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LOST
Learning Opportunities, inStruments and investigation Tecniques to fight the growing phenomenon of MISSING PEOPLE in Europe

Guidelines

to provide unaccompanied children with aftercare services once they are found.

- Child Sexual Abuse-

Instituto Príncipe Real

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1. Introduction

These guidelines adopt the definition of child sexual abuse formulated by the 1999 WHO Consultation on Child Abuse Prevention which stated that:

"Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.

Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

— the inducement or coercion of a child to engage in any unlawful sexual activity;

— the exploitative use of a child in prostitution or other unlawful sexual practices;

— the exploitative use of children in pornographic performance and materials".

2. To share

Violence and sexual abuse of children and adolescents are more common than imagined.

Child sexual abuse is one of the most serious forms of violence against children and has devastating effects on the lives of children who suffer it. However, these practices, which have always been presented in the history of mankind, have only started to be considered as a problem that transgresses social norms when, on the one hand, its impact and negative consequences on the life and development of child victims have been recognized and, on the other hand, the child has been recognized as a subject of rights.

Child sexual abuse implies the transgression of the intimate and personal limits of the boy or girl. It supposes the imposition of behaviours of sexual content on the part of a person (an adult or another minor) towards a boy or a girl, realized in a context of inequality or asymmetry of power, usually through deception, force, lie or manipulation.

Risk factors for victimization - A number of factors that make individual children vulnerable to sexual abuse have been identified; although based largely on experience in North American countries, the key determinants are believed to be— female sex (though in some developing countries male children constitute a large proportion of child victims); — unaccompanied children; — children in foster care, adopted children, stepchildren; — physically or mentally handicapped children; — history of past abuse; — poverty; — war/armed conflict; — psychological or cognitive vulnerability; — single parent homes/broken homes; — social isolation (e.g. lacking an emotional support network); — parent(s) with mental illness, or alcohol or drug dependency.

Serving and supporting children who are victims of sexual violence, as well as their parents and family and / or friends, requires the practitioner to know at least what constitutes "sexual violence". That is, to understand what kind of violence it is, its characteristics, acts, consequences, and in addition to other relevant aspects. Only after understanding what the problem is, the professional will be able to start a support process.

But how to identify abuse suffered by a child next?

"Generally, it is not a single sign but a set of indicators. It is important to emphasize that the child should be taken for expert evaluation if he / she presents some of these signs".

3. Behaviour change

The first sign to be observed is a possible change in the behaviour pattern of children. This is an easily perceived factor, since it usually occurs suddenly and abruptly.

For example, if the child has never acted in a certain way and suddenly acts, if he begins to have fears that he did not have before - from the dark, from being alone or close to certain people, or extreme changes in mood: the child was super extroverted and very introverted. He was super-calm and he became aggressive.

The behavioural change may also present itself in relation to a specific person, the potential abuser.

Because most abuses happen to people in the family, sometimes the child presents rejection to that person, he panics when he or she is around. And the strange family: 'Why will not you greet so-and-so? Come on! ' These are ways children find to beg for help, and the family has to try to identify it.

In other cases, rejection does not occur in relation to a specific person, but to an activity. The child does not want to go to an extracurricular activity, visit a relative or neighbour or even return home after school.

4. Excessive proximity

Although in many cases the child may demonstrate rejection of the abuser, common sense must be used to identify when excessive proximity can also be a sign.

It is important to note, however, that the role of the unknown as a rapist increases with the age of the victim - that is, in child abuse, violence is often practiced by family members in most cases.

If, for example, when the child arrives at his uncle's house, he disappears for hours playing with an older cousin, or if he has an unusual interest in older members of the family in situations where they are left alone without supervision, to what may be occurring in this relationship.

According to the NHS, 40% of abuse in the UK is committed by other minors, often from the same family. Also, according to the British data, 90% of the abusers are part of the family of the victim.

5. Things every child should learn to 'protect themselves' from abuse

In these relationships, the abuser often emotionally manipulates the victim who does not even realize that he or she is a victim at that stage of life, which can lead to guilt-ridden silence. This guilt can manifest itself in serious behaviour in the future such as self-flagellation and even suicide attempts.

"***People think that the abuser will be a stranger, who is not part of the child's life, but it is the opposite, in the great majority of cases they are close people, for whom the child has an affection, gain confidence and make sure it does not count***"

Sexual violence is very common in the home, an environment in which the child should feel protected. It is a private, family secret space, and it is very common for it to happen and be kept secret.

6. Regression

Another suggestion pointed out by the experts is to resort to childish behaviour, which the child had already abandoned, but returns to present suddenly. Simple things like pee in bed or back to suck your finger. Or even start crying for no apparent reason.

"***It is also possible to observe the characteristics of the social relationship of this child: if she suddenly introduces these childish behaviours, or if she wants to be isolated, not to be close to her friends, not to trust anyone. any physical contact. The child and the adolescent always warn, but most of the time not verbally.***

7. Secrets

To maintain the victim's silence, the abuser may make threats of physical violence and promote blackmail not to expose photos or secrets shared by the victim.

It is also common that they use gifts, money or other material benefit to build the relationship with the victim. It must also be explained to the child that no adult or older child should keep secrets with her that cannot be shared with trusted adults, such as the mother or the father.

8. Habits

An abused child also has sudden habit changes. It could range from a change in school, such as lack of concentration or a refusal to participate in activities, even changes in eating habits and the way of dressing.

"***Sometimes the child suddenly starts to look more careless, does not want to change clothes, others do not eat right, or they overeat***."

9. Sexuality issues

A sketch, a "joke" or a more embarrassed behaviour may be signs that a child is being abused. "When a child who, for example, never talked about sexuality begins to make drawings in which they appear genitals, this can be an indicator."

"***It can come in jokingly, too. It calls the little friends to jokes that have some kind of sexuality or something.***"

They may even reproduce the abuser's behaviour in other children.

10. Physical issues

There are also the most obvious signs of sexual violence in minors - cases that leave physical marks that can even be used as evidence to justice. There are situations where the child ends up even contracting a sexually transmitted disease.

"***There are cases of teenage pregnancy, for example, which is caused by abuse. It is also interesting to be aware of possible physical trauma, possible lesions, purples or pains and swelling in the genital region***."

11. Negligence

Often, sexual abuse is accompanied by other types of maltreatment that the victim suffers at home, such as neglect.

A child who spends hours without supervision or who does not have the emotional support of the family, with open dialogue with parents, will be in a situation of greater vulnerability.

12. What to do

If you identify one or more of the indicators listed above, the best thing to do is, before you even talk to the child, **seek the help of a specialist** who can bring you the right guidance for each case.

"There are many of these traits that are similar to those of a developing teenager, so it is important to have an evaluation of someone who is a specialist in that." A psychologist, for example. trained to identify these cases.

Often by feeling guilty, embarrassed, the child ends up not verbally revealing who is or who has experienced abuse. But there are situations in which she tries to tell someone and ends up not being heard. So, the chief advice of the experts is always to trust her word.

"***In the first place, it is important that when the child tries to speak something, that he feels heard and accepted, that the adult never question what he or she is telling, or that he or she tries to hold her accountable for what happened***."

13. Behaviours that you may observe in a child or adolescent

- Have nightmares or other problems to sleep without any explanation.
- It seems distracted or distant at different times.
- He has a sudden change in his eating habits.
- He refuses to eat.
- Lose or radically increase your appetite.
- Has trouble swallowing
- You have sudden changes in your mood: anger, fear, insecurity or withdrawal
- It gives "signals" that lead to start a conversation about sexual issues.
- Develop an unusual or new fear in relation to certain places or people.
- Refuses to talk about a secret shared with an adult or older child.
- Write, draw, play or dream with frightening or sexual images.
- A child writing or drawing on a sheet of paper.
- Talk about a new older friend.
- Suddenly, he has money, toys or other gifts for no reason.
- Think you are repulsive, dirty or bad, or consider your body to be.
- Exhibits sexual knowledge, language or behaviours similar to those of an adult.

All of the warning signs listed above are general indicators of sexual abuse in children. In fact, many children do not reveal what happened, it depends on attentive adults who recognize the signs. However, if you suspect that a child has been a victim of sexual abuse upon seeing these signs or if he or she alludes to an abuse or directly reveals a sexual abuse, seek help.

Behaviours that are found more frequently in Behaviours that are more frequently found in adolescents:

- Pills and alcohol bottles. Allusive to the abuse of both substances.
- Poor personal hygiene
- Drug and alcohol abuse
- Sexual promiscuity
- Run away from home
- Depression, anxiety
- Suicide attempts
- Fear of intimacy or closeness
- Diet or compulsive intake

Physical genito-anal findings are listed below, grouped according to their strength of evidence for sexual abuse and ranging from normal to definitive:

● Normal and non-specific vaginal findings include: — hymenal bumps, ridges and tags; — v-shaped notches located superior and lateral to the hymen, not extending to base of the hymen; — vulvovaginitis; — labial agglutination.

● Normal and non-specific anal changes include: — erythema; — fissures; — midline skin tags or folds; — venous congestion; — minor anal dilatation; — lichen sclerosis.

● Anatomical variations or physical conditions that may be misinterpreted or often mistaken for sexual abuse include: — lichen sclerosis; — vaginal and/or anal streptococcal infections; — failure of midline fusion; — non-specific vulva ulcerations; — urethral prolapse; — female genital mutilation (see Annex 2); — unintentional trauma (e.g. straddle injuries) — labial fusion (adhesions or agglutination).

● Findings suggestive of abuse include: — acute abrasions, lacerations or bruising of the labia, perihymenal tissues, penis, scrotum or perineum; — hymenal notch/cleft extending through more than 50% of the width of the hymenal rim; — scarring or fresh laceration of the posterior fourchette not involving the hymen (but unintentional trauma must be ruled out); — condyloma in children over the age of 2 years; — significant anal dilatation or scarring.

● Findings that are definitive evidence of abuse or sexual contact include: — sperm or seminal fluid in, or on, the child's body; — positive culture for N. gonorrhoeae or serologic confirmation of acquired syphilis (when perinatal and iatrogenic transmission can be ruled out); — intentional, blunt penetrating injury to the vaginal or anal orifice.

14. The consequences of sexual abuse

Abused children and adolescents may react or experience sexual violence in a variety of ways. Check out some of them.

- Some pretend they are not them and try to see abuse from a distance.
- Others try to enter into an altered state of consciousness, as if they are asleep and think that the abuse was a dream.
- Another way is to disassociate the body from feelings.

Some deny the existence of the lower body.

It is important to emphasize that in helping the child to deal with sexual abuse urgently, calmly, earnestly, respectfully, affectively and competently, one can avoid that the consequences of this violence cruelly mark his life in the present and future.

Analysing the consequences of sexual violence in a generalized way, it can be said that the effects, in the short term, are all those pointed by the indicators of violence in the, training the professional's look to identify domestic violence and sexual abuse. In addition, its long-term effects can be quite perverse, such as:

- Sequelae of physical problems generated by sexual violence. Injury, bruising and sexually transmitted diseases (STDs) can interfere with reproductive capacity. The gestations can be problematic, appearing organic complications, whose causes can be psychosocial. These problems are capable of leading to increased maternal and fetal morbidity.

Difficulty of affective and loving attachment, originated in the deep feeling of distrust by the human being in general, for fear of re-reading of traumatic experience or, further, by dissociation between sex and affection, generating feelings of low self-esteem, guilt, and prolonged depression due to fear of intimacy.

- Difficulties in maintaining a healthy sex life. The difficulty in establishing affective connections may be associated with or interfering with the issue of sexuality. People can avoid any sexual relationship from traumas and / or phobic factors that block desire. They may also experience low quality sexual intercourse, with inability to reach orgasm or take too long to achieve.

• Tendency to over-sexualizing social relationships. Some people may have opposing reactions, generated by factors such as inability to distinguish sex from affect; confusion between parental love and sexual manifestations; compulsive sexual interest to prove that they are loved and to feel adequate. This can also generate successive partner exchanges.

• Engagement in sex work (prostitution). Many sex workers have been abused as children. However, no mechanical relationship should be established between sexual abuse and prostitution. Thousands of abused children do not become sex workers as adults. The connection some sex workers make between one thing and another is the fact that with the abuse experience, they learned that the only thing - or the most important thing - that people wanted from them was sex. Providing sex, they find, paradoxically, a sense of value, a form of mediation. Subsequently, this activity becomes a survival strategy.

• Dependence on licit and illicit substances. Here it is also worth noting that any mechanical association between sexual abuse and drug use is more of a hindrance than it helps. Despite this, some people confess that they initially used drugs to care for feelings, forget pain, low self-esteem, and later use became an uncontrollable addiction.

It is also important to draw attention to the fact that sexual violence does not produce the same result on all children and adolescents submitted to it. Individuals or groups of individuals should be considered to respond to the stimuli of the medium in a singular way. Studies attest that the consequences on children and adolescents may vary according to the following aspects:

a) The age at which the abuse began. Research says that the lower the age, the more diffuse the effects, and therefore the more severe.

b) The duration of the abuse. Studies state that the longer abuses are more frequent and more frequent, the more serious the effects will be.

c) The degree of violence or threat of violence. The greater the strength employed or threatened, the worse will be the effects of sexual abuse, due to the annulment of the child as a subject.

d) The degree of proximity of the person who committed the abuse and the child. The closer, the greater the consequences, as in the case of father-daughter incest.

e) The presence and absence of protective parent figures or other persons who play the role of affective kinship with the child. Significant and reliable relationships can help the child overcome his difficulties more quickly.

f) The degree of secrecy about the event. If the abuse is kept secret, the child will have more difficulty in elaborating what happened. But care must be taken not to overexpose the child, which can also cause harm. Little is known about the resilience of each child and the life of post-sexual violence children. The consequences may still vary according to the following factors:

g) The child's perception of the sexual acts carried out against them. For some children, a simple look may mean an invasion of their sexuality, while others only feel this invasive act as they are kissed or touched. Not infrequently are the cases of adults reporting having had sex with siblings or older people as part of the sexual discoveries.

h) The existence of services, their network organization, and the degree of efficiency and effectiveness of this network. Agility, quality, and breadth of coverage can be instrumental in helping both abused and abusive children to work through and overcome their experience.

j) How the view that these services have about the fact occurs affects the child's own perception of what happened.

This last observation draws attention to the importance of the vision of sexual abuse passed on to children and adolescents in specialized services, especially in educational, social and psychological care. Alarmist and fatalistic approaches that tend to exaggerate the consequences of sexual abuse do not help children overcome this negative experience and discourage people from helping these children.

Referring to abuse as "trauma," abused children as "survivors of sexual violence," and perpetrators of aggression as "offenders" only adds to the negative experience. Interpreting the situation or deepening a sense of trauma in the child only corroborates it to imprison it to past experience and ruin its present life.

Contribute to the fact that a child or adolescent who has been abused lives a healthy life now and in the future. Try to pass on the view that sexual abuse is a serious violation of the human rights of children and adolescents, but also that their consequences are not irreversible and that, therefore, there are conditions to put into practice a new project of life.

15. Assistance in the care of children and adolescents victims of violence

Being alerted to suspect or prove the existence of violence requires, in addition to ability and sensitivity, commitment to this issue. Health professionals should always seek to work in an articulated way, in interdisciplinary, interprofessional and multisectoral work.

A process of support to children victims of violence is a guided set of care for the victim and his / her relatives and various efforts that lead to effective resolution of problems manifested or resulting from the practice of violence. The process of supporting a child victim of violence has the purpose of promoting and protecting the rights of the child.

15.1. Guidelines for professional action

Know how to work in an interdisciplinary team:

Health professionals, whether doctors, nurses, social workers, psychologists, pedagogues, dentists, when they come in contact with the suspicion or confirmation of a situation of violence, need to be aware that this situation requires an intervention that is not only limited their professional competence, that is to say, the different nuances of the occurrence, obligatorily, take to other professional competences;

Know how to listen, observe and accept what the child and the teenager say:

Maintain Credit Attitude: Do not ask too much questions, without questioning what is being reported, avoiding unnecessary details;

Make it clear: the victim should not feel guilty or embarrassed by the situations suffered;

Revivialization: Avoid having to repeat your narrative several times to other professionals, so that their suffering is not amplified;

Orientation: Orient the child or adolescent about all the procedures that will be adopted;

Confidentiality: Do not promise to the victim or family what they cannot keep, such as keeping a secret of all information obtained;

Singularity: Taking into account the singularity of each situation and the process of resilience, the interdisciplinary team must work with the purpose of taking the user from the victim's place and transforming him into an autonomous subject, not forgetting that, on the other hand, in the axis of accountability and advocacy, the child or adolescent is a victim and must have his / her rights guaranteed, and the aggressor must therefore be punished for the cycle of violence to be broken;

Language: To have common sense as to the use of language, body position and layout of physical space in which care occurs; it is necessary to talk to the user in a position where he, especially when it comes to children, can look and be looked at;

Reception: It is necessary to try to understand what the user expects of the intervention and if there is clarity of this in the contract that establishes with the same.

Attitudes that must be taken:

Document: Record in detail the entire process of evaluation, diagnosis and treatment;

Transcribe: describe the history, the words of the child or adolescent, without personal interpretations or pre-judgments;

Notify: All suspected violence must be notified. Remembering that the notification can be performed by any healthcare professional.

Postures that should be strictly avoided:

- Not respecting what was counted and inducing the diagnosis;
- Ask directly if one of the relatives was responsible for what happened;
- Insist on confronting contradictory data or testing records;
- Confront parents with descriptions provided by the child or adolescent;
- Demonstrate feelings of disapproval, anger, indignation;
- To dramatize the situation;
- Ask the companions to forget the situation;
- Take on the role of police officer or detective;
- Failure to evaluate or underestimate the actual risks to the child and severity levels;
- Do not request assistance and interdisciplinary evaluation;
- Failure to inquire about other children in the household at risk and not refer them for evaluation;
- Do not follow the unfolding of the case and its unfolding;
- Expose the child and his family to the appeals of the media and the curious;
- Stop notifying;
- Health professionals and support for victims of violence: In order to provide comprehensive care to victims of violence, it is necessary to have support from different professional competencies, and once again, the importance of an interdisciplinary care is reinforced.

Professional Acceptance: The emotional support that the professional provides to the child and the family is a non-specialized support, which does not properly require the use of professional competence. It is subjective reality and it is within reach of anyone. It implies being warm and friendly, serene and understanding towards children, adolescents and their families. It implies being affable and approachable. In this support, the professional seeks, above all, to be compassionate and empathetic. This support will always be present, immersed in all other types of support.

Medical Support: Medical support refers to the needs of the child and adolescent regarding the violence suffered, restoring their physical integrity and well-being. The role of the doctor, faced with a case of violence, involves several attributions, among them:

a) Identify or raise suspicion about the cases brought to their knowledge through anamnesis and physical examination;

b) Provide the necessary emergency care (clinical and / or surgical);

c) Provide outpatient care and interact with other members of the interdisciplinary team.

Expertise: Medical Expertise is an important chapter of Legal Medicine, which, in turn, is considered an area of medical practice. Therefore, the skill is a medical act. Its purpose is to provide the competent authority, whenever possible, with material evidence of a crime, hence its important role in judicial matters. For this reason, the expertise will always occur at the request of the competent authority. The medical examiners guarantee an essential support for technical information to prove the crimes committed against the child. Besides these, some medical specialties are fundamental for the rehabilitation of victims, such as: gynaecologists, therapists, physiotherapists, paediatricians, orthopaedists, among others.

Nursing Support: Occurs during the care with action directed to the problem's resolution, not limited to one moment or another, not this or that professional. However, it is essential to receive nursing from the time of entry into the service, to follow-up during hospitalization until the discharge of the victim. The nursing professional should:

a) To receive the child or adolescent with attention and sympathy;

b) Sit facing the child or adolescent and without barriers between the two;

c) To evaluate the emotional state, the state of health, the level to attend the conversation, according to the age and intellectual level;

d) Determine the needs of the child or adolescent;

e) Listen more than talk (know how to listen);

f) Call the child or adolescent by name;

g) Use open questions;

h) Inform all stages of care and the importance of each action taken;

i) Respect the speech of the child or adolescent, remembering that not everything is said normally;

j) Adopt a comprehensive attitude that seeks the self-esteem of the child or adolescent;

k) Create link;

l) Give total attention, especially to children;

m) Touching on the arm and hand of the child or adolescent, when appropriate.

Psychological Support: It refers to the emotional aspects that the child / adolescent, his / her parents and relatives have in relation to the violence suffered. Everyone may need to receive psychological support. Psychological support aims to provide a therapeutic experience (work on self-esteem, the process of perception, values and the identity of self and in relation to the adult, among others), in order to minimize the impact and negative effects of the traumatic event.

Social-Legal Support: Consists of socio-legal orientation to children, adolescents and relatives who have suffered violence. It aims to clarify the situation of the victim in their relational and social context, through reception, listening, social study, guidance and referrals to the local service network, social and family orientation; information, communication and defense of rights, support to the family in its protective function, articulation with the network of social assistance services, with sectoral public policies and with other bodies of the System of Guarantee of Rights.

How to approach the child and protect her identity?

• The approach is key to breaking the "wall of silence". If the professional, because of his closeness to the child, wants to contribute by addressing it before giving the complaint, but does not feel prepared to conduct the conversation, he can ask for help from organizations that develop work to protect the child and the adolescent. Below are some recommendations from entities with extensive experience in helping children who have been sexually abused:

Look for an appropriate environment. If you are talking to a child who is being abused, remember to provide a safe and secure environment. The child / adolescent should be heard alone. It is fundamental to respect your privacy. Listen carefully to the child / adolescent. Interruptions cannot be allowed, otherwise there is a risk of fragmenting the whole process of relaxation and confidence already acquired. If necessary, talk first about various subjects, and may even be supported by games, drawings, books and other recreational resources. Take everything you say seriously.

Sexual violence is a phenomenon that involves fear, guilt and shame. Therefore, it is important not to criticize the child / adolescent or to doubt that you are speaking the truth. On the other hand, the child / adolescent will be encouraged to talk about it if the professional's interest in the story is shown. Stay calm, as extreme reactions can increase guilt. Also avoid "dodges" that demonstrate insecurity on the part of the adult. The professional cannot let his anxiety or curiosity lead him to press the child / adolescent for information. Try not to ask the details of the violence directly or to have your child repeat his story several times. This can upset you and increase your suffering.

Ask the least questions and do not conduct what she says, as suggestive questions may invalidate the testimony of the child / adolescent. Let them express themselves in their own words, respecting their rhythm. Questions to Avoid:

closed questions of the "yes" and "no" type, inquisitive questions and that put it as an active subject of the phenomenon, reinforcing its sense of guilt. This type of question can make it difficult for the child / adolescent to express themselves. Questions that require the accuracy of time should always be associated with celebratory events such as Christmas, Easter, holidays, birthdays, etc.

The language should be simple and clear, so the child / adolescent understands what is being said. Use the same words as the child (to identify different parts of the body, for example). If the child / adolescent realizes that you are reluctant to use certain words, you may also be reluctant to use them. Confirm with the child / adolescent if you are, in fact, understanding what she is reporting. And never disregard the feelings of the child / adolescent with phrases like "this was nothing", "do not need to cry", because the moment they talk about it, they relive feelings of pain, anger, guilt and fear. Protect the child / adolescent and reiterate that she / he is not to blame for what has occurred. It is common for the child to feel responsible for everything that is happening.

Your account should be taken seriously, since it is rare for a child to lie about these issues. Tell her that by counting she acted correctly. Remember that it takes courage and determination for a child to tell an adult who is suffering or has suffered violence. Children may fear the threat of violence against them or members of their family, or fear that they may be taken away from home. The professional should only express support and solidarity through physical contact with the child if she allows it.

If accepted, the touch can be a great strengthening of bonds, mainly to pass safety and break anxiety. Do not treat the child as a "poor thing". She wants to be treated with care, dignity and respect. Write down as soon as possible all that you have been told: this report may be used in later legal proceedings.

It is also important to note how the child / adolescent behaved and how he / she told what happened, as this may indicate how he / she was feeling. The report should include the faithful statements of what was said to you, and there is no record of your personal impression. Because it is confidential, this situation should be reported only to those people who need to be informed to act and support the sexually abused child. Confidence in a child / adolescent may increase the burden of responsibility on professionals, especially if they want violence to be kept secret.

You should tell her that if she is suffering from violence, you will have to tell this to others - so she will be protecting you. It is essential not to make promises you can not keep, nor to promise to keep a secret before you know what will be revealed. As we have said, listening to an account of sexual violence or asking the child about a physical injury is important to facilitate the conversation. She may feel confused, depressed, guilty or frightened and very relieved to tell someone what is going on. You must allow the child to tell the story freely. Explain to the child what will happen next, how you will proceed, always pointing out that it will be protected.

How does the professional proceed with the family, when and how to contact them?

• It is advisable for the institution to contact the family immediately. As a general principle, it is important to be open and honest in dealing with parents. These have basic responsibilities in the education of their children and, most of the time, should be informed as soon as possible about the concerns about them. The provider must clearly explain that the family can benefit from competent help. What's more, the family needs to keep abreast of the aftermath of the notification.

• But considering that the offender is someone close to the child / adolescent, there may be circumstances in which it will not be appropriate to inform the parents immediately as it is detrimental to the investigation. If the child is being sexually abused by someone in their home, the family may be pressuring her to deny or take what she says. The child may be at greater risk. If the professional decides to contact family members, he or she should try to do this in a strategic way: for example, by contacting non-aggressive members, preferably with the consent of the child.

• If the professional feels a favourable environment, educational guidance is essential in these situations, avoiding judgments and attributions of guilt (which does not mean that you will accept the situation). The aggressor will also need to be targeted and helped. It is important to guide family members by explaining in appropriate language the serious consequences of child abuse and sexual abuse for the healthy growth and development of the child / adolescent and the important role they will play in changing that situation. If the family does not want to or cannot take the notification, the professional must inform them that, by virtue of the law, they will have to notify the competent authorities.