the family.

2. LISTENING TO MY EMOTIONS:

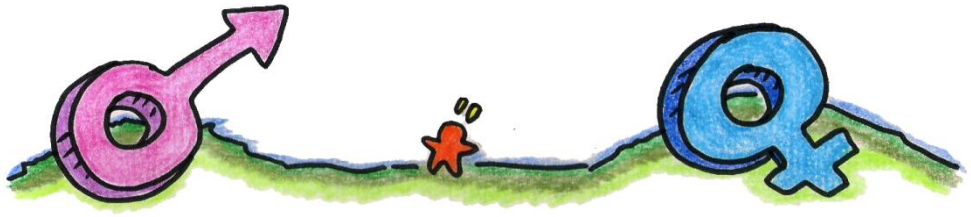
The aim is to help the children recognize their emotions and feelings, distinguishing them according to the contextual and relational circumstances in which they arise.

Activity: The activity is started by inviting the children to make themselves comfortable on the floor (with the help of blankets and cushions). They are given a moment to cover themselves and close their eyes, until they feel comfortable in the situation. The facilitator might put on some relaxing music and ask them to concentrate on their breathing. Then, with a calm voice, the facilitator invites the children on an imaginary trip. The facilitator slowly asks them to image a path and its details (providing certain characteristics such as *"it is a dirt track"*, and also asks questions so that each youngster completes the situation as he or she wishes (*"Are there trees along the edges of the path? What are those trees like?... Can you feel the weather on that day? How warm is it?"*). The facilitator remains sensitive to signs from the group and, with pauses and tone of voice, helps the children to imagine that they follow the path until they reach a house, *"in the house lives a wise person. It may be someone you already know or someone new."* The children are calmly invited to approach that person and ask him or her a question, *"a question that you have in your heart, for which you would like an answer. You can ask the wise person… Listen to his or her reply…"* When the youngsters have had time to imagine the conversation, they are invited to say goodbye to the wise person, go back down the path and bring their attention back to their breathing. Once they feel ready to open their eyes, the group can discuss the imagined experience, the physical sensations, the emotions felt and the message received. After that, it is recommended to use other imagination exercises (there are several on the internet and in group therapy manuals) that evoke different emotions (happiness, nostalgia, surprise, love, etc.) and then talk about those feelings, the ideas and situations that trigger them and the places in the body where they manifest.

3. UNDERSTANDING SEXUALITY:

Content geared towards promoting a broad understanding of sexuality, including naturalization of its various dimensions (sex, sexual identity, sexual orientation and gender roles).

Activity: The participants are divided into four groups. Each group is given a selection of pictures or a previously prepared collage. There are four sets of pictures. One of them is about "sexual orientation" and consists of photos of couples in romantic situations (male-female, female-female and male-male couples, or other combinations). The second group is about "sexual identity" and comprises photos of men, women and transgender people (people who live and identify as the opposite sex). The third set concerns "biological sex" and contains pictures of naked men's and women's bodies (they can be drawings). This set may also include males and females of other species (e.g. lions and lionesses, bulls and cows, wolves and she-wolves, etc.). The fourth group consists of photos depicting "gender roles". Here, pictures of men and women performing stereotypical and non-stereotypical gender activities are presented (e.g. male footballers, female footballers, women with babies, men looking after babies, etc.). The facilitator invites the children and young people to share their feelings when they see the pictures, point out what catches their attention and try to find common elements in each group of photos. They are then invited to find a title for the pictures. During these dialogues, the facilitator should point out that each group has been working on a dimension of sexuality and say the name of each dimension. The facilitator can help with examples known by the children and young people (from the neighbourhood, family or television) to illustrate the four dimensions (orientation, identity, sex and roles). It is suggested to also emphasize that sexuality is experienced in these different forms, that is, through the body, the mind, ways of behaving and relationships with others, and there are many possible combinations.



4. IDEAS OF MASCULINITY AND FEMINITY:

Gender beliefs allude to the conceptions we all have about being "male" or "female", that is, our ideas about what is "masculine" and what is "feminine". In the work with children and young people, the aim is to foster a critical and reflexive view of gender, free of stereotypes and beliefs of superiority.

Activity: The children are asked to split into small groups (2 or 4 groups, each with just a few members). The youngsters should use one of the other members of the group to draw the outline of a human figure (life size) on a piece of card or a large sheet of white paper. The facilitator explains that some groups will work on a female figure and the others on the outline of a male. Then, each group is invited to think about the characteristics, intentions, tastes, actions or thoughts that society or people attribute to men and women. Some examples might be: being strong, muscular or brave, liking football, and so on. Each recognized element should be written or represented on the figure, for instance by adding muscles to the silhouette, drawing a football next to it, sketching an expression of anger, etc. The facilitator can help them by asking: *"What does society expect of women/men? How does it say they should be? What does it say about their bodies, how they should think, what they should like and what they shouldn't like? What jobs does society say that women/men should do? How should they behave? How should they live their sexuality? How should they act with the opposite sex?..."* Once the outlines have been completed, the facilitator invites each group to present its figure to the rest of the youngsters, explaining what they have written and represented. The facilitator should encourage a debate about these rigid gender beliefs with questions such as: *"Do we all have to be like that? Where do those ideas come from? What happens to people who don't follow those stereotypes? How does society respond to differences? Do we all really fulfil those characteristics? Do we stop being male, female or people if we don't want to be like that? Do you know anyone who is different, for example affectionate men, or women who are good at football? Do you think that those people are less happy, just as happy or more happy than others? Are there people who are superior to others?..."*

5. SEXUAL DIVERSITY:

This activity aims to explain different ways of experiencing and expressing sexuality, especially according to sexual orientation and identity, emphasizing the differences between people from a position of acceptance and respect for others.

Activity: A group of photos or pictures of personalities known by the children and young people is selected (people from the worlds of sport, television, music, cinema, etc.). The personalities selected should include males and females who represent cultural diversity (different nationalities, ethnicities, professions, etc.) and sexual diversity (homosexuals, lesbians, transgender people, etc.). To start the activities, the facilitator places or sticks a photo to each child's forehead so that the others can see it, but not the 'wearer'. A game is played where the person wearing the picture has to guess the name or identity of the person on his or her forehead, simply by asking the other youngsters questions, which can only be answered with YES or NO. For example, "*Is it a woman? Does this person play a sport? Is he/she some kind of artist?...*" Once all the personalities have been guessed and the game is over, the facilitator should lead a group reflection on the differences between the people, asking the youngsters to explain their attitudes of rejection or acceptance, justifying or debating their ideas. The facilitator can then recount a personal anecdote in which he or she has encountered a situation of sexual diversity (e.g. a friend coming out as gay or meeting a transgender person). A relevant news story could also be described (e.g. adoption by homosexual couples, an act of violence motivated by sexual discrimination, legalization of gay marriage, or a transgender person legally changing their name or undergoing hormone treatment or surgery). The children then have an opportunity to discuss the story, while the facilitator listens. Throughout the activity, the facilitator encourages the youngsters to put themselves in the place of a different person, empathize with what that person might be feeling and the needs they express from those different positions in order to be happier. It is possible to compare situations of rejection of sexual diversity with situations of xenophobia (racism or rejection of others due to nationality, skin colour or descent).

6. SEXUALITY AND THE MEDIA:

Encourage reflection on the context, scope and impact of media phenomena associated with sexuality, particularly advertising and pornography.

Activity: Before the activity, the professional organizing it gathers various advertising posters, pictures, videos and songs (with the lyrics). The content should be sexist, that is, it should demonstrate sexist or stereotypical beliefs about gender, such as beer adverts with men in dominant roles, videos about men's deodorants and their power of seduction, posters of women in stereotypical roles of mother or wife, or pop songs with sexist content. To start the activity, it is suggested that the facilitator remind the children and adolescents about content seen in previous activities, particularly relating to gender. Then a game is played where the youngsters are "gender critics"; they must watch the videos with the following questions in mind: *"Is that real? Does what is shown or said there represent everyday life? What ideas are being conveyed about men and women? How does a child or young person receive or understand those messages? What might happen to someone who completely believes those ideas?"* Once they have had time to reflect, the youngsters are invited to split into small groups and become "gender revolutionaries". In this role, each group must change or transform the content seen into non-sexist content, for example, by drawing a new poster, acting out an advert in a different way or re-writing the lyrics to a song. When each group has presented its work, the facilitator leads a reflection that summarizes the points raised about the impact of the media and the importance of viewing it with a critical eye. Later, it is possible to introduce the theme of pornography, presenting it as a type of "media content" and reiterating some questions: *"What are the men and women who appear in it like? What ideas or messages does pornography present? What does it say about bodies, genitals or sex? Is it real? What might happen to someone who believes everything that pornography says? How might that affect their life?"* Finally, the facilitator connects everything that has been talked about so far with the central idea of the media, its effects and the relevance of maintaining a reflexive attitude in relation to it.

7. HEALTHY, PROBLEMATIC AND ABUSIVE SEXUALITY:

This content aims to encourage a reflection about expressions of sexuality, and the differences between healthy and respectful versus problematic and violent expressions. Special emphasis is placed on recognizing power imbalances and lack of consent as criteria of sexual abuse.

Activity: The children and young people are placed in a circle. In the middle of the circle there are three cardboard circles, one red, one amber and one green. The facilitator explains that based on the colours of a set of traffic lights, we can differentiate between sexual practices that are healthy (green), problematic or risky (amber), or constitute sexual abuse (red). The facilitator then presents different sexual situations written on cards. For each situation, a child or young person is asked to place the card in the corresponding circle (green, amber or red). In this first part of the activity, a group debate should be encouraged, with the youngsters being invited to explain their justification for identifying each sexual behaviour in the way they have. Some examples of situations may be: *"A teenage boy looks at photos of naked women to masturbate"*, *"A boy makes his girlfriend, who is the same age, have sex with him"*, *"A teenage boy watches pornography every day, losing interest in other activities"*, *"A man strokes a young girl's private parts"*, *"A boy has sex with an animal"*, *"Two youngsters have unprotected sex"*, *"Two teenage boys decide to be boyfriends and, at a given moment, stroke each other sexually"*, *"A young lad decides to pay money to an adult woman to have sex with her"*, etc. When thinking of different situations, it is suggested to bear in mind the age of the children and events that are already known to them or have occurred within the family. Once all the cases have been categorized, the facilitator leads a reflection that summarizes the criteria used properly by the youngsters. In the case of sexual assaults, the importance of consent and asymmetries of power should be illustrated. To illustrate asymmetries of power, a group game can be played where roles are assigned to the children and young people, who are then asked to form a line from most to least power. Some roles may be: people of different ages (3, 6, 10, 14, 18 and 30 years); people with different professions and occupations (student, teaching assistant, teacher, inspector, head teacher); people with different capacities (a drunk person, a child eager to make friends, a woman addicted to drugs, a millionaire, a politician, a famous singer, etc.); the names of the children in the family can even be switched, then asking them to arrange themselves in order of power. In this activity, the facilitator explains the theme of power and the importance of being able to recognize it in order to use it responsibly instead of abusing it.

Prevention workshops:

Workshops with adults responsible for direct care

The carers are the adults who have ongoing, daily contact with the children and young people. Consequently, it is the carers who detect PSBs and ASPs; they are the ones who can provide an initial response to incidents and help the children and adolescents prevent or stop them.

That being the case, it is extremely important to talk to them, train them, reach agreements regarding evaluation and responses, and, especially, to validate and strengthen the knowledge and resources that they already have. **SOS carers need to feel supported by the technical teams and institutions**.

One of the many ways of supporting carers is by holding workshops which provide group spaces where they can share with other adult carers and those responsible for direct care. In these spaces, the institution can generate actions of support and promote an attitude of openness among the mothers. This will enable them to share their day-to-day experiences, review them, draw out what is positive and transform what needs to be changed.

Particularly for the prevention of ASPs, we suggest addressing with the carers content relating to human sexuality, paediatric and adolescent sexual development, detection of problematic and abusive sexual behaviours in children, recognizing risk situations, and necessary modifications to physical and interpersonal environments.

This content can be addressed through activities similar to those carried out in the workshops with children and adolescents. In addition, this process enables direct carers to subsequently replicate or help as facilitators in workshops with children. Nevertheless, specific themes and dynamics can be included for direct carers.

On the following pages, we propose some topics to work on with carers, as well as some possible activities to facilitate dialogue, reflection and collaborative learning.

Prevention workshops:

Workshops with adults responsible for direct care

1. DISTINGUISHING SEXUAL BEHAVIOURS:

This theme is aimed at establishing agreements about types of sexual behaviours of children and adolescents, and differentiation criteria (healthy, problematic and abusive).

Activity: With direct carers, different situations can be presented (such as those described in activity 7 of the workshop with children), inviting them to differentiate the behaviours and establish criteria. The checklist included in this Guide can then be presented ("Distinguishing paediatric and adolescent sexual behaviours") and analysed with them through fictitious and real situations (events that have happened in the past in that SOS family or others).

2. MY FEELINGS ABOUT CHILD SEXUALITY:

This activity aims to promote a space of openness about child sexuality, to freely explore carers' own fears and anxieties in relation to the subject.

Activity: The facilitator starts the activity by talking about child sexuality and what reactions it provokes in the adults (worry, fear, rejection, anger, etc.). The carers are invited to connect those feelings to their own life stories, the sex education they received and their personal beliefs. They are asked to think about something that they have not shared with others or that they find difficult to share openly, but that they feel might positively or negatively affect their response to sexual behaviours of children or young people. Once the carers have thought about this issue, they are asked to write it down as a secret on a piece of paper (they can change their handwriting or the colour of pencil). They then fold the paper and place it in a box or container (provided by the facilitator). The facilitator reads out each secret to the whole group, without saying who wrote it. The group can then reflect on the feelings described, the events experienced and how to deal with them. Critical and dismissive attitudes should be avoided, instead encouraging an empathic and solution-oriented dialogue.

3. UNDERSTANDING ASPs AND RECOGNIZING RISK SITUATIONS:

Content aimed at enabling carers to understand possible causes of PSBs and ASPs, as well as recognizing ASP risk situations.

Activity: A full-group discussion is started around the question *"Why do some children or adolescents sexually assault others?"* Once a number of responses have been gathered, the facilitator invites the carers to break into three groups of "cooks" or "chefs". The first group should draw up a list of "social ingredients of ASPs" (social, community or media situations that might give rise to an ASP, for example pornography). The second group focuses on "family ingredients" (relational situations in the family of origin and the current family that might facilitate an ASP, such as a lack of supervision). And the last group thinks about "individual ingredients" (thoughts, feelings, learnings or reactions of the children themselves that could be associated with an ASP, for example anger or puberty). The three lists are then presented and the ingredients are discussed. The facilitator keeps the conversation going, emphasizing the notion of multiple causes. The "Assessing the possibility of ASPs occurring" and "Evaluating ASP vulnerability" checklists can also be presented to the mothers, inviting them to distinguish which children could become victims and which children or young people might assault them.

4. MODIFYING PHYSICAL ENVIRONMENTS:

Present different strategies to implement in SOS homes and children's villages to prevent sexual assaults, by changing and rearranging physical spaces (communal areas, bedrooms, risk areas, etc.).

Activity: Each carer is asked to draw a plan of her SOS home, indicating bedrooms, layout of furniture and doorways (they can also be given a previously drawn plan). The concepts of "blind areas" and "risk areas" are then explained to them (described in this Guide) and they are invited to colour safe places with green pencils and areas that are more difficult to supervise or control with yellow or red pencils. The facilitator can then present some strategies for transforming physical spaces (set out in this Guide and others) and invite the carers to work in pairs to help each other change the environments in their homes.

5. RESPONDING TO PAEDIATRIC AND ADOLESCENT SEXUAL CONDUCT:

This activity aims to explain and practice types of responses to PSB or ASP incidents (attention diversion responses and educational responses).

Activity: The facilitator can present some situations of sexual incidents, either by recounting events or acting them out (for example, playing the role of a boy who asks his adult carer "Why does the new boy touch his penis all the time?"), and develop possible responses with contributions from the carers attending the workshop. After gathering the carers' ideas, the facilitator presents three types of responses (acceptance, attention diverting and educational), specifying each type and illustrating the corresponding steps with examples. Once the carers have understood the concept, the facilitator separates them into small groups, giving each group a sheet of paper with a description of different sexual incidents (e.g. a teenager masturbating in the living room, a boy spying on girls in the bathroom, two girls getting naked and touching each other at night, etc.). The carers act out the situations, including the responses of the adult carer (previously planned in each group). During this role playing exercise, the facilitator can encourage positive actions, ask the groups to repeat scenes or change the roles played by the carers. If necessary, the facilitator can also guide the adults' responses.

6. BUILDING TRUST:

Present interpersonal prevention strategies to implement in SOS care settings with a view to promoting cohesion between the children and ensuring an appropriate distribution of power.

Activity: The activity is started by presenting some short play activities to the carers. The first activities presented are competitive games, such as a rock-paper-scissors tournament, where the winner gets a prize (a sweet or chocolate). Then, it switches to collaborative play activities, where everyone wins, for example, if the group manages to keep a balloon in the air for one minute everyone wins a prize. Next, leadership and power games are played, such as "Simon says..." (everyone follows the instructions of one member, who might instruct the others to dance, hop, imitate an animal, and so on). The figure who has the power is then rotated (everyone should have a go at playing this role). Once the short activities have been completed, the carers are asked to share their feelings in the different types of games. The facilitator guides the conversation to the subject of group cohesion and sense of belonging, as well as the importance of distributing power within the family. That is then linked back to ASP prevention (see the corresponding point in this Guide).

Prevention at the community level:

With teaching establishments and communities

It is important to explicitly note that prevention work for different SOS care settings begins when the children or adolescents join the programmes. The process involves: emotional healing, recognizing the life history, reclaiming violated rights and addressing past situations of abuse.

This process is key to preventing child-to-child sexual abuse. In addition, this process should involve the various actors present at the community level, particularly teaching establishments and social support networks.

1) Teaching establishments:

The preventive work carried out in schools has been criticized of late for focusing too much on working with children (self-care), while overlooking the importance of addressing issues with adults (teachers and guardians). The points that should be analysed with adults and with which professionals at SOS Children's Villages can collaborate, are:

Prevention through detection:

Early detection of mistreatment:

It is necessary to talk to teachers and guardians to educate them about indicators of emotional and physical abuse, negligence and child sexual abuse.

PSB/ASP detection:

With teachers and guardians, the following types of content can be taught and reviewed: making paediatric and adolescent sexuality a natural subject of discussion; criteria for differentiating types of sexual behaviours; child ASP risk indicators.

Prevention through management:

Managing sexuality and relationships:

With teachers and guardians, content about everyday sex education and types of responses from adults can be reviewed. With guardians, issues around cohesion and family belonging can also be included, together with the distribution of power among family members.

Front-line support strategies:

On this point, it is necessary to review and provide guidance on: immediate actions in the event of suspected cases of abuse; immediate actions in the event of cases of ASP at school or within the family; strategies for an initial interview with the victims.

2) Social support networks:

With other members of the community, it is also possible to work to prevent the occurrence of ASPs. For that, it is essential to encourage other community institutions and organizations take responsibility for the social aspects associated with ASPs.

Promoting receptive environments:

It is possible to work with parents' groups, residents' committees, sports clubs, mothers' centres or churches to raise awareness of the issue of child abuse and encourage incidents reported by children being received by adults with credibility and support.

Addressing community violence:

In dangerous neighbourhoods where violence is validated (by gangs, street fighting, rejection of the police, families engaging in criminal conduct, etc.), it is necessary to encourage the communities to empower themselves, establishing partnerships with security institutions, as well as creating positive social spaces for young people (sports groups, scouts, youth activism, among others).

Working in institutional networks:

In situations where there are other programmes working with the children, young people or their families, it is essential to work collaboratively with them (for more on this subject, see the "Transversal considerations" section of this Guide).

Summary:

It is possible to prevent PSB and ASP situations by adopting measures involving children and young people, their families, environments, institutions and communities. Moreover, ASP risk situations can be detected by addressing individual, family and contextual factors.

One key aspect of prevention is everyday sex education. Everyday responses from adults in relation to sexual behaviours comprise 4 steps: immediate evaluation, reactive response, re-evaluation and planned actions. In addition, 3 types of responses can be distinguished: acceptance, attention diversion and educational.

In the event of behaviours that generate uncertainty or behaviours that the adults do not feel prepared to address, attention diversion responses are recommended (interrupting the incident, then supervising the youngsters). In the event of PSBs and ASPs, educational responses are recommended (naming the behaviour, naming the feeling or intention, establishing boundaries and suggesting alternative forms of expression).

Other PSB and ASP preventive measures include managing physical spaces (layout of rooms and furniture) and relational spaces (interpersonal dynamics), as well as holding workshops with the children and adolescents, adult carers and other actors in the community.

Workshops with children and adolescents can focus on educating them about sexuality, supporting emotional development and encouraging critical thinking. Workshops for carers can aim to make discussing sexuality more natural, help distinguish types of paediatric and adolescent sexual behaviour, and employ a variety of preventive strategies and measures.

Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

CONSIDERATIONS FOR INTERVENTION

Occurrence of ASPs:

Although a number of preventive actions can be adopted to avoid the occurrence of ASPs, not all risk factors can be controlled. In some situations, which hopefully will be exceptional, child-to-child sexual assaults will occur. In the event of such incidents, the adults responsible for the youngsters (managerial staff, technical teams or direct carers) experience various feelings, ideas and emotions, such as anger, rage, sadness, confusion, helplessness, pessimism, and so on.

From our experience, adults experience 4 main **attitudes** or **reactions** in relation to the occurrence of an ASP, determined by their type of understanding and their attitude towards the youngster engaging in the ASP.

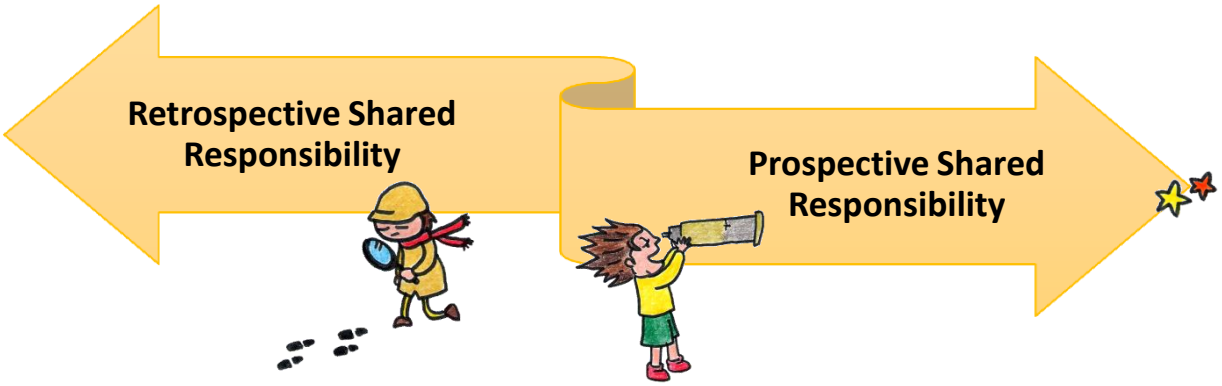
ATTITUDES	EXPLANATION
Negligent failure to take responsibility	Adults who adopt this attitude do not view the ASP as a problem. They do not notice the effects of the abuse, do not acknowledge their involvement in the occurrence of the abuse and do not feel part of the solution. Marked by indifference.
Over-protective failure to take responsibility	With this attitude, adults deny or play down the ASP (*"they were just playing", "it's just kid's stuff"*). They maintain a childlike or idealised view of the child or adolescent responsible for the behaviour (*"he wouldn't do something like that"*) and fail to understand the damage and needs of the victim.
Blame-placing failure to take responsibility	Adults with this attitude acknowledge the ASP as a problem, but do not feel responsible for it, instead placing the blame elsewhere (*"It's the fault of the mother, who doesn't supervise them", "That boy has always been a problem"*). Although there is concern for the victim, the youngster responsible is treated negatively and angrily, perhaps even mistreated (neglected, insulted, beaten, etc.).
Committed acceptance of shared responsibility	With this attitude, adults recognize the needs of both children (victim and instigator). They also acknowledge their involvement in the occurrence of the ASP and consider themselves part of the solution. This is the attitude that should be encouraged during the intervention.

Three-dimensional shared responsibility:

In the event of an ASP incident, we would hope that all actors feel involved (community, institution, family, instigating child/adolescent). This means that they acknowledge the problem as something serious, recognize the implications of their actions, build a broad understanding and undertake to stop the associated violence or dynamics. We call this three-dimensional shared responsibility (individual, family and contextual) and it is a central aspect of the understanding approach developed by ONG Paicabi (**"Three-Dimensional Shared Responsibility – 3DSR"**).

This shared responsibility works in two directions: on the one hand, it is a willingness to look at the past, becoming aware of our actions (**Retrospective Shared Responsibility**) and, on the other hand, it is a commitment to move forwards and try to remedy what has been done (**Prospective shared responsibility**).

The process of assuming shared responsibility can be understood as the task of answering certain basic questions:



What personal feelings or ideas make the ASP possible? What aspects of the family history or dynamic made the ASP possible? What cultural or community influence made the ASP possible? What negative impacts has the ASP had on the victim? What effects has the ASP had on the families involved, including the instigator?

What resources can be used to stop the violence? What ideas, feelings, dynamics or influences can be activated to support the children or adolescents in their processes (victim and instigator of the ASP)? How can we as individuals, families, institutions and society address the consequences of the ASP?

Initial interview:

In contexts like SOS Children's Villages, child-to-child sexual assaults may be detected by reports from the victims, statements from adults who discover ASPs or accounts from other children or adolescents who have witnessed ASPs.

In the event of the occurrence of a sexual assault, an initial interview should be conducted with the child or adolescent who carried out the ASP (see the other bibliographic resources suggested at the end of this Guide to read about initial interviews with victims). In an initial interview, it is common for the youngster who carried out the ASP to be upset or scared and deny the abuse committed with various excuses and explanations (*"That never happened"*, *"She made it up"*, *"No, because I wasn't even there"*, *"That person (witness) just wants to hurt me because we don't get on"*, *"It must have been someone else and I'm being blamed"*, etc.). However, situations in which the victims are confused, make it up or lie are uncommon (less than 10%). In view of the above, we propose the following recommendations for a successful first interview:

1. Gathering background information

The interviewer should come across to the youngsters as confident. Signs of doubt or lack of certainty about the assault will be seen by the person who carried out the ASP as an opportunity to keep denying it and making up more excuses. To strengthen your own conviction, gather all the background information possible, considering:

a) Interviews with adults responsible for direct care. From these conversations, the dynamics of the home, the attitudes demonstrated by the children before and after the abuse, and the presence of symptoms in the victims can be ascertained.

b) Accounts of the victim or other child witnesses. These should be obtained from the adult to whom the incident was first reported. The victim should not be interviewed again, as that conveys a feeling of disbelief, confuses the child and is a form of re-victimization. Moreover, the victim should never be brought face to face with the individual who carried out the ASP.

c) Clear criteria to identify an ASP as such and the risk of it occurring. For this, the tools provided in this Guide can be used.

2. Anticipating scenarios

Before the interview, imagine how the child or young person who carried out the ASP might react and prepare possible responses. Take into account the attitudes of the child or adolescent to previous difficulties as well as background information about his or her reactions. For example:

a) Guilt and weeping: Some children may be very sad about the abuse and start crying. In these cases, contain the situation and invite the youngster to recognize the ASP as an error and an opportunity to learn. Explain that both the youngster who carried out the ASP and the victim will receive support from the institution.

b) Shame and silence: In other cases, the youngsters may be ashamed and find it hard to talk about the incident. In these situations, say that you know that they are ashamed and invite them to answer very brief questions, offering response options or allowing them to reply simply yes or no (even just with movements of the head).

c) Revelations of previous abuses: In other situations, children might reveal abuses that they themselves have suffered in the past (*"The same was done to me"*, *"I played that with my dad"*). In those cases, note down the details provided by the child about his or her experiences (asking open questions such as: *What are you referring to? Can you tell me more about that? What would happen then, or what happened next?*). Tell the child that those situations should not have occurred, as they involved adults and children or were related to private parts. Explain that both the ASP and the abuses that the child has been subjected to require support, so that they do not happen again and for the child to express his or her feelings. Start the corresponding legal actions for both the ASP and the abuse reported.

d) Anger and escape: Other children and adolescents might react with anger, raise their voice or even try to leave the room. If this type of scenario is anticipated, start by saying: *"I need to talk to you about something. I know that it might make you angry and I'm going to listen to everything that you want to say to me afterwards. But first, I want you to listen to me for just five minutes."* (Use a watch or clock to keep time and shake hands or perform some other gesture of agreement). Then, briefly and directly recount what you know, convey self-assuredness, and say several times that the intention is to help - not punish - the youngster.

Although it may seem 'soft' or indulgent not to punish the children or adolescents (scold them, discipline them or denigrate them), that would only make them shut down to the possibility of talking about the ASP. On the contrary, we suggest adopting a supportive attitude towards both the victim and the instigator of the ASP. For this, we suggest:

a) Carrying out the interview in a comfortable and pleasant space.

b) Ideally, the interviewer should be someone who is known to, close to and trusted by the youngster. If that is not possible, it is recommended to have two adults present during the interview (the interviewer and an adult figure who is perceived in a positive way by the child or adolescent, for example the direct carer).

c) Repeatedly express the wish to support the young person to stop the abuse and learn from it. Use sentences like: *"We all make mistakes, but we can learn from them." "Although what you have done is serious, we want to keep supporting you." "We want to seek help so that you can understand what you have done, be responsible and be sure that it won't happen again." "Accepting the support is a brave move, as you'll be facing up to your mistakes."*

d) Make it clear that remaining silent and denying the ASP are damaging and will lead to negative consequences. Therefore, acknowledging the abuse is beneficial for the youngster. For example: *"Young people find it hard to talk about these things; they prefer to keep it secret or not tell the truth. But the secret harms them; it's like a weight that they have to carry alone. And that weight makes them sad or irritable... The lie makes them feel guilty and more ashamed. And, if they don't speak, no one can help them to learn from the mistake, rebuild trust and be sure that it won't happen again..."*

e) Explain the rejection of ideas of discrediting or stigmatization by saying: *"This doesn't make us think that you're dirty, crazy or evil... On the contrary, we believe that you're a good person, who helps around the house, is good at football and has a sense of humour (highlight positive aspects of his or her identity). But, like everyone, you can make mistakes and do things that are wrong..." "It's because we trust you and your good qualities that we want to offer you support at home and the help of a therapist... Because we trust that you are sorry and will learn from this..."*

4. Communicating understanding

Saying that one understands an ASP is not the same as condoning it. An understanding attitude helps the youngster to understand the assault, integrating it into his or her life, and acknowledging his or her feelings about it. For this, we suggest:

a) Reflecting the feelings that the young person displays in the interview. For example: *"I can see that it makes you feel embarrassed... I imagine that it isn't easy to talk about it." "Maybe you regret it and just want to forget it ever happened..."*

b) Show the possible causes of the ASP. For example: *"Maybe you've been wondering why you did it... It's not because you're bad or dirty. Perhaps it was because we didn't teach you about sexuality soon enough or because of things you've seen on the internet... Some children do that because they feel lonely or don't know how to express those feelings... For others, something similar happened to them in the past..."*

c) Explain that denial or silence is understood as a result of threats that the youngster may feel in his or her environment. Use sentences like: *"It's not easy to talk about it. We understand that you might be worried that we'll punish you, that you'll go to prison or that we won't love you any more. But whatever happens, you'll have our support..." "Perhaps you're scared that your grandma will be disappointed in you or that your family won't trust you any more, but we want to support you with this... Help you not to lose their trust..."*

5. Communicating boundaries and providing clarity

As well as support, children and adolescents need adults who provide stability. Stability is achieved by establishing firm boundaries and providing clarity about the future:

a) Define the future. Regardless of whether or not the young person acknowledges the ASP, the interviewer should explain the actions that will be taken in the family and institution (changes in the home, greater supervision, removal from the family, specialized support, etc. See interruption resources, below).

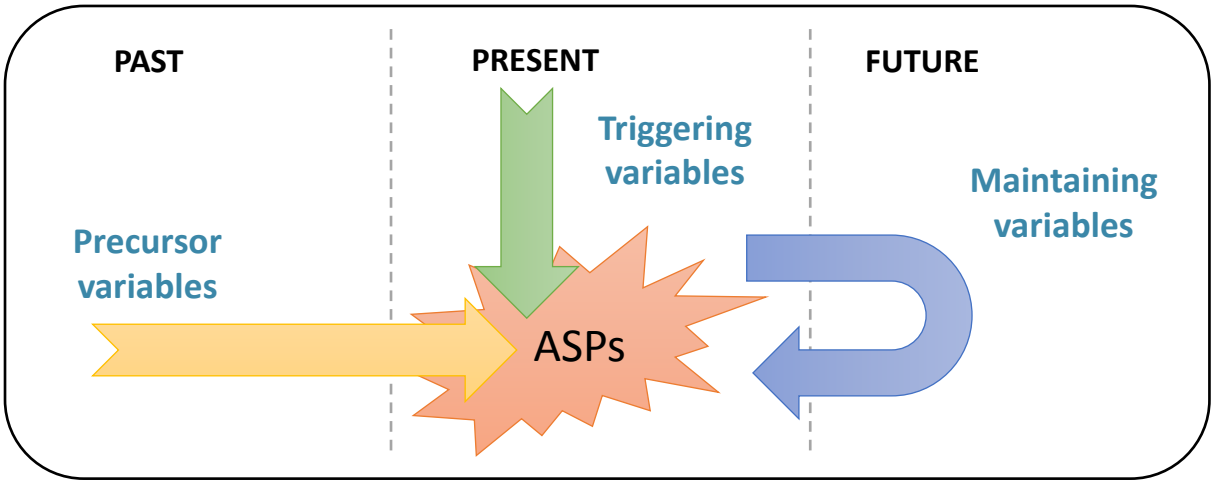
b) Explain legal aspects involved and their effects. This is if the incident has been reported or referred to the competent court or institution, outlining the possible consequences for the youngster.

c) Activate individual interruption resources (Establishing the Law, Identifying the ASP as a Problem, and Building Agreements and Consequences. See individual interruption resources, below).

Stopping ASPs:

A priority in the event of sexual assaults between children or young people is to stop the abuse, in other words, preventing ASPs from occurring and continuing. Various resources, at different levels (individual, family and contextual) can be brought into play to help stop an ASP.

With the aim of correctly identifying those resources, it is recommended to construct an **explanatory hypothesis** in which the multiple variables that led to the occurrence of the ASP are ordered on a timeline, identifying: **precursors**, **triggers** and **maintainers**.



Precursor variables refer to factors in the history and development of the child, his or her family and context, which influenced the occurrence of the ASP (past of the ASP). For example, a history of sexual abuse in the family or youngsters who have difficulty socializing with peers.

Triggering variables refer to factors that occur moments or instants before the ASP or during the assault (the present of the incident) and which may determine the type of abuse, the occurrence in that specific place or the choice of that particular victim. In this sense, they can be viewed as internal or external triggers, and may consist of a negative feeling of anger towards the victim, exposure to pornography minutes before the abuse or a lack of adult supervision.

Finally, **maintaining variables** are factors that make it possible for the ASP to recur (future of the incident), for example denial of an incident within the family or lack of empathy with the victim from the child or adolescent who carried out the ASP.

Stopping ASPs (continued):

Some examples of each type of variable	
Precursor variables	Ideology of violence within the family. History of sexual abuse in the family (trans-generational). Disorganization within the family (adaptation, hierarchy or cohesion). Violations in the child or young person's past. Socio-emotional development disorders (impulsiveness, difficulty socializing with peers, over-eroticization, etc.).
Triggering variables	Negative feelings of anger. Prior exposure to pornography. Intrusive traumatic memories. Sexual thoughts, fantasies or feelings. Use of disinhibiting drugs. Peer pressure to become sexually active or assault. Family stress factors (violence, mourning, separation or relocation). Poor supervision by adults. Victims with eroticized behaviour or other environmental opportunities to commit abuse.
Maintaining variables	Denial or playing down of the ASP. Difficulties empathising with the victim. Lack of specialized support or failure to take measures to stop the ASP. Dynamics of mistreatment associated with the ASP (physical punishment, exclusion or stigmatization) which exacerbate negative emotions. And any other attitude of not taking responsibility or not trying to change the precursor and triggering variables, allowing them to reappear in the future, increasing the likelihood of a new ASP.

A complete explanatory hypothesis should include the three types of variables, understanding the situation from a **multi-causal ecological** perspective (see page 26 of this Guide). As each group of variables is analysed, the teams and responsible adults can adopt different strategies to stop ASPs.

In the event of the occurrence of an ASP, we recommend using an immediate educational response and then having other conversations with the youngster who carried it out, activating the interruption resources.

1. Individual interruption resources:

The following strategies may be used during conversations with children and adolescents who have carried out an ASP, after the educational responses. During these conversations, it is suggested that two adults be present: one who is perceived as an authority figure and another who is perceived as a figure of warmth and support. The two adults should present a united front in what they communicate.

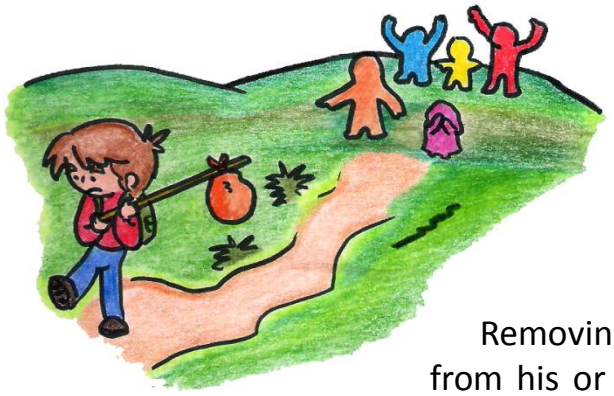
Establishing the "law"	During the conversations with young people who have carried out an ASP, it should be explained that the ASP is a transgressive type of behaviour or even a crime (if that is the case). For example: *"The law says that it is a crime to have sex with anyone under the age of 14 (or the local age of consent)…" "What's more, there are specific laws about sex, for instance, that you must not do it with members of your family, with much younger people or with animals…" "In this family, we agree with those laws and hope that you will learn them too. That's why it mustn't happen again. Do you understand?"*
Identifying the ASP as a problem	In these conversations, it is also suggested to explore and inform about the effects of the ASP on the victim and families, inviting the youngster who carried it out to acknowledge why his or her actions might be problematic. For example: *"As she's much younger than you, she's not ready to make decisions like that. What's more, you're much bigger than her, which might make her feel intimidated and afraid to say no. If you touch her thinking that she's letting you, you'll just confuse and hurt her... Can you imagine how she must feel? Can you imagine the consequences for her?" "We as a family are sad too, because we want everyone here to be like brothers and sisters or friends, and not to hurt each other. As she's much younger than you, we hope that you'll protect her and not hurt her..."*
Reaching agreements and defining consequences	Finally, it is possible to establish commitments with the children and youngsters so that they will not repeat their behaviour, defining possible consequences in the event that an ASP is repeated. Use sentences like: *"Let's make an agreement that the abuse won't happen again (we can write it down and sign it, shake hands or do some other promise ritual)" "I want you to know that if it happens again, we won't be so tolerant because we've already explained that it's not right. If it happens again, you'll have to leave the house and we'll have to report it again... There will be more serious consequences, such as..."*

2. Family interruption resources:

Increase supervision and change environments	It is important to supervise the relationship between the youngster who carried out the ASP and the victim, as well as the relationship between the instigator and other vulnerable children (possible victims of an ASP). This supervision may take the form of: Performing night rounds, changing "blind areas" in the house, changing the layout of bedrooms, reorganizing the routines of the home, and so on (See the "Considerations for prevention" section of the Guide).
Changing relations of cohesion	This strategy consists of exploring whether the ASP was facilitated by a problem of not belonging to the group or by excessive cohesion that blurs the notion of interpersonal boundaries. In the first case, it is suggested to increase the integration of the child or young person who carried out the ASP (through group activities, requesting his/her help with family chores or giving him/her more attention). In the second case, it is proposed to more clearly differentiate spaces and relationships (requesting more tasks of an autonomous nature and re-stressing the rules of privacy).
Adjusting power relationships	It is important to evaluate whether the instigator of the ASP holds a position of power within the family (role of authority, leader or bully). In this case, it is suggested that the hierarchy be adjusted by empowering the adults and other children in the household. This can be done by having self-care chats with the younger children, allocating tasks of responsibility or giving more attention and worth to the opinions of the other members of the family. The youngster who carried out the ASP should be made away of this new hierarchy: *"We think you've had certain privileges in the house, but now we are going to be more careful about treating everyone equally." "You can't punish your brothers and sisters or scold them because we are the adults here."*
Explaining the willingness to support	Adults can convey messages of shared responsibility to the child or young person who carried out the ASP, with phrases like: *"We also think that we somehow made a mistake to let the abuse happen. Perhaps we didn't talk to you about sexuality soon enough, or we didn't realize that you were feeling angry..."* Adding proposals of support, such as: *"So, we want to support you. If you ever feel like abusing someone again, come and talk to us. We can help you by going out for a walk, playing football or chatting... If you feel angry, you can ask us for help too..."*

3. Contextual interruption resources:

Informing the child protection or judicial system	It is essential to avoid an attitude of secrecy around the ASP, as secrecy plays down the assault and gives power to the child or young person who carried it out. It it not advisable to allow the ASP to become a group rumour either, as that leads to stigmatization. **The people who should know about what has happened are**: The children involved (instigator, victim and witnesses), the responsible adults (carers and family of origin, where this does not represent a risk), the technical teams, the directors of the village and, of course, the competent child protection or judicial services. Sometimes, this involves officially reporting the incident and it is advisable to do this, although **the filing of any complaints should be backed up by a written report that includes**: **1)** a multi-dimensional comprehensive approach (setting out an explanatory hypothesis that encompasses the three dimensions); **2)** a description of the attitude of the youngster who carried out the ASP (acknowledgement, regret, understanding the abuse as a problem, etc.) and the state of the victim (presence or absence of symptoms, understanding the abuse as a problem and attitude towards the instigator); **3)** details of the resources that have been activated or are proposed to stop the ASP; **4)** a shared responsibility plan, explaining the containment and support strategies to be implemented by the institution for both the victim and the youngster who carried out the ASP. The child or adolescent who carried out the ASP should be told about this supporting document or the complaint, explaining: *"We are obliged to inform the authorities about what has happened. However, in this report, we're going to say that you regret it (if the youngster does actually regret it) and that you have promised that it won't happen again... We're also going to ask for support for you, for a specialist or therapist to help you understand what you did wrong..."*
Seeking specialized support	In the event of an ASP, specialized support should be sought for both the victim and the instigator. The profile of the professional or institution to which a child or young person who has carried out an ASP should be referred is detailed below.
Leaving the family	This issue is somewhat controversial, as in some situations expelling or removing the child or young person who carried out the ASP from his or her family or care setting seems to be an automatic response. Removal is not always necessary and can sometimes even be counter-productive, as will be explained on the following pages.



Separation or living together?

Removing a child or adolescent who has carried out an ASP from his or her family or care setting is not an easy decision. Doing so automatically, without assessing each individual case, may conceal an attitude of denial of responsibility on the part of the institution or may be the result of an adult approach to the sexual abuse, that is, thinking that the same actions that are taken to address sexual assaults committed by adults should be used with children and young people.

Children and adolescents who carry out ASPs have rights that should be respected, regardless of their behaviour, and they should always be viewed as individuals in the process of developing, who need protective adults and families in order to grow.

Expelling a youngster from his or her family or other care setting could have counter-productive consequences, such as: **a)** avoiding sharing responsibility, allowing the adults to believe that the problem lies with the child; **b)** reducing the youngster's collaboration with the intervention, as he or she feels annoyed with and suspicious of the adults; **c)** replicating histories of exclusion, negligence and abandonment experienced by the children in the past; **d)** generating conflicts of loyalty and feelings of guilt in the victims, who may even deny what has happened, especially if they are related to the youngster who carried out the ASP; **e)** losing the opportunity to work with the context where the ASP took place, allowing other assaults to potentially occur in that space, or failing to generate the possibility of preparing the environment for the possible return of the ASP instigator to the group, among other negative consequences.

On many occasions, removal of the instigator of the ASP is not warranted, although in other cases it is necessary to protect the victim, or the instigator himself/herself. Therefore, it is necessary to have criteria to distinguish when it is possible for a youngster to return to his or her family or care setting.

To address the above points, we have designed a qualitative **"Evaluation of protective separation or reconciliation and living together"** tool. This tool is intended to enhance the analysis of cases and enable a collaborative dialogue in the teams in the event of an ASP occurring within a family or a given institution (residence or school).

Depending on the presence of indicators in two columns (separation and living together), a qualitative decision can be made, or aspects to work on before seeking reconciliation can be identified.

EVALUATION OF PROTECTIVE SEPARATION OR RECONCILIATION AND REMAINING WITH THE FAMILY:

PROTECTIVE SEPARATION	RECONCILIATION / REMAINING WITH THE FAMILY
Very serious ASP: The assault was a violation, which involved the use of force and threats, or has been repeated frequently against the same or different victims.	**Less serious ASP:** The assault did not involve a violation or the use of threats; it was a one-off incident and there were no other victims.
Negative attitude of the child or adolescent: The child or adolescent who carried out the ASP denies it happened, does not view the act as a problem, does not express regret, does not agree to change and does not empathise with the victim.	**Positive attitude of the child or adolescent:** The child or adolescent who carried out the ASP acknowledges the assault, understands how the act is problematic and harmful, expresses regret and shows signs of empathy.
Negative attitude of adults: The carers do not acknowledge the occurrence of the ASP (denial, saying it is a lie, a game or a misunderstanding), do not identify their involvement instead blaming the children/adolescents and fail to empathise with both children/adolescents.	**Positive attitude of adults:** The carers acknowledge the occurrence of the ASP, identify their involvement in it (their mistakes, such as failure to supervise), view the ASP as a problem and empathise with the children or adolescents.
Adults' resources: Significant adults understand the need for separation and have resources to arrange that. They are able to inform others of the departure of the child or adolescent without stigmatizing, there is an arrangement for reintegration of the instigating child/adolescent in the future, and they visit or maintain contact with him/her while he/she is staying elsewhere.	**Adults' resources**: Significant adults understand the need for reconciliation or for the children/adolescents concerned to continue living with the family and have resources to arrange that. They are able to maintain supervision, avoid stigmatization of the children, manage the situation with others and provide support.
Needs of the assaulted person: The victim displays symptoms when near the child or adolescent who carried out the ASP; a need for counselling is identified. For example: appears afraid, nervous, irritable, has nightmares, regressive behaviours, bad behaviour, wants the instigator of the ASP to keep away or leave the house.	**Attitude of the assaulted person:** Victim is open to reconciliation or living together, perceiving that as necessary and non-threatening. For example: there are no severe symptoms, there are signs of alleviation of symptoms, and a positive relationship is maintained with the instigator of the ASP even though the assault is perceived as a problem.
Associated conflictive dynamics: Continuing to live with the family is associated with contextual dynamics (adults and other children/adolescents) of normalization, playing down or secrecy around the ASP, the victim retracting the claim or disbelief in the ASP.	**Associated conflictive dynamics:** Separation is associated with dynamics of concealment, failure of adults to share responsibility, exclusion and blaming of the instigator of the ASP, stigmatization or abandonment of the child or adolescent.
Associated triggering dynamics: Continuing to live with the family is associated with relational dynamics that trigger ASPs (possible causes) such as: symbiosis or excessive closeness (lack of interpersonal spaces), overcrowding, infantilization (the child or adolescent is treated as younger, so does not differentiate him/herself from young children), over-protection or distorted hierarchy (the idea that one child or adolescent is more powerful or favoured than others).	**Associated triggering dynamics:** Separation is associated with relational dynamics that trigger ASPs (possible causes, such as prior negligence or abandonment (separation should be avoided so as not to replicate experiences of victimization), problems with belonging or a sense of disconnection (the child or adolescent does not feel part of the group, so is not motivated to be respectful) or adultization (the child or adolescent is treated like an independent adult and consequently experiences sexuality like an adult).
Situation of risk or violation: In the context of continuing to live with the family, there are risks of violations against the child or adolescent who carried out the ASP. He or she is mistreated through stigmatization, blame or constantly being reminded of the ASP; he/she may also be threatened with beatings or abused as a form of punishment (by either adults or peers). Abandoning or excluding the child or adolescent following the ASP is also a form of mistreatment.	**Need for protective proximity:** The child or adolescent responsible for the ASP displays needs for affection and/or protection that point to reconciliation or remaining with the family. The child or adolescent says that he/she does not want to leave the space or wishes to return to that family, he/she recognizes positive and emotional bonds with the group, and feels protected and cared for by the adults in that space.
Team agreements: There are agreements in place for separation. Agreements within the institution and/or agreements with the other programmes or institutions that care for the child or adolescent who carried out the ASP and the victim.	**Team agreements:** There are agreements in place for remaining with the family. Agreements within the institution and/or agreements with the other programmes or institutions that care for the child or adolescent who carried out the ASP and the victim.

Seeking specialized support for an ASP:

In the table below, we set out some recommendations for the profile of professionals or institutions that will deal with ASP situations. It should be borne in mind that, in many parts of the world, there are not yet programmes specializing in the issue and the SOS Children's Villages will need to approach external, private professionals for support.

Recommendations for the profile of organizations working with children and adolescents who have carried out ASPs

1. Has knowledge of the issue:

- ✓ The organization has experience working with paediatric and adolescent sexual development and its impact on situations of abuse.
- ✓ The organization is able to view the situation as abusive or aggressive based on clear criteria.
- ✓ The organization has diagnostic tools appropriate for the issue, for example: tools for evaluating the risk of adolescents repeating abuse or children engaging in sexual behaviours.
- ✓ The organization is capable of defining treatment objectives related to: stopping ASPs, achieving levels of psychological processing and taking responsibility in youngsters and their families, and promoting the development and strengthening of skills in children, adolescents and their families.

2. Considers a comprehensive protection approach:

- ✓ The organization is interested in and committed to the rights of both children or adolescents (the victim and the instigator of the ASP).
- ✓ The organization is concerned about potential victims and proposes ways of addressing risk factors and prevention.
- ✓ The organization identifies the risks that the instigator of the ASP might face after the assault (stigmatization, exclusion, aggression from others) or identifies that some of those violations have already occurred, flagging them as problems.
- ✓ The organization establishes protection and redress targets associated with both past violations and those experienced after the ASP by the child or adolescent responsible.

Seeking specialized support for an ASP:

Continued...

3. Considers a multi-dimensional ecological approach:

- ✓ The organization is able to construct a hypothesis to understand or explain the ASP, which is multi-causal and incorporates individual, family and contextual aspects.
- ✓ The organization involves different actors in the treatment sessions, especially the responsible adults in the family. The intervention is not restricted to individual work with the child or adolescent.
- ✓ The organization encourages the adoption of measures to address the problem in the family and the home (suggestions of ways of acting and responding in the home, or necessary changes to physical and interpersonal environments).

4. Considers a development approach:

- ✓ In professional meetings, the organization uses technical language appropriate for the age of the child or adolescent, employing concepts of affection and bonding. Notions about personality disorders or sexual orientation disorders are not used without proper justification (as such disorders are very difficult to detect in under 16s without thorough, multi-disciplinary assessment).
- ✓ Therapeutic interventions are appropriate for the age and intellectual capacity of the child. Talk therapy is combined with the use of activities involving play, the body, artistic expression or audiovisual resources.
- ✓ Intervention sessions are considered with the adults responsible for the children and young people (to strengthen their parenting skills).

5. Attitude to teamwork:

- ✓ The organization dealing with the case has various professionals to address the situation, or the professional dealing with the ASP has a network to draw on for multi-disciplinary work (e.g. a paediatric and adolescent psychiatrist, a neurologist, occupational therapist, educational psychologist, etc.).
- ✓ The organization coordinates and holds meetings with the SOS Children's Villages team and with the specialists working with the victim.

Neuropsychiatric conditions and ASPs:

When seeking specialized support for ASPs carried out by children or adolescents, it is not always enough to consider the general suggestions set out above; sometimes it will also be necessary to address other situations that might require different or special support. These may involve intellectual, neurological or psychiatric disorders that might affect children and adolescents who have carried out ASPs.

1) Special conditions:

Behavioural disorders (BDs)

There are different types and intensities of BDs. In general, they are characterized by a recurring pattern of transgressing rules or laws. Some children and adolescents may present ASPs within a broader range of other types of disruptive conduct (stealing, lying, damaging property, etc.). The treatment will vary according to the type and intensity of BD.

Attention deficit hyperactivity disorder (ADHD)

ADHD is currently understood as a neurodevelopmental disorder. This condition is characterized by three symptoms: attention deficit, impulsiveness and hyperactivity. Some children and adolescents with ADHD might engage in ASPs in an impulsive way. Pharmacological treatment is considered essential for this condition.

Problematic consumption

It is estimated that around 10% of adolescents who carry out ASPs engage in problematic consumption of alcohol or drugs. Substances that inhibit self-control or distort reality (alcohol and marijuana are the most common) may have been consumed when an ASP is being carried out. The treatment is determined by the severity of the problem.

Intellectual disability

It is estimated that roughly 20%-30% of children and young people who carry out ASPs have a learning disability. This condition requires certain changes to be made to the intervention: **1.** address with the individual issues of interpersonal boundaries in relation to taking responsibility; **2.** increase interventions with significant adults and the context to ensure the presence of support and external boundaries.

2) Severe conditions:

To evaluate and treat the following, more serious, conditions, a team of paediatric and adolescent mental health specialists will be needed (clinical professionals and child psychiatrist).

Post-traumatic stress disorder (PTSD)

In some cases, post-traumatic stress disorder can appear in children and adolescents who have recently experienced episodes of sexual violence (as the victim of sexual abuse or witnessing sexual assaults). Some children may re-enact the trauma during play (acting it out with others or representing it with toys). The intervention focuses on helping work through painful memories that trouble the mind.

Obsessive compulsive disorder (OCD)

Although no figures are available, it is estimated that 4% of patients with OCD experience obsessions of a sexual nature. These obsessions may be irrational concerns or fantasies that generate anxiety related to a fear of committing a sexual assault. In the majority of cases, these people never actually abuse, but they are troubled by the obsessive preoccupation. In these situations, specialized support is required for the OCD and not for the ASP, as there is no actual abuse.

Childhood bipolar disorder

Bipolarity is a mood disorder characterized by depressive symptomatology (sadness and despondency) and manic symptomatology (high excitability). During manic moments, some children and adolescents display highly persistent sexualized behaviours, such as compulsive masturbation, spending large amounts of time watching pornography, furtively touching other people or indiscriminate sexual behaviour.

Psycho-sexual disorder

It is not easy to assess a psycho-sexual disorder in adolescents (over 16 years of age), unless there are clear signs of a persistent sexual interest in inappropriate content (the main concern is a sexual attraction towards pre-pubescent children). Some signs may be: collecting child pornography, multiple ASPs against young children, planned methods to sexually assault children and admission of recurrent sexual fantasies involving pre-pubescent children.

Summary:

Despite preventive actions, it is impossible to avoid all child-to-child sexual abuse. When faced with the occurrence of an ASP, adults experience different emotions; regardless of our initial reaction, we must adopt an attitude of committed shared responsibility.

Upon discovering an ASP, an educational response can be employed; however, later on it will be necessary to carry out interviews with the instigator of the ASP. For these interviews, we suggest: gathering background information, anticipating scenarios, maintaining a supportive and understanding attitude, and clearly setting boundaries.

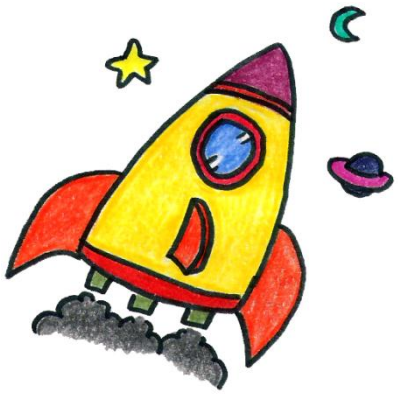
To stop ASPs, we can activate resources at three levels: individual (establishing the law, identifying the ASP as a problem, reaching agreements and defining consequences); family (increase supervision, change cohesion and power within the family, and explain the support); contextual (report, request specialized support or separate the youngster responsible for the ASP from the family).

It is not always necessary to separate a youngster from his or her family or care setting, and can actually be counter-productive. This decision should be based on clear criteria and agreements between the teams. Moreover, temporary removal from the home may be sufficient, until the risk factors have been addressed.

We recommend that an organization specialized in treating ASPs handle the matter, adopting an evolving, ecological, comprehensive protection approach, and remaining open to teamwork. In some cases, special neuropsychiatric conditions should also be considered.

Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

TRANSVERSAL CONSIDERATIONS



Fostering resilience:

An initial transversal consideration when working with children and adolescents who have experienced neglect and mistreatment is **resilience**. This capacity is not innate; on the contrary, it is learned and developed throughout life.

Resilience is the capacity to cope with extreme or adverse situations (disasters, accidents or violence), being able to respond to those events with flexibility, overcoming them and growing from them.

Children and young people who frequently engage in ASPs have been subjected to violations of their rights (negligence, physical and emotional mistreatment, sexual abuse, etc.). Thus, the sexual assaults that they carry out are also perceived as negative experiences for them and not only for the victims. The youngsters responsible for ASPs experience rejection, shame, fear, exclusion, stigma and other adverse feelings.

Therefore, resilience is a key aspect to foster for all children and adolescents in SOS Children's Villages (instigators of ASPs, victims and others). The adult carers (directors, technical teams and adults responsible for direct care) can help develop resilience by considering seven basic pillars identified by research into resilience. Below, we will describe these pillars and offer some suggestions for developing them.

1. Introspection:

Introspection is the capacity for self-reflection related to recognizing our own thoughts and feelings, and being honest with ourselves.

Suggestions: The development of introspection can be encouraged by asking the children about their daily ideas and emotions, showing interest in what they share about themselves and helping them to name and express those sensations.

2. Independence:

This is the balance of maintaining distance from others without becoming either isolated or overly dependent.

Suggestions: The degree of independence varies according to the age. While it is to be expected that younger children will require more from adults, it is possible to promote independence by inviting the children to make small decisions, such as choosing which clothes to wear, or assigning responsibilities according to age (domestic chores or tasks at school). In addition, it is important in an SOS family or other care setting to develop differentiation between the children (with different tastes, different coloured clothing, different hobbies, etc.).

3. Ability to relate:

This is associated with the ability to establish bonds with others and balance what is received from and given to others.

Suggestions: In their homes, carers can encourage the development of social skills through friendly behaviours and gestures (greetings, thanking, asking for permission, apologising, and so on). The carer can also generate spaces for conversation and sharing (chats during lunch, group games, shared responsibility for domestic chores, etc.).

4. Initiative:

This relates to the desire to stretch and test oneself with increasingly demanding tasks.

Suggestions: The adult can celebrate the children's achievements (with certificates, congratulations or trophies). This can be done for school or sporting achievements, or achievements at home. For each child, the carer could create notebooks or journals of "personal records", encouraging the youngsters to beat their own achievements.

5. Humour:

Having a sense of humour is related to seeing the comical side of unfortunate situations and maintaining an optimistic outlook.

Suggestions: Carers can talk to the children, recalling difficult past events or problems from their own lives with funny anecdotes. The adults can give the youngsters an example of an attitude of light-heartedness and humour in the face of difficulties, laughing at themselves when they make mistakes.

6. Creativity:

This capacity is linked to generating beauty and order from chaos and disorder.

Suggestions: The adults can provide spaces for art within the house (times for drawing, painting or sculpting), allowing the youngsters to express themselves freely. The carers can invite the children and adolescents to decorate their own spaces themselves (their bedrooms or the headboards of their beds). Guessing games and story-telling can also be developed to encourage creativity.

7. Morality:

This skill consists of having a concern for and desiring the wellbeing of humanity, committing to various values.

Suggestions: It is important for adults to educate children about "good" and "bad", addressing their impacts on others and encouraging the children to empathise with others. When the youngsters make mistakes, it is suggested to take restorative measures rather than disciplinary measures. In other words, the children and adolescents should correct their errors (apologising, fixing whatever has been broken, offering gifts or favours to the people who have been harmed) instead of being punished.

Honouring the history and origin:

Children and adolescents who live in family-based care homes or another SOS care setting have been separated from their families of origin for different reasons, but mainly due to situations of vulnerability.

From the perspective of the **Orders of Love** (an approach developed by the German psychotherapist Bert Hellinger), human beings form part of a family system; in order to exist, we need parents and our parents needed our grandparents, and they needed our great-grandparents, and so on, given the continuity of life and the species. Each person is connected to his or her family system through various bonds of loyalty and love, despite physical distance, prohibitions on proximity or even the death of some family members.

The link with our ancestors can manifest through two types of love: a love that ties us to the past, causing negative histories, such as sexual assault, to repeat, generating suffering; or a love that liberates us and allows each member of the family to find his/her own path, receiving strength from his/her ancestors.

Love that binds: generates pain and the repetition of histories of suffering.

Love that liberates: Makes it possible to create a future with greater independence and wellbeing.

There are three principles known as the **Orders of Love**, which enable love to flow in the direction of wellbeing and freedom. These principles are: **1) belonging or bonds, 2) balance or offsetting**, and **3) hierarchy or order of arrival**.

If the adult carers know these three principles, we will be able to perform small actions to collaborate with the children and young people in honouring their origins.

1. Belonging or bonds:

This principle refers to the fact that we all have the same right to belong to our family group. To achieve that sense of belonging, validation of our origins is essential. When we become aware of this belonging, we feel part of something bigger than our individual person, and then that history, even if it is sad, makes us stronger.

Suggestions for adult carers: 1. Sometimes, children are angry with their ancestors (mother, father, grandparents, etc.). On these occasions, give the children the opportunity to express themselves and listen to them, respecting their histories. Talking is better than denying, as it ties the individual to the past. **2.** Avoid speaking negatively or disparagingly about the child's ancestors. The youngsters share their lives with them, so putting them down also has the effect of putting the child down. **3.** Encourage cohesion within the SOS family and integrate anyone who is marginalized. The SOS family is another space to which the children and adolescents have the right to belong.

2. Balance or offsetting:

According to this principle, we all have the same right to "give" and "take" in human relations. When a member of the family receives less, the person who received more tries to "offset" the imbalance by sacrificing something. For example, a favourite son may constantly fail in his projects; or, the child who receives less may take something by force to generate a balance, such as abusing or stealing from someone else.

Suggestions for adult carers: 1. Inside a foster home, efforts should be made to balance chores and responsibilities according to each child's capabilities (physical, intellectual or depending on age). **2.** When young people are aware that they are "giving" something to others, they feel generous and kind; therefore, carers should explicitly acknowledge what children give or do for the benefit of the family or group. In addition, carers should express their gratitude, as saying thank you balances out the relationships. **3.** Adults should ensure that no child feels superior to the others as a result of "giving" more, and should also be attentive to the complaints of children who feel like they "receive less" (mentioning injustices or unfair treatments or privileges).

3. Hierarchy or order of arrival:

The third principle is the order of arrival in the group. Those who arrive first have priority over those who arrive afterwards; the elderly have priority over the parents, and the parents over the children. This is a natural sequence of life: first comes the seed, then the tree. Respecting this order allows the group of people that make up the family to function in harmony. This order is upset when someone who arrived later (a child) occupies the place of someone who arrived before (a parent); in other words, when a child takes control of the house and starts to act with more power than his or her siblings.

Suggestions for adult carers: 1. In the case of the SOS Children's Villages, it is suggested to recognize the order of arrival of the children and adolescents, from the oldest to the newest. To do this, an ordering exercise can be carried out whenever a new child joins the group (see the exercise for Activity 1 of the prevention workshop for children and adolescents, earlier in this Guide). **2.** We should be aware that children who live in residential systems or another type of care setting sometimes impose a hierarchy through acts of violence, such as rituals of sexual abuse or beatings. **3.** As well as the order of arriving at the home, the order of coming into the world is relevant. Therefore, ensure that, in the group hierarchy, the adults maintain the power, through a democratic approach. Do not assign power to children or place them in adult positions over the others.

As well as considering the three principles of the Orders of Love, the histories and origins of children and adolescents can be honoured using other methods, such as: encouraging the children to keep mementoes from their pasts (objects, copies of legal documents, gifts, letters, etc.); suggesting that they gather photographs or put together an album of pictures; encouraging biographical conversations between the children (talking about their parents, where they were born, family members, significant events, etc.).

Through these types of activities, the children and adolescents recognize their histories, identify positive inheritances, integrate sad events, are released from shame, view the present with hope, and, in short, are able to move forwards without painful ties to the past.

Caring for the teams:

Another issue that concerns any type of work, and is particularly relevant for interventions in response to situations of violence, is caring for the work teams. Working with children and adolescents requires great emotional involvement, can be stressful and can place us in the role of witnesses of past or present events of suffering. This can be wearing for the professionals concerned and the adults responsible for direct care.

Team care consists of the different strategies devised at the institution, group and individual levels to create protective working conditions to avoid professional burnout and improve the quality of life of workers.

We can distinguish **3 levels** of occupational care. The first two levels are the most relevant as, in those cases, responsibility for care lies with the employers and the teams rather than with individuals.

Team care (institutional)	Institutional care relates to the generation of protective conditions by the directors of an institution. It concerns basic issues such as workers' rights and other issues like leadership styles, generation of spaces for expression, reflection and collaboration, and resource-focused supervision approaches.
Team care (peers)	This is associated with the dynamics of validation and respect established in the relationships between work colleagues. For example: we listen to their concerns, we help understand situations, we respect our colleagues' input, we assume group responsibility for complex decisions, etc.
Self-care	Unlike children, adults are responsible for their own wellbeing. We must look after ourselves when faced with difficult work situations. For example: keeping spaces for recreation (hobbies or sports), expressing our ideas at work or seeking out opportunities for training or new learning (courses or workshops).

Team care (continued):

We present three activities that can be carried out in SOS Children's Villages (by directors, technical teams and carers) to develop (institution and peer) team care from the perspective of the **Orders of Love** (adaptation of Bert Hellinger's approach to work settings).

We suggest that these three exercises be carried out with plenty of time, to allow the messages to pass from speech to body and vice versa.

1. YOU ARE ONE OF US:

Belonging exercise aimed at recognizing that each worker is part of the human group that carries out the work of SOS Children's Villages.

Activity: The activity consists of forming a circle with the team, everyone looking inwards. One person stands in the centre and the group says his or her full name, followed by: *"You are one of us"* (idea from the therapist Marianne Franke).

2. I ACKNOWLEDGE YOUR WORK:

A **balance** exercise that reverses the tendency to focus on what is lacking to encourage acknowledgement of what each member brings to the team.

Activity: It is suggested to form two rows of people, one opposite the other. Ask the people to look at each other for a moment and then bow their heads in a gesture of gratitude, place both hands on their chest (heart) and say: *"I acknowledge and am grateful for your work."*

3. OUR ORDER OF ARRIVAL:

This is a **hierarchy** exercise intended to recognize the order of arrival and position that each person occupies according to their seniority.

Activity: The group is invited to get into a line, from the first to join the institution to the last. The line should then close into a circle. Each person is asked to say his or her place out loud, from first to last (*"I am the first"*, *"I am the second"*, and so on). The exercise can then be repeated, based on the order in which the members came into the world (age).

Working in institutional networks:

People have various roles and relationships (family, work, friendship, etc.) and have links with different people and organizations (family, colleagues, neighbours, school, hospital, etc.). We refer to these relationships, individuals and organizations as **social networks**.

We can distinguish three types of social networks. **Primary networks**, made up of the young people's families (SOS family and family of origin); **Secondary networks**, formed by the wider family (grandparents, uncles, aunts, cousins, etc.) and the community; and **institutional networks** comprising the various institutions that participate in a case (school, SOS Children's Village, specialized programmes, judicial system, mental health centres, and so on).

In this section of the Guide, we want to stress the importance of working with institutional networks to address ASP situations. We can distinguish four modes in which SOS Children's Villages teams can link in with the network and connect with other programmes and services:

Solitary insertion: With this type of insertion, the SOS Children's Villages teams isolate themselves, forgetting to include other institutions from the network. For example, they avoid reporting ASPs or assume that the problem can be dealt with exclusively by the SOS family. This leads to burnout of the teams and a feeling of loneliness.

Wandering insertion: In this case, the professionals know that they should coordinate with other institutions. However, due to a lack of necessary experience or protocols, they do not know how to do so. Consequently, they 'wander' from one institution to another, without a clear purpose. This creates a sense of impotence and confusion.

Warlike insertion: In this mode, the professionals view the network approach as a 'battle'. They are unable to reach agreements with other institutions and there is constant criticism (*"The school doesn't provide any support. The teachers are incompetent" "The specialized programme isn't making any progress; it's useless" "The psychiatrist just drugs the children up and gives them sedatives"*).

Tribal insertion: Finally, it is possible to establish respectful, collaborative insertion with other institutions, generating a sense of "tribe", i.e. a connected whole.

Working in institutional networks (continued):

In order to develop a sense of "tribe" with other programmes, institutions and services that assist the children and adolescents (instigators and victims of ASPs), we make the following recommendations:

1. Identify the actors involved:

- Recognize the different institutions involved with both the youngster who carried out the ASP and the victim. Promptly identify the specialized programme that will work with the youngster responsible for the ASP and the programme that will work with the victim. Specify whether special support is necessary for any neuropsychiatric conditions (referred to previously in the Guide).

2. Focus on the resources:

- Just as it is necessary to recognize the children's resources and resilient characteristics, it is also important to highlight the positive input of other professionals and institutions. What can they contribute from their perspective? What successful work experiences have I had with them? In my role, how can I bring out the potential of others?

3. Hold regular coordination meetings:

- In order to foster a positive relationship, regular meetings are needed. Set timeframes and dates for conversations with the school, mental health team, specialized programmes, and so on. Ensure that those meetings take place, as only then will institutional partnerships develop and a group dynamic be maintained. Consider organizing meetings to review the intervention, as well as to thank others for their work and celebrate the progress made.

4. Construct hypotheses and intervention plans based on consensus:

- Share your explanation of the ASP and review it with other teams. Be willing to add factors that increase the complexity of your understanding. Then define work targets required to help the children or adolescents and delimit the tasks and responsibilities of each institution.

5. Act as a coordinated unit:

- One way of avoiding over-intervention and exhausting the youngsters and carers is by organizing interventions jointly with other professionals. For example, the specialized therapist and the SOS Children's Villages technical team may make a joint visit to the school of the youngster who carried out the ASP, or the carer may take part in social education sessions prepared by the specialist and the technical team.

Summary:

When working with children and adolescents who have carried out ASPs, there are transversal considerations that apply to the general work with young people. These considerations are: fostering resilience, honouring the history and origin, caring for the teams and networking.

Resilience is the ability to cope with adversity. Children and adolescents can be helped to develop their resilience by considering 7 basic pillars: introspection, independence, ability to relate, initiative, sense of humour, creativity and morality.

Young people can honour their histories and origins by connecting with their ancestors. To help with this and avoid the repetition of events of suffering, adult carers can consider three Orders of Love: the right to belong, balance and hierarchy.

Team care concerns the actions adopted to avoid professional burnout and promote workers' wellbeing. There are three levels of care, the first two of which are the most relevant: institutional team care, peer-to-peer care and self-care.

SOS Children's Villages teams are inserted in social networks. In order to be able to relate respectfully and collaboratively with other institutions, developing a sense of "tribe", it is suggested to: identity the network, recognize resources, hold regular meetings, reach agreements and act as a unit.

Closing the Guide:

The issue of abusive sexual practices by children and adolescents requires the sharing of perspectives, future scenarios and, fundamentally, concern and responsibility for protecting children and young people.

The goal of this Guide is to suggest that child-to-child sexual abuse be viewed from an approach of "inclusion" and not "expulsion". Most children and young people who engage in sexual abuse share histories of serious rights abuses with their victims. Therefore, this Guide aims to encourage an understanding of the phenomenon in all its complexity, from a broad perspective, with a rights-based approach and an attitude of shared (individual, family and contextual) responsibility.

We trust that the joint work between ONG Paicabi and SOS Children's Villages in Latin America and the Caribbean can constitute a global partnership that will positively influence the day-to-day work with the children and will have an impact on the prevention of abusive situations in family and residential settings.

We also believe that by increasing the visibility of child-to-child sexual abuse, SOS Children's Villages can influence thousands of civil society organizations around the world, while its action has a progressive impact on the specific policies of different countries.

Indeed, this experience of collaboration, through workshops, conferences, courses and the writing of this Guide, can be replicated by civil society and state organizations working to protect children's rights.

We are sure that both ONG Paicabi and SOS Children's Villages are committed to continuing to raise awareness, increase visibility, prevent and address abusive sexual practices carried out by children and adolescents.

ONG PAICABI
Corporación de Promoción y Apoyo a la Infancia

SOS CHILDREN'S VILLAGES

Iván Zamora
Director Ejecutivo
ONG PAICABI

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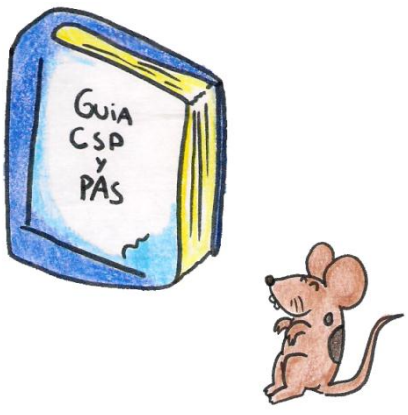


Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

ANNEXES

Other bibliographic resources:

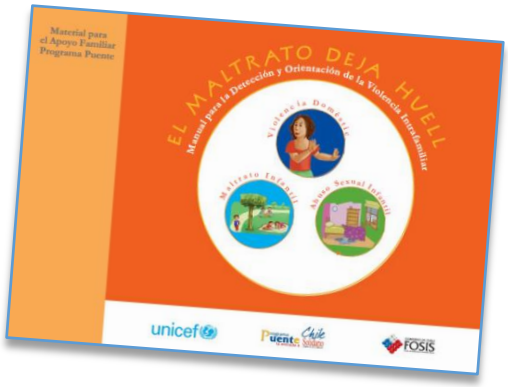
On the following pages, we present a list of other useful resources for understanding paediatric and adolescent development, sexual behaviour and situations of victimization. They are handbooks or manuals that complement the content set out in this document. All these materials are available on the internet.

"El Maltrato deja Huella" (Unicef, 2007):

Manual prepared by Unicef Chile for the detection of and guidance in relation to violence within the family. It presents conceptual aspects, diagnostic guides and safety plans for situations of domestic violence, child sexual abuse and child abuse.

Available in Spanish at:

http://www.unicef.cl/archivos_documento/208/UNICEF%20completo.pdf



"Guía Clínica: Detección y Primera Respuesta a Niños, Niñas y Adolescentes Víctimas de Maltrato por parte de Familiares o Cuidadores" (MINSAL and Unicef, 2013):

Guide prepared jointly by Unicef and the Ministry of Health of Chile. It contains an introduction to abuse and evidence-based recommendations, as well as suggestions and considerations for initial responses and referrals.

Available in Spanish at:

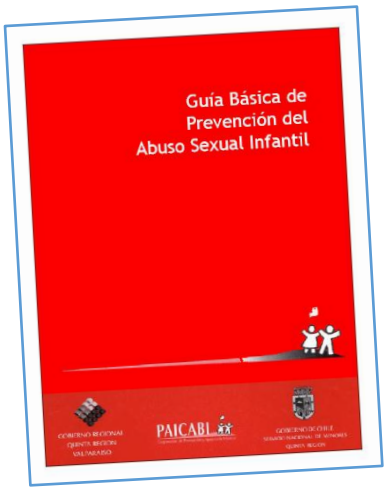
http://web.minsal.cl/sites/default/files/files/Guia_maltrato_Valente26dic2013.pdf

Guía Prevención del Abuso Sexual Infantil en las Residencias (SENAME, 2013):

Document prepared by the National Service for Minors (SENAME) of Chile for institutions that provide residential care to children who have been subjected to violations. It is made up of three modules. The first outlines conceptual aspects regarding abuse. The second aims to present group strategies to prevent sexual abuse. And the third module is associated with ASPs, specifically setting out criteria for distinguishing sexual behaviours that are to be expected, problematic sexual behaviours and abusive sexual practices. This module also provides suggestions for raising awareness, and avoiding and preventing child-to-child sexual assaults.

Available in Spanish at:

http://www.sename.cl/wsename/index.php



Guía Básica de Prevención del Abuso Sexual Infantil (Arredondo, 2002):

Document prepared by the specialist psychologist Valeria Arredondo Olguín and ONG Paicabi. It presents theoretical and technical information for addressing situations of sexual abuse. It also contains a basic guide for holding prevention workshops with children and their parents. Other texts, books and articles about violence towards children and adolescents (sexual abuse, abusive sexual practices, sexual exploitation, etc.) can also be consulted on the website of ONG Paicabi.

Available in Spanish at:

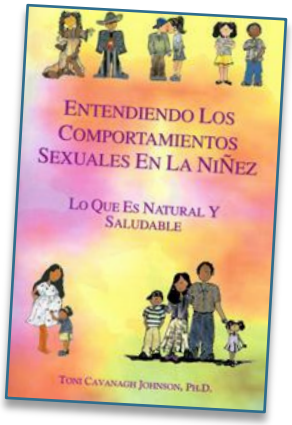
http://paicabi.cl/documentacion/centro-de-documentacion/

Collection of technical documents about child abuse and sexual abuse (ICASS, 2008-2012):

This collection comprises five documents prepared by Instituto Cántabro de Servicios Sociales (ICASS) in Spain and expert professionals. The documents are: 1. Sospecha de Abuso Sexual Infantil (Intebi, 2008). 2. Intervención Socioeducativa en Acogimiento Residencial (Bravo y del Valle, 2009). 3. Intervención en Casos de Maltrato Infantil (Intebi, 2009). 4. Prevención de la Violencia Filio-Parental (Garrido, 2012). 5. Estrategias y Modalidades de Intervención en Abuso Sexual Infantil Intrafamiliar (Intebi, 2012). These texts provide conceptual content about abuse and suggestions for intervention. Document 2 contains a section dedicated to sex education in care homes, while document 5 contains a chapter on sexual abuse carried out by adolescents.

Available in Spanish at:

http://www.serviciossocialescantabria.org/index.php?page=documentos-e-informes-por-colecciones#documentos-tecnicos



Understanding Children's Sexual Behaviors. What's Natural and Healthy (Johnson, 2003):

Booklet written by the expert therapist Toni Cavanagh Johnson. This guide, designed for professionals and parents, sets out guidelines for differentiating children's sexual behaviours and seeking specialized support. It also presents a comprehensive overview focused on paediatric and adolescent development. It is available in English and Spanish on the author's website, together with other texts, tools, books and scientific articles about sexual abuse, sexual behaviours and abusive sexual practices.

Available in Spanish and English at:

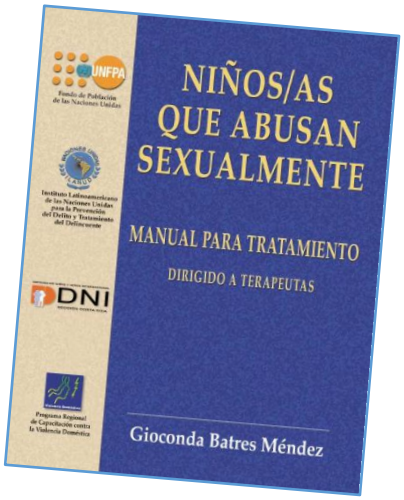
http://www.tcavjohn.com/products.php

Niños/as que Abusan Sexualmente. Manual de Tratamiento (Batres, 2003):

Text prepared by the psychiatrist specializing in violence, Dr Gioconda Batres. The document is intended for therapists and the group treatment of children between 7 and 12 years of age who engage in reactive abuse against other children. It describes activities for 19 sessions divided into stages of treatment. It can be used by professionals interested in undertaking specialized interventions with children and adolescents who have carried out ASPs. Many of the play and artistic activities described can be adapted for use in individual therapy. Other books about domestic violence can also be downloaded from the author's web page.

Available in Spanish at:

http://giocondabatres.com/descargas



Tratamiento Educativo y Terapéutico para Agresores Sexuales Juveniles (Redondo Illescas et al., 2012):

Text written by the Community of Madrid agency for the re-education and re-integration of juvenile offenders. This is a cognitive behavioural manual for working with adolescents who have engaged in ASPs. It includes a work plan organized in modules with various educational activities to be carried out. It offers guidance on providing specialized treatment and adapting activities. The first part of the document presents the state of the art in this field.

Available in Spanish at:

http://www.ub.edu/geav/

Educagenero online portal:

This is a website designed to disseminate and spread various educational resources about sexuality, gender and living together. It groups together materials such as handbooks, stories, manuals, videos, etc. Resources are prepared for different age groups (pre-school, school, adolescents and responsible adults) on topics a broad as parts of the body, self-care, dating, minority sexualities, alternative masculinities, and so on.

Available in Spanish at:

http://www.educagenero.org/

Educar en Positivo online portal:

This resource is a programme for parents, which can be followed autonomously via the internet. It is organized in blocks or modules that cover topics such as: internet, family relationships, guiding children's behaviour, different children, and food and health. Each module includes activities and suggestions to carry out with children. The portal also contains other resources such as videos, games to play with children, information on a variety of topics, tools to promote children's development and forums for discussing issues with other parents. This page can be useful for carers or for the technical teams that work with them.

Available in Spanish, English and Portuguese at:

http://educarenpositivo.es/index.php?lang=en

Educatube online portal:

Website for publishing educational and didactic videos for parents, teachers and students. The videos are grouped according to categories (language, science, social sciences, arts, etc.). It includes a section of sex education videos. These materials can be use by the technical teams and carers in SOS Children's Villages.

Available in Spanish at:

http://www.educatube.es/

Compendium of tools:

On the following pages are the three qualitative tools (checklists) presented in this Guide. The tools are provided in black and white, in print-friendly formats.

When using the tools, remember that in order to interpret them correctly, the corresponding sections of the Guide should be read. Similarly, the material should be used in pairs or groups and different sources of information should be considered (observation of children, reports from adults, conversations with young people, review of the background of the instigator, coordination with the network, etc.).

The three tools are:

1. Sexual behaviour distinguishing tool:
Ten relevant criteria for differentiating sexual behaviours in children and adolescents, and distinguishing healthy sexual practices, non-abusive problematic sexual practices and abusive sexual practices (ASPs), are presented. The criteria are arranged in three columns and two tables, one for children (under 12 years) and the other for adolescents (over 12 years).

2. Evaluating the possibility of the occurrence of an ASP:
Twelve risk factors associated with the occurrence of ASPs are described, separated into background of the sexual behaviour, background of victimization and its effects, and contextual and family background. This tool facilitates the identification of ASP risk situations to encourage the adoption of preventive actions.

3. Evaluation of protective separation or reconciliation and remaining with the family:
Tool that presents criteria for making decisions regarding separating children and adolescents who have carried out ASPs from their families or potentially achieving reconciliation and keeping them with their families. Some conditions for each possibility are arranged in two columns.

Sexual behaviour distinguishing tool:

EVALUATION CRITERIA FOR CHILDREN AND ADOLESCENTS

Contextualization:

The following tools have been developed within the framework of the intervention of ONG Paicabi and its "Three-Dimensional Shared Responsibility" (3DSR) approach. Specifically, these tools are intended to guide discussions about whether the sexual behaviours of children and adolescents are healthy or problematic.

Ten distinguishing criteria are proposed (relationship involved, feelings of the instigator of the conduct, feelings of the receiver of the conduct, type of conduct, setting of the conduct, persistence of the conduct, attitude of the instigator, level of sexual knowledge, extent of sexual interest and background of the instigator). These criteria are arranged and detailed in two tables, one for children (under 12 years) and the other for adolescents (over 12 years).

Various distinction approaches, tools, research and knowledge about paediatric and adolescent sexual development were taken into account when preparing these tools, incorporating the ideas of writers such as Araji, Johnson, Carson, Rasmussen, Hall, Pithers, Bonner, Chaffin and others, as well as the 10 years of experience that ONG Paicabi has of working in this area.

Suggestions for proper use of these tools:

1. Remember that it is the behaviour that is being evaluated and not the child or adolescent (avoid stigmatization).
2. Undertake a reflection about the danger of establishing normative criteria which could restrict freedoms and constitute control mechanisms if applied in an unthinking and rigid manner.
3. Use this tool in conjunction with other adults, to facilitate dialogue and reach agreements about the criteria, thus avoiding personal prejudices and biases.
4. Correctly use the table of criteria, bearing in mind the age of the child or adolescent (younger or older than 12 years), considering that the details of each criterion are different depending on the stage of development.
5. Evaluate conducts that are both in the transgressive pole (invading others' space or breaking social rules and laws) and in the restrictive pole (limiting the individual's development, knowledge or exploration). It is possible that several types of conduct may be present in a given situation or case.
6. If the conduct of a child or adolescent resembles that described in a section of the table, that indicator is considered to be present. According to the combinations, it will be possible to differentiate: **Healthy, expected behaviours** (only meet criteria from that column); **non-abusive problematic behaviours** (meet at least one criterion from the problematic column and none from the ASP column); and **abusive sexual practices** (meet at least one of the first three criteria in the ASP column, within the thicker, darker border).
7. Consider that not all situations that are distinguished as problematic need specialized support. Some will only require educational conversations with the children or adolescents, adoption of environmental and relational measures, or greater control of the content to which the youngsters are exposed.
8. The situations that may require specialized support are cases of: **a)** abusive sexual practices; **b)** problematic sexual behaviours of different types or that meet several of these criteria; **c)** highly persistent problematic sexual practices, i.e. that continue to occur despite the educational, preventive and protective actions taken by the adults; **d)** problematic sexual behaviours that occur in isolation, but that take place together with other indicators of sexual abuse or rights violations in childhood and adolescence (non-sexual indicators).
9. The need to intervene in problematic sexual behaviours is not based on the belief that the children or adolescents pose a risk to others, although that may be so in some cases, but rather that they may be a risk to themselves (by harming themselves or naturalizing mistaken ideas or strategies about sexuality) or find themselves in situations where they could be assaulted by adults who take advantage of those behaviours to sexually abuse them or mistreat them as a form of punishment. In addition, problematic sexual behaviours may be indicators of violations to which the youngsters have been subjected in the past or are being subjected to in the present, and that need to be stopped and worked through with a counsellor.

Sexual behaviour distinguishing tool:

EVALUATION CRITERIA FOR CHILDREN (UNDER 12 YEARS OF AGE)

CRITERION	ABUSIVE SEXUAL PRACTICE	NON-ABUSIVE PROBLEMATIC	EXPECTED HEALTHY
RELATIONSHIP INVOLVED	It is a non-consensual relationship, as there is a power imbalance between the children.	It is a consensual relationship between children, but is indiscriminate (peers who do not ordinarily interact or do not know each other).	It is a consensual relationship between children who usually play together. There is no power imbalance.
FEELINGS OF THE INSTIGATOR	The practice is associated with aggression or a motivation to harm the other (anger, rage, resentment, domination, revenge, jealousy).	The practice is associated with confusion or seeking comfort and proximity (prompted by memories of traumas, feelings of loneliness, anxiety or sadness).	Positive feelings (happiness) predominate, and the motivation is associated with curiosity and pleasure.
FEELINGS OF THE RECEIVER	The child on the receiving end expresses pain, hurt, displeasure or complaints during the practice, or fear and avoidance of the instigator after the practice.	The practice is associated with confusion or seeking comfort and proximity (prompted by memories of traumas, feelings of loneliness, anxiety or sadness).	Positive feelings (happiness) predominate, and the motivation is associated with curiosity and pleasure.
TYPE OF CONDUCT	***Non-differentiating.*** May be expected for the age (sexual games/touching) or unexpected (penetration).	Not expected for the age: Involves penetration, anal sex or oral sex, explicit comments or jokes, or sexual contact with animals or harmful objects.	Expected for the age: questions about reproduction, sexual games or exploration of the body and its sensations.
SETTING OF THE CONDUCT	***Non-differentiating.*** May be spontaneous and open (e.g. furtive touching), or planned and secret.	Behaviours suggest high degree of planning and secrecy.	Sexual behaviours occur spontaneously and in open contexts of trust and play.
PERSISTENCE OF THE CONDUCT	***Non-differentiating.*** An ASP may occur as an isolated incident or more persistently.	After the sexual conduct has been stopped by an adult, the children resume it immediately and with urgency.	The sexual conduct occurs occasionally and does not resume after having been stopped by an adult.
ATTITUDE OF THE INSTIGATOR	***Non-differentiating.*** The child may not view the ASP as a problem (denial, playing down or refusal to discuss).	Child demonstrates refusal, fear or distress when sexuality is discussed, even with close, trusted figures.	Acceptance of sexuality. Positive attitude to educational conversations with significant trusted figures.
LEVEL OF SEXUAL KNOWLEDGE	***Non-differentiating.*** May be accompanied by premature knowledge (premature adult behaviours) or complete ignorance of the subject (naivety).	Not expected for the age: whether premature knowledge (familiarity with adult or kinky subjects), or ignorance of basic facts.	Expected for the age: knows about reproduction, parts of the body, sensations and self-care.
EXTENT OF SEXUAL INTEREST	***Non-differentiating.*** The instigator of the ASP may or may not be focused on sexuality.	Sexuality appears to be the sole focus of the child's activities and tastes.	The child's interests and activities are diverse (not only sexual).
BACKGROUND OF THE INSTIGATOR	ASP risk conditions are present. It is recommended to check the "Assessing the possibility of ASPs occurring in children and adolescents subjected to violations" checklist.	Child has a history of violations of rights, difficulties with emotional self-regulation, history of abandonment and/or eroticized environment.	Instigating child, family and context do not present ASP risk conditions or a history of problematic sexual behaviours.

Sexual behaviour distinguishing tool:

EVALUATION CRITERIA FOR CHILDREN (OVER 12 YEARS OF AGE)

CRITERION	ABUSIVE SEXUAL PRACTICE	NON-ABUSIVE PROBLEMATIC	EXPECTED HEALTHY
RELATIONSHIP INVOLVED	It is a non-consensual relationship, as there is a power imbalance between the youngsters.	It is a consensual relationship between adolescents, but is indiscriminate (promiscuity or with strangers).	It is a consensual relationship between adolescents who know each other to some extent. There is no power imbalance.
FEELINGS OF THE INSTIGATOR	The practice is associated with aggression or a motivation to harm the other (anger, rage, resentment, domination, revenge, jealousy).	The practice is associated with confusion or a search for approval and proximity (prompted by memories of traumas, sadness or fear of abandonment).	Positive feelings (happiness) predominate, and the motivation is associated with pleasure or an exchange of affection.
FEELINGS OF THE RECEIVER	The youngster on the receiving end expresses pain, hurt, displeasure or complaints during the practice, or fear, rejection and avoidance of the instigator after the practice.	The practice is associated with confusion or a search for approval and proximity (prompted by memories of traumas, sadness or fear of abandonment).	Positive feelings (happiness) predominate, and the motivation is associated with pleasure or an exchange of affection.
TYPE OF CONDUCT	***Non-differentiating.*** May be unplanned (e.g. furtive touching), or planned and secret.	Transgresses social norms or laws (sexual contact with animals, use of money or means of exchange with a peer, use of violence or use of hardcore pornography).	Expected for the age (caressing or sex with peers, interest in and use of erotic materials, jokes and conversations with peers). Does not transgress social norms or laws.
SETTING OF THE CONDUCT	***Non-differentiating.*** May be spontaneous and open (e.g. furtive touching), or planned and secret.	Behaviours do not consider privacy (exhibitionism or spying), occur at any time and anywhere, or in an irresponsible manner (without care for oneself or others).	Behaviours occur in contexts of trust, responsibly and considering privacy.
PERSISTENCE OF THE CONDUCT	***Non-differentiating.*** An ASP may occur as an isolated incident or more persistently.	Despite a problematic conduct being stopped and clarified by an adult, the adolescent continues it with urgency or increased secrecy.	Considering hormonal changes, it is expected that some non-abusive problematic sexual behaviours will occasionally arise.
ATTITUDE OF THE INSTIGATOR	***Non-differentiating.*** The adolescent may not view the ASP as a problem (denial, playing down or refusal to discuss).	Adolescent demonstrates refusal, aversion or distress when sexuality is discussed.	Acceptance of sexuality. Positive attitude towards talking about experiences or receiving education, with significant trusted figures.
LEVEL OF SEXUAL KNOWLEDGE	***Non-differentiating.*** May be accompanied by rigid perceptions or distorted knowledge, or complete ignorance.	Not expected for the age: rigid perceptions (sexism or homophobia) or lack of expected knowledge.	Expected for the age: understanding of basic facts, developmental changes, sexual response, sexual diversity and self-care.
EXTENT OF SEXUAL INTEREST	***Non-differentiating.*** The instigator of the ASP may or may not be focused on sexuality.	Sexuality appears to be the sole focus of the youngster's activities and tastes. Isolation from peers.	The adolescent has diverse interests and activities (not only sexual).
BACKGROUND OF THE INSTIGATOR	ASP risk conditions are present. It is recommended to check the "Assessing the possibility of ASPs occurring in children and adolescents subjected to violations" checklist.	Adolescent has a history of violations of rights, difficulties with emotional self-regulation, history of abandonment and/or socialization of sexual violence.	Adolescent, family and context do not present ASP risk conditions or a history of problematic sexual behaviours.

Evaluating the possibility of the occurrence of an ASP:

Contextualization:

The following checklists have been developed in the context of the intervention of ONG Paicabi and its "Three-Dimensional Shared Responsibility" (3DSR) approach for collaborative work with other institutions (care homes, protection programmes and other care settings).

Two tools built based on ONG Paicabi's 10 years of experience, and a review of the latest research and conceptualizations in this field, are presented, incorporating the ideas of writers such as Bonner, Pithers, Hall, Johnson, Rasmussen, Marshall, Miccio-Fonseca, and others.

The qualitative tools are specifically geared towards the identification of cases and situations in which:

1) The children could become the victim of ASPs carried out by their peers. A checklist sets out seven risk factors associated with conditions of vulnerability.

2) Situations in which children and adolescents could carry out ASPs against their peers. Twelve risk indicators are identified, divided into: Background of the sexual behaviours, histories of rights violations and their effects, and, lastly, family and contextual conditions.

In the event of the second tool "Assessing the possibility of ASPs occurring in children and adolescents subjected to violations", the presence of four indicators is considered to constitute a risk situation and the presence of six or more indicators is considered a high-risk situation.

After distinguishing these situations of vulnerability or risk, it is proposed that the institutions take preventive actions in agreement with the teams. Different preventive strategies may be included, such as: stepping up supervision of the children; teaching adults containment and initial support strategies; changing physical spaces; changing relational dynamics; separating a child or adolescent from a vulnerable group; providing self-care knowledge to a group; encouraging counselling to work through histories of violations; addressing developmental deficits; promoting strategies to confront risk situations; focusing interventions on specific areas or symptoms; etc.

Factors of vulnerability to abusive sexual practices (ASPs) by peers:

RISK FACTORS OF A POTENTIAL ASP VICTIM	YES	NO
Girls		
Younger children (male aged under 8 years; female aged under 12 years)		
Special needs (intellectual disability)		
Inhibited functioning (shyness, submissiveness or social isolation)		
Eroticized behaviour (sexualized socialization behaviours)		
Limited knowledge of sexuality and self-care		
History of sexual violations (that have not been addressed)		

Evaluating the possibility of the occurrence of an ASP:

BACKGROUND OF THE SEXUAL BEHAVIOUR	
Use of sexuality as a relational strategy:	
A child, adolescent or young person uses sexuality as a strategy for socialization and bonding, frequently or persistently inviting others (including adults or strangers) to take part in erotic play as a way of making friends and trying to be loved.	
Use of sexuality as an affective strategy:	
A child, adolescent or young person uses sexuality as a way of changing or alleviating negative emotions (in situations in which they feel lonely, abandoned, sad, discouraged, frustrated, bored, etc.). In these cases, the child, adolescent or young person resorts to masturbation, erotic play, pornography, etc.	
Prior manifestation of other problematic sexual behaviours (PSBs):	
A child, adolescent or young person has previously manifested other PSBs (of different types or persistently), such as premature sexual knowledge or behaviours (not appropriate for his or her age), high interest in pornography, sexual behaviours that do not respect private space, sexual contact with animals, ignorance of or aversion to sex education, etc.	
Normative individual developmental characteristics:	
Male child or adolescent in a stage of the life cycle that is approaching or entering puberty (over 10 years of age). Females represent a lower risk of engaging in ASPs.	
BACKGROUND OF VICTIMIZATION AND ITS EFFECTS	
Socialization of sexual violence and patriarchy:	
The child, adolescent or young person has been subjected to violations related to sexual or gender violence, such as sexual abuse, exposure to sexual situations or explicit, hardcore pornography, or has witnessed domestic violence (gender-based violence). The child, adolescent or young person seems to validate or justify those forms of violence (displays sexist attitudes or actions of domination towards younger children or females).	
Difficulty recognizing interpersonal boundaries:	
The child, adolescent or young person does not understand concepts of privacy, personal space or intimate areas of the body. For example: treats strangers affectionately or informally; hugs strangers or sits on their laps; touches genitals, or caresses backside or breasts when talking; barges into toilets or private/closed rooms, or spies on others.	
Impulse control difficulties:	
The child, adolescent or young person has difficulties in relation to self-control, thinking before acting, calming negative emotions or delaying gratifying experiences. The child, adolescent or young person has diagnoses associated with impulsiveness as an attention deficit, behavioural disorders, indiscriminate attachment, explosive disorders or problematic consumption.	
Difficulties in shifting the understanding of his/her violations:	
The child, adolescent or young person has not received specialized support to overcome the effects of violations, or refuses to participate in a therapeutic process, displaying difficulty bonding appropriately with the professional and perceiving support, stability and safety in the environment.	
FAMILY AND CONTEXTUAL BACKGROUND	
Family dysfunction:	
The child, adolescent or young person experiences difficulties of cohesion or adaptability in the current family setting. This may be due to a weak sense of belonging and family identity, or because clear roles and private spaces have not been defined for the family members. Alternatively, the family may be very rigid or chaotic in the event of changes.	
Situations associated with stress and anger:	
The child, adolescent or young person has experienced an increase in or maintenance of high or recurring feelings of anger, such as rage, jealousy, revenge, fury or retaliation towards others, or has felt frustration or anger associated with recent environmental or family changes (due to separation, mourning, moving house or school, etc.).	
Context with sexual triggers:	
The child, adolescent or young person lives with others who have problematic sexual behaviours, in a setting where he or she is exposed to pornography or sexual relations, or with adults who give him/her roles of excessive authority and power over other vulnerable children, adolescents or young people (girls who are younger, have disabilities or are timid).	
Family sexual history:	
In the history of the family of origin, situations of sexual abuse have recurred in different generations (children, parents, grandparents, etc., either as victims or perpetrators). The current responsible adults have not adequately worked through or understood those histories (they are kept secret, normalized or symptoms are displayed in the adults, i.e. consequences of the abuse in adulthood and in the long term, etc.).	

EVALUATION OF PROTECTIVE SEPARATION OR RECONCILIATION AND REMAINING WITH THE FAMILY:

Contextualization:

The following checklist has been developed in the context of the intervention of ONG Paicabí and its "Three-Dimensional Shared Responsibility" (3DSR) approach for working with children and adolescents who have been sexually assaulted (abusive sexual practices, ASPs). This qualitative tool is specifically intended to enrich the analysis of cases and facilitate dialogue between the teams in relation to assessing the appropriateness of separating or reconciling the youngsters who carried out the assaults, the victims and their families.

For this, various elements are considered, such as: the risk of the assaults re-occurring; the needs of the children and adolescents involved (instigator and victim of the ASP); protecting the rights of children and young people; the capacities and attitudes of the adult carers; and so on.

This tool may be useful in cases of ASPs within families or within an institution (residence or school) or other care setting (community-based SOS family, care home, etc.). In particular, the criteria presented may help conduct discussions about the need to separate the instigator and victim of an ASP, the appropriateness of reintegrating a youngster who has carried out an ASP into his or her care setting after time away, the possibility of re-establishing the bond between the victim and the instigator of an ASP where they are related, or the need to remove the instigator of an ASP from a given context due to the urgency of protecting him or her.

Suggestions for proper use of this tool:

1. Remember that you are working with children and adolescents, and not adult sex aggressors. Young people need to be protected and cared for in stable environments.
2. Avoid automatic decisions, instead analysing each case criterion by criterion. In addition, reach agreements in consultation with other adults (carers, technical teams and professionals from other programmes), also considering the needs and opinions of the children and adolescents (instigator of the ASP, victim and peer group).
3. Consider that, in some situations, separation will be necessary, while in many other cases, separation may be harmful, counter-productive or even result in the infringement of rights.
4. Bear in mind that two columns are presented with a total of eight criteria (seriousness of the ASP, resources of the adult carers, needs and attitude of the victim, associated conflictive dynamics, associated triggering dynamics, situations of risk and protection for the youngster who carried out the ASP, attitude of the instigator of the ASP and agreements between the teams). Each criterion is worded according to whether separation is suggested (right-hand column) or remaining with the family is suggested (left-hand column). For the description that most resembles the situation being evaluated, the professionals mark a X in the corresponding box and column.
5. After applying the tool, it is possible to observe towards which situation the case leans (continuing to live together or separation), with preference then being given to that final decision.
6. Once the tool has been applied, points requiring further work can also be identified before removing, maintaining or re-incorporating the instigator of the ASP into the group. In this sense, the tool helps distinguish both the right decisions and possible work objectives.
7. In general, we recommend that children and adolescents should not be separated from families or care settings where they have been living for some time. Efforts should be made to adopt prevention strategies as an alternative to removal; by avoiding "exclusion" or "expulsion", an approach of shared individual, family, contextual and institutional responsibility can be adopted in relation to sexual assaults.

EVALUATION OF PROTECTIVE SEPARATION OR RECONCILIATION AND REMAINING WITH THE FAMILY:

	PROTECTIVE SEPARATION	RECONCILIATION / REMAINING WITH THE FAMILY	
	Very serious ASP: The assault was a violation, which involved the use of force and threats, or has been repeated frequently against the same or different victims.	**Less serious ASP:** The assault did not involve a violation or the use of threats; it was a one-off incident and there were no other victims.	
	Negative attitude of the child or adolescent: The child or adolescent who carried out the ASP denies it happened, does not view the act as a problem, does not express regret, does not agree to change and does not empathise with the victim.	**Positive attitude of the child or adolescent:** The child or adolescent who carried out the ASP acknowledges the assault, understands how the act is problematic and harmful, expresses regret and shows signs of empathy.	
	Negative attitude of adults: The carers do not acknowledge the occurrence of the ASP (denial, saying it is a lie, a game or a misunderstanding), do not identify their involvement instead blaming the children/adolescents and fail to empathise with both children/adolescents.	**Positive attitude of adults:** The carers acknowledge the occurrence of the ASP, identify their involvement in it (their mistakes, such as failure to supervise), view the ASP as a problem and empathise with the children or adolescents.	
	Adults' resources: Significant adults understand the need for separation and have resources to arrange that. They are able to inform others of the departure of the child or adolescent without stigmatizing, there is an arrangement for reintegration of the instigating child/adolescent in the future, and they visit or maintain contact with him/her while he/she is staying elsewhere.	**Adults' resources**: Significant adults understand the need for reconciliation or for the children/adolescents concerned to continue living with the family and have resources to arrange that. They are able to maintain supervision, avoid stigmatization of the children, manage the situation with others and provide support.	
	Needs of the assaulted person: The victim displays symptoms when near the child or adolescent who carried out the ASP; a need for counselling is identified. For example: appears afraid, nervous, irritable, has nightmares, regressive behaviours, bad behaviour, wants the instigator of the ASP to keep away or leave the house.	**Attitude of the assaulted person:** Victim is open to reconciliation or living together, perceiving that as necessary and non-threatening. For example: there are no severe symptoms, there are signs of alleviation of symptoms, and a positive relationship is maintained with the instigator of the ASP even though the assault is perceived as a problem.	
	Associated conflictive dynamics: Continuing to live with the family is associated with contextual dynamics (adults and other children/adolescents) of normalization, playing down or secrecy around the ASP, the victim retracting the claim or disbelief in the ASP.	**Associated conflictive dynamics:** Separation is associated with dynamics of concealment, failure of adults to share responsibility, exclusion and blaming of the instigator of the ASP, stigmatization or abandonment of the child or adolescent.	
	Associated triggering dynamics: Continuing to live with the family is associated with relational dynamics that trigger ASPs (possible causes) such as: symbiosis or excessive closeness (lack of interpersonal spaces), overcrowding, infantilization (the child or adolescent is treated as younger, so does not differentiate him/herself from young children), over-protection or distorted hierarchy (the idea that one child or adolescent is more powerful or favoured than others).	**Associated triggering dynamics:** Separation is associated with relational dynamics that trigger ASPs (possible causes, such as prior negligence or abandonment (separation should be avoided so as not to replicate experiences of victimization), problems with belonging or a sense of disconnection (the child or adolescent does not feel part of the group, so is not motivated to be respectful) or adultization (the child or adolescent is treated like an independent adult and consequently experiences sexuality like an adult).	
	Situation of risk or violation: In the context of continuing to live with the family, there are risks of violations against the child or adolescent who carried out the ASP. He or she is mistreated through stigmatization, blame or constantly being reminded of the ASP; he/she may also be threatened with beatings or abused as a form of punishment (by either adults or peers). Abandoning or excluding the child or adolescent following the ASP is also a form of mistreatment.	**Need for protective proximity:** The child or adolescent responsible for the ASP displays needs for affection and/or protection that point to reconciliation or remaining with the family. The child or adolescent says that he/she does not want to leave the space or wishes to return to that family, he/she recognizes positive and emotional bonds with the group, and feels protected and cared for by the adults in that space.	
	Team agreements: There are agreements in place for separation. Agreements within the institution and/or agreements with the other programmes or institutions that care for the child or adolescent who carried out the ASP and the victim.	**Team agreements:** There are agreements in place for remaining with the family. Agreements within the institution and/or agreements with the other programmes or institutions that care for the child or adolescent who carried out the ASP and the victim.	

Guide to Problematic Sexual Behaviours and Abusive Sexual Practices

ONG Paicabi – SOS Children's Villages Support Guide

Prepared by ONG Paicabi

Guide designed by ONG Paicabi within the framework of collaboration and capacity building with SOS Children's Villages – Region Latin America and the Caribbean. The document contains: **1.** Considerations to aid understanding of paediatric and adolescent sexual development and its problematic manifestations. **2.** Points to consider to prevent child-to-child sexual assaults in family contexts or other care settings. **3.** Proposals for addressing sexual assaults when they occur. **4.** A review of transversal considerations in working with children and adolescents.

Authors:

Francisco Romero Cabrera. ONG Paicabi psychologist. Currently working at Centro Maihue, a programme specializing in severe child abuse, and Centro Trafun, a programme specializing in abusive sexual practices. Master's in Constructivist and Constructionist Clinical Practice. Lecturer at the University of Valparaíso.

Nelly Navarro Hernández. ONG Paicabi social worker. Currently Director of Centro Trafun, a programme specializing in abusive sexual practices. Master's in Education. PhD in Education. Professional with more than 10 years' experience of ASPs and over 25 years' experience in Family Therapy and Family Constellations.

María Inés Meyer Froese. ONG Paicabi psychologist. Currently working at Centro Trafun, a programme specializing in abusive sexual practices. Degree in Child Sexual Abuse and Domestic Violence. Post-graduate diploma in Family Therapy. Master's in Clinical Psychology.