

CHILD SEXUAL ABUSE STAYS OFFSIDE

#AbuseStaysOffside



**Guide for the detection
of child sexual abuse in sports
for professionals**

CONSEJO SUPERIOR DE DEPORTES | SPANISH HIGH COUNCIL FOR SPORT



**Guide for the detection of child sexual abuse
in sports for professionals**
CONSEJO SUPERIOR DE DEPORTES | SPANISH HIGH COUNCIL FOR SPORT
Campaign for the prevention and detection of child sexual abuse in sports

PROMOTED BY



IN COLLABORATION WITH



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• **INTRODUCTION:**

This guide is a part of the Campaign “Child Sexual Abuse Stays Offside”, aimed at the prevention and detection of sexual abuse of children and adolescents in sports. The Campaign has been promoted and financed by the *Consejo Superior de Deportes* (Spanish High Council for Sport), together with the *Fundación Deporte Joven*, a Spanish Foundation that helps improve the lives of children and youth through sports, and the collaboration of the UNICEF Spanish Committee.

The technical revision of the products of this Campaign was courtesy of experts in the Council of Europe and the non-profit organisation “*Oro, Plata y Bronce*” [Gold, Silver and Bronze]. In addition, our Campaign is supported by the “Start to Talk” initiative of the Council of Europe.

• **OBJECTIVES:**

The objectives of this campaign are:

1. *To raise awareness, train and inform the target population (and through them, children, adolescents and families) of the severity of sexual abuse in sports, based on the legal framework defined by the Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention).*
2. *To define a list of ten key ideas for children and adolescents that will help them understand the boundaries that need to be respected to prevent abuse, as well as tips on what to do at the first signs.*
3. *To propose a series of activities to be carried out with children and adolescents so that, through simple games, they can internalise the concepts described in the above list.*
4. *To establish quality standards to be met by sports facilities in order to hinder the emergence of abuse, creating safe environments for sports practice for children and adolescents.*

• **TARGET POPULATION:**

This guide is aimed at coaches, but also healthcare professionals (including physical and massage therapists), management and administration staff, support staff (secretaries, cleaners, maintenance technicians, catering, transport...) and any spectator of training or sports events.

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WHY A GUIDE FOR THE DETECTION OF CHILD SEXUAL ABUSE IN SPORTS?

Child sexual abuse is a very serious problem that affects children and adolescents of all ages. It is the responsibility of all adults to prevent sexual abuse, that is why it should be addressed by everyone, also in the world of sports. This Campaign means to provide tools for efficient prevention and detection with the children and adolescents in sports.

Child sexual abuse is one of the worst violations of rights. This abuse is proof that the environment which should have been protective has failed, and that is why efficient actions are so important to prevent and detect it as soon as possible.

The general data on child and adolescent populations indicate that **around 20% of children and adolescents suffer some form of sexual violence before the age of 18** (Campaign **“One in Five”** of the Council of Europe¹). In the world of sports, there could be specific risk situations of sexual abuse: abuse of power by coaches, other professionals or athletes, or even other children or adolescents; trips, concentrations and competitions without family supervision; loss of boundaries regarding physical contact... Therefore, it is necessary to work on this topic with children and adolescents, so that, together with the other values they learn in sports, they can become emotionally stronger, and know how to identify and face any risk situation they may experience.

This project includes the following materials:

- Guides to work on prevention directly in sports with children and adolescents in the various stages: from 3 to 6 (preschool), from 7 to 12 (primary education) and from 13 to 17 (adolescence).
- A guide for the detection of child sexual abuse in sports, aimed at professionals (this guide).
- A list of quality standards that sports facilities must meet in order to be safe environments.

The core purpose of this detection guide is to help every adult in the world of sports to identify situations and indicators of unease among the children and adolescents they are in contact with in sports, and to communicate any suspicions or concerns to the competent authorities. Therefore, this guide is aimed at coaches (who spend more time with the children and adolescents), but also healthcare professionals (including physical and massage therapists), management and administration staff, support staff (secretaries, cleaners, maintenance technicians, catering, transport...) and any spectator of training or sports events.

For more information:

Council of Europe Campaign **“One in Five”** against child sexual abuse:

Main website with all documents: <https://www.coe.int/t/dg3/children/1in5/>

Website with materials on **“The Underwear Rule”** (prevention for children aged 3 to 7, their families and professionals who work with that age range): <https://www.coe.int/en/web/children/kiko-and-the-hand>

WHAT IS CHILD SEXUAL ABUSE?

The World Health Organisation defines violence against children as *“the intentional use of physical force or power, threatened or actual, against a child, by another person or a group that either results in, or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.”*

And within the various forms there are of violence, the World Health Organisation defines sexual violence as *“any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”* Child sexual abuse is a form of sexual violence. There are other forms of sexual violence, such as child sexual exploitation, which are not addressed by this Campaign.

Therefore, two elements need to be pointed out in child sexual abuse: one is **harm** and the other **abuse of power**. Child sexual abuse is any act that causes or may cause **harm** to the development of the child’s or adolescent’s sexuality, that is, anything that has a negative impact, that is detrimental to them. Sexuality is an essential part of every person, and its development should occur gradually, in an age-appropriate manner and in safe affective environments: child sexual abuse is a break in that individual process as it subjects it to another person’s desires, and it can have lifelong consequences for children or adolescents. Moreover, child sexual abuse is not only harm (as an accident or a serious disease may be), it is **harm inflicted through abuse of power**. In other words, perpetrators of child sexual abuse use their power over children or adolescents to manipulate their actions, turning them into objects, and to obtain sexual satisfaction (or provide it to others, in the case of child sexual exploitation). That power may arise from

various traits or situations: being stronger, being older (although there is also abuse among peers, in these cases the perpetrator is the one with more experience); having authority and being able to decide on the child or adolescent’s sports practice, or their life (especially during trips and life outside the family); having the child or adolescent’s affection and even admiration; causing fear among them for various reasons... And that power is used for abuse, but also to keep it secret and threaten or even assault in the event of disclosure or reporting. These concepts of harm and abuse of power are essential to understand how child sexual abuse operates.

All of this is established in the Lanzarote Convention, ratified by Spain, which specifies that sexual abuse is considered *“engaging in sexual activities with a child under the age of 16”* (Article 18.1.a), except when these are *“consensual activities between minors”* (Article 18.3), or *“engaging in sexual activities with a child where: use is made of coercion, force or threats; or abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence”* (Article 18.1.b). In Spain, therefore, the following are offences, with prison sentences ranging from 2 to 15 years:

- Any sexual relation engaged by an adult with a child or adolescent under the age of 16.
- Any relation engaged by an adult with adolescents aged 16 to 18 from a situation of power.

Therefore, child sexual abuse includes actions ranging from no physical contact up to others with physical contact. The following list summarises the basic types of child sexual abuse, listed from lesser to greater severity (in general

terms, as the precise severity will depend on each specific case).

BASIC TYPES OF CHILD SEXUAL ABUSE

1. Teasing, humiliating and advances of a sexual nature. This includes alluding to development (or lack thereof), in particular during adolescence, by adults or other young people. Hazing of a sexual nature without physical contact would also be included here.
2. Voyeurism. Watching a child or adolescent wearing little or no clothes (while they shower, change, are in the bathroom...) for one’s own pleasure.
3. Exhibitionism. Showing one’s genitals to a child or adolescent.
4. Kisses or caresses with sexual connotations.
5. Using information and communication technology (the Internet and smartphones) to create and establish supposedly “love relationships” with children and adolescents (*grooming*).
6. Showing pornography. Watching pornography during childhood can be very detrimental for affective and sexual development due to the lack of understanding of certain aspects of sexuality by children. In adolescence, extreme images and recordings that entail hurting others can be damaging.

7. Taking pictures or recording children and adolescents in their underwear, nude or in positions suggesting sexual activity, and posting them on social media or using them for blackmail.

8. Rubbing against a child or adolescent, touching their genitals or having them touch another person’s genitals.

9. Masturbation. Making the child or adolescent masturbate in front of another person or masturbating them. Making the child or adolescent masturbate another person.

10. Having sexual intercourse with a child or adolescent (oral, vaginal or anal).

Prevention and protection against child sexual abuse are legal obligations, not “optional” tasks. In Spain, Organic Law 1/1996, of 15 January, of Legal Protection of Minors makes it very clear in Article 13.4 that *“Any person who becomes aware, through any information channel, of an act that could be an offence against sexual freedom and indemnity, human trafficking or exploitation of minors, is obliged to report it to the State Counsel’s Office without prejudice to that contemplated in criminal procedure legislation”*. Thus, the duty of any adult, and even more so of professionals who are responsible for children or adolescents, is to detect, prevent and report any type of child sexual abuse.

For more information:

Spanish Criminal Code. Consolidated text in Official Gazette BOE-A-1995-2544 (Title VIII, Offences against sexual freedom and indemnity, Articles 178-194), available at: <https://www.boe.es/buscar/act.php?id=BOE-A-1995-25444>

Lanzarote Convention: Convention 201 of the Council of Europe for the Protection of Children against Sexual Exploitation and Sexual Abuse of 2007: <https://www.coe.int/en/web/children/convention> In Spain, Instrument of Ratification by Spain of 12/03/2009, and published in the BOE [Official Gazette] number 274, of 12/11/2010. BOE-A-2010-17392, available at: <http://boe.es/buscar/act.php?id=BOE-A-2010-17392>

SOME MYTHS ABOUT CHILD SEXUAL ABUSE

There are many false ideas regarding this problem, which are deeply entrenched in society, families and professionals, and hinder the detection of cases when they occur. The most important ones are shown in the table below.

MYTHS	FACTS
<i>“Child sexual abuse is infrequent, only the cases that appear in the news”.</i>	Statistics reveal that one in five children and adolescents has suffered sexual violence before the age of 18.
<i>“Sexual abuse consists of adult men who abuse small girls.”</i>	There are victims of both sexes : boys and girls, male and female adolescents. And perpetrators can be both male and female (although they are mostly men, there are also women who abuse), and sometimes also other boys, girls and adolescents.
<i>“Those who sexually abuse children and adolescents are strange, weird people who inspire distrust and abuse by force”.</i>	Those who sexually abuse children and adolescents build up a false image of kindness and friendliness, and work on gaining the trust of children and adolescents, their families and professionals in their environment. Around 85% of perpetrators are people who are loved and respected by the children and adolescents (data from the Campaign “One in Five” of the Council of Europe).
<i>“Sexual abuse occurs mostly among low class children and adolescents or clearly dysfunctional families. Since we work with middle and upper class kids, we can be certain they do not suffer sexual abuse.”</i>	Sexual abuse occurs to children and adolescents in all social classes and all types of families. Sometimes the fact they belong to middle or upper classes may mean there is greater pressure to remain silent and not react in order to keep up the appearance of normality.
<i>“Children and adolescents are to blame for the sexual abuse they suffer, as they are often provocative and other times they should have defended themselves better.”</i>	The blame for sexual abuse lies on the perpetrator, and on the adults who keep silent about it. The argument that “children and adolescents are sexually provocative” has more to do with the excuse perpetrators seek to justify themselves than with the behaviour of minors. The accusation that “children and adolescents should have defended themselves better” is an illegitimate displacement of responsibility of perpetrators towards those who suffer abuse.

MYTHS	FACTS
<i>“In sports there must be less child sexual abuse, because it would be noticeable on the performance of children and adolescents.”</i>	Although in some cases sexual abuse has immediate consequences on performance, the sports culture that coping with pain is a part of being a better athlete means that many children and adolescents can live with abuse for a long time without showing any evident signs (there are always indirect consequences, but these are more difficult to detect).
<i>“Child sexual abuse leaves such evident signs that any person could quickly identify them”.</i>	Except for a few very obvious consequences (unwanted pregnancies or sexually transmitted diseases), children or adolescents may conceal or even hide abuse due to shame, guilt or fear of retaliation.
<i>“Children and adolescents make up false sexual abuse allegations to attract attention, out of envy or spite.”</i>	When children and adolescents disclose they have suffered sexual abuse it is true in the great majority of cases. Sexual abuse is such a complex experience that it is very difficult for a child or adolescent to make up the situation and details. Furthermore, being a victim of sexual abuse carries such a social stigma that practically nobody ever fakes that role. In the same way that legislation contemplates the presumption of innocence for perpetrators, presumption of innocence should also be applied for the victims (basically, that they are saying the truth).
<i>“If there is no physical violence, then there is no sexual abuse, because the child or adolescent is consenting”.</i>	Sexual abuse normally starts much before physical contact , by manipulating the child or adolescent so they will enter a web of silence (with gifts, bribery or inappropriate secrets), so by the time the physical part is reached, the child or adolescent does not know how to get out. They may remain silent out of fear, because threats and manipulation make them believe they cannot escape. Once their willpower is overridden, they are incapable of objecting, but this does not mean they are consenting. In Spain, a person under 16 does not have the legal capacity to consent to sexual relations, if they are aged 16 to 18, they cannot consent either if there is a relationship of power or authority from the person proposing sexual relations.
<i>“The effects will disappear over time by themselves once abuse has stopped, there is no need to keep insisting on it.”</i>	Child sexual abuse can be very traumatic and it is necessary to devote the right time and resources for children and adolescents to recover fully. It is just like a bone fracture, that will not heal “by itself” but rather requires special care and follow-up and rehabilitation until it is fully functional again.

INDICATORS TO DETECT CHILD SEXUAL ABUSE IN SPORTS

The first thing that needs to be considered for the detection of child sexual abuse is that **children and adolescents who are victims of sexual abuse show no specific and distinct signs in all cases**, although there are suspect indicators that appear in different forms.

Another consideration is that **the impact sexual abuse has on each child or adolescent will depend on many variables**: type of abuse; duration, frequency and intensity of abuse; age of the perpetrator and age of the abused and their relationship; the child or adolescent's environment (supportive or blaming)... Sometimes the consequences are immediate (sudden and radical changes with no other possible explanations should be investigated), other times, the consequences do not emerge until years after the abuse (especially when it took place at an early age, the consequences may appear during adolescence or adulthood after a latency period). This is why it is important to pay attention to children's and adolescents' development and provide them with spaces where they can be listened to regularly.

The third consideration is that **in child sexual abuse the least frequent (or latest) to emerge is the direct data** (disclosure by the child or adolescent or a third party's testimony), **and most commonly it is an accumulation of indirect indicators** that gradually outline the suspicion of sexual abuse as they are identified. The task of detection requires paying attention to all the suspect indicators and continue investigating others when they appear in a child or adolescent, providing special spaces and times for them to be able to express how they feel (and so that they can disclose when they feel safe enough).

It is important to remember that any of the following indicators will manifest a certain level of unease in a child or adolescent and that

it is best to attend to it, even if it is a single indicator (it could be for a different cause other than sexual abuse, but the child or adolescent's suffering needs to be addressed). When there are several indicators it is a legal obligation to report the suspicion to the corresponding authorities and this implies acting immediately.

PHYSICAL INDICATORS

In the field of sports, the physical indicators of child sexual abuse that can be detected are limited by the functions of each professional and also by the type of sexual abuse (many cases of abuse leave no marks, such as kisses, groping or certain forms of masturbation).

Healthcare professionals can identify:

- Lesions, tears or irritation of sex organs or anogenital region.
- Infections in genital and urinary areas.
- Sexually Transmitted Diseases.
- Pregnancy.

Other people are not qualified to conduct physical examinations in the event of suspected sexual abuse, but they can identify physical difficulties to walk or sit, or physical reflexes of the psychosomatic indicators in the next point (dark circles under the eyes due to lack of sleep, weight change due to eating disorders...).

PSYCHOSOMATIC INDICATORS

Child sexual abuse can cause psychosomatic problems for the children and adolescents who suffer it: these are physical symptoms caused by fear and distress sustained over time with no other medical justification. This is especially worrying when they practise sports, because physical activity requires paying attention to the body to avoid injuries or accidents. These indicators are always serious and it is important to act quickly, referring the child or adolescent to specialists capable of determining whether their malaise is due to a physical condition or it may be caused by sexual abuse or other harmful situations. You must ensure they receive effective assistance (and persist until all the symptoms have healed). The most relevant indicators are the following:

- Sleep problems (frequent or recurrent nightmares, night terrors, insomnia, excessive sleep).
- Eating disorders, especially anorexia and bulimia (that is why it is important to monitor healthy weight development, in particular in those disciplines that favour low weight and lower physical development).
- Chronic pain or psychosomatic disorders (pain or illness with no physical cause, but rather of psychological origin).
- Elimination disorders: enuresis (loss of bladder control), encopresis (fecal incontinence) and sustained diarrhea or constipation (with no other medical reasons).

EMOTIONAL INDICATORS

Child sexual abuse is, in most cases, a gradual process of manipulation of the child or adolescent so they will go increasingly further, and this is why it can leave very clear emotional marks. However, emotional indicators point towards the emotional suffering of a child or adolescent, and they can originate in other types of violence (psychological maltreatment,

school bullying...) or due to life mishaps (illness or death of people close to them, divorce or family separation). In any case, a child or adolescent who never smiles and is always sad or irritable should be investigated further. When children and adolescents practise sports it is appropriate to have many moments of concentration and seriousness, but there should also be time for relaxation and fun; there may be times of frustration (when an exercise will not come out well or when a match is lost), but there should also be moments of satisfaction and celebration. The lack of emotional flexibility, when stuck in unpleasant emotions prolonged over time, indicates something is not going well in their life. The main emotional indicators in the case of child sexual abuse are the following:

- **Guilt and shame, especially rejection of one's own body.** This is why we should avoid and reprimand any teasing, comparisons or humiliation related to the body (especially when the physical changes of adolescence begin to appear in each sex).
- **Anxiety (fear and excessive worrying).** You need to distinguish between the expected nerves before an important event or competition and stress sustained over time with no other causes to explain it.
- **Depression and low self-esteem.** It has been proven that doing physical exercise regularly improves our mood and self-esteem. If a child or adolescent who practises sports regularly is still in a low mood, it is necessary to find out what is happening.
- **Repeated and varied phobias.** It is particularly important to identify being afraid of a specific person, a specific type of place (changing rooms, bathrooms) or situations (night practice, trips...).
- **Anger, rage and aggressiveness.** Children or adolescents who have suffered some form of sexual abuse may show their frustration by becoming irritable, with disproportionate anger and aggressive responses.

- **Lack of emotional control.** The stress of having suffered sexual abuse may make children and adolescents have very weak, age-inappropriate emotional control, which is a sign of being emotionally overwhelmed.
- Although it may appear paradoxical, **excessive emotional control:** many cases of greater than expected emotional control for their age, are due to the fact that the child or adolescent has learnt how to manage their own emotional reactions to abuse in order to hide it, resulting in the appearance of “*great maturity*” or invisibility in the eyes of adults (“*They are never any trouble, so they must be okay*”: false, a child or adolescent who never gives any trouble is a clear sign of alarm).
- **Difficulties for communicating and expressing affection (aggressiveness or submission).** Childhood and adolescence are crucial stages for the development of affectivity, during which children and adolescents gradually discover how to communicate how they feel from the absolute spontaneity of early childhood to the appropriate expression of affection according to the person and moment. Child sexual abuse can alter that development, pushing children and adolescents to either extreme of sociability: either submissiveness (accepting and obeying everything without question, without respecting what the own child or adolescent needs or prefers), or aggressiveness (attacking someone, or being disrespectful).

BEHAVIOURAL INDICATORS

When emotional malaise is sustained over time, children and adolescents can develop systematic action patterns, behaviours that indicate that their suffering is very severe. These indicators require immediate and comprehensive intervention until the child or adolescent is stabilised:

- **Regressive behaviour.** More common in childhood than in adolescence, it consists of an attempt to “return to the past”, a safer

time than the present. For example, a six-year-old may start behaving as if he were three again (starting to need nappies at night again), or a ten-year-old may start acting as a child of seven (playing children’s games again which she had left behind).

- **Self-harming or suicidal behaviours.** When children or adolescents harm their own bodies (cuts, bruises, unexpected injuries) or show suicide attempts, that means that the pain threshold has been clearly exceeded and they are looking for very dangerous alternatives to escape their suffering. It is important to also pay attention to repeated or suspicious injuries: any injury deserves time for full recovery, since poorly healed injuries lead to lifelong sequelae, and even more so when they are difficult to explain or are worryingly frequent.
- **Aggressive behaviour.** When a child or adolescent is suffering a level of violence that they cannot cope with, they may channel their frustration by attacking others (younger, peers or adults). Aggressions should be managed on two levels: reparation for damage to the victim and addressing the causes for the child’s or the adolescent’s aggression.
- **Running away.** When a child or adolescent runs away, it is an indication that they are trying to avoid overwhelming situations, putting themselves at risk in a different way. Running away is very serious behaviour that needs to be approached through understanding (find out what has happened to the child or adolescent to make them want to run away) rather than through guilt or punishment.
- **Drug and alcohol use.** Sports contribute to a healthy lifestyle, and the use of alcohol or other substances hinders performance (except in the case of doping, which is illegal given the danger it poses for people of all ages). A child or adolescent that regularly consumes alcohol or other drugs is trying to numb very painful and harmful emotions, so it is essential to monitor this, especially to

ensure they are not in danger when under the effect of these substances.

- **Delinquent behaviours.** The loss of social boundaries that drive children or adolescents to show delinquent behaviours indicates a decline in their development and their lack of trust in basic social norms. Child sexual abuse may lead to “anything goes” behaviours to make up for the suffering.

COGNITIVE INDICATORS

Physical exercise contributes naturally to the development of higher cognitive skills. Moreover, to practise sports, especially as one advances to higher levels, concentration and planning (strategy, tactics) skills become essential. Child sexual abuse generates a significant amount of instability at all levels for individuals, so that children or adolescents may present cognitive indicators, including the following most relevant ones:

- **Decreased performance or even academic failure.** Although there could be many other causes, poorer academic performance may indicate that the brain is devoting all its resources to processing emotional conflict, so it is important to check with the child or adolescent and their family what might be happening. It is vital to insist to the children and adolescents that they must study hard and complete their education, to provide for when their career as professional athletes ends, therefore if they are not doing well they are putting their future outlook at risk.
- **Delay in cognitive development.** If sexual abuse is sustained over time, it can affect the child’s or adolescent’s full cognitive development. In children’s sports it is easier to detect, especially when the chronological age does not correspond to the level of psychomotor performance.
- **Attention deficit.** Experiencing violence may make the child or adolescent show attention deficit. This may appear as a loss of concentration due to paying attention

to risk situations (who is coming in and going out, who is approaching them, who is in front of or behind them) instead of focusing on the specific activity of training, the match or competition. Or, at the other end of the spectrum, in order not to pay attention to their internal anguish, they may lose all ability to concentrate (which could be confused with hyperactivity). These situations are a risk in most sports, since they could lead to a greater number of accidents or injuries, both for the child or adolescent losing concentration as well as for other people involved.

SEXUAL INDICATORS

Child sexual abuse affects the whole person, but an especially delicate area is the child’s or adolescent’s sexuality, which was the channel of the aggression and could be the channel for manifesting the abuse. That is why it is essential to pay attention to the following indicators:

- **Inappropriate sexual behaviour.** Sexual development is highly variable during childhood and adolescence, but there are certain behaviours that are not appropriate at any age and could reveal sexual abuse or other types of violence. Namely:
 - › **Compulsive masturbation.** Masturbation is part of an individual’s natural and healthy development, provided it is conducted privately and age-appropriately. Compulsive masturbation, with excessive frequency and lack of control, indicates serious problems and should be addressed.
 - › **Oral-genital caresses.** When children and adolescents show oral-genital caresses it is necessary to find out where they have observed that behaviour and provide guidance.
 - › **Behaviour in which children or adolescents offer themselves as sex objects.** Although sexuality is a very healthy part of each child or adolescent,

presenting oneself as a sex object (trying to systematically and indiscriminately seduce, especially any adult) is an indicator that something is wrong. It is important to distinguish progressive sexualisation of adolescents occurring in a natural and healthy manner (with the purpose of attracting others of a similar age), from childhood sexualisation or behaviour to seduce adults. If hypersexualised behaviour is an indicator of possible child sexual abuse, no adult has the right to take advantage of a child's or adolescent's willingness: the excuse that children and adolescents are "provocative" is related to the perpetrator's manipulation, not the clinical reality which is that they need help with their sexuality.

- **Sexual aggression against other children or adolescents.** A child or adolescent sexually assaults others their age or younger when they have had experiences that are harmful for their sexuality. It may have been watching pornography on the Internet, or having suffered sexual abuse themselves, in any case, the victim needs to be protected but but the perpetrator who is underage must also be protected, because they still have the right to appropriate sexual development both for themselves and to stop assaulting others for the rest of their lives.
- **Age-inappropriate sexual knowledge.** Development of sexuality is a gradual process, so when children or adolescents express certain unexpected knowledge (beyond what they learn in affective-sexual education in their family or school), it is an indicator that something has happened in their lives to expose them to this.
- **Risky sexual behaviour and promiscuity (in adolescents).** Part of a healthy sexual development is for adolescents to want to explore different relationships with different people, but attention should be paid to risky sexual behaviour (having unprotected intercourse, or inappropriate relationships for adolescence), and especially promiscuity both among boys and girls (which could be a

headlong rush to make up for sexual abuse suffered recently or a long time ago).

SOCIAL INDICATORS

Sports is another area for socialisation for children and adolescents, different from their family, friends and school. Proper practice of sports should provide a new space for social relations, where respect and collaboration should be paramount (even to compete safely it is necessary to follow the rules). This is why sports can shed light on social problems that could stem from some form of child sexual abuse. The main indicators are:

- **Social isolation.** Childhood and adolescence are core stages for the development of social skills and affective networks, also in sports. When there is a child or adolescent who is always alone and does not interact with others during practice or competitions, it is necessary to find out what is happening in their life.
- **Repetition of violence patterns.** When a child or adolescent has suffered sexual abuse, they may be trapped in a circle of systematic violence in other relationships, for example, in situations of peer bullying or gender or intimate partner violence (the latter in adolescence). Therefore, it is necessary to pay attention to patterns both when they take on the role of aggressors as well as when they become the victims, without making the mistake of believing that violence patterns are linked to gender (male-aggressor, female-victim).
- **Anti-social behaviours.** Sexual abuse can cause such intense suffering in children and adolescents that they may try "to take revenge" on the world by hurting their environment or other people, whether they know them or not. Harmful behaviours need to be stopped, but the problems causing them should also be addressed.



For more information:

Horno, P., Santos, A., Del Molino, C. (Coordinators). 2001. Abuso sexual infantil. Manual de formación para profesionales [Child sexual abuse. Training Manual for Professionals.] Madrid: Save the Children.
Available at: https://www.savethechildren.es/sites/default/files/imce/docs/manual_abuso_sexual.pdf

SOME DIFFICULTIES TO BE CONSIDERED

Sports practice provides many benefits at various levels for children and adolescents. However, the circumstances that surround sports entail certain specific difficulties for the prevention and detection of child sexual abuse.

1. The main problem is that **there is a general lack of awareness of child sexual abuse in the world of sports** (and in our society in general), and that which is not known, can neither be identified nor stopped. With some notable exceptions, sports professionals are not generally trained on child protection (even if they are going to be working with children and adolescents), and even less so on prevention, detection and intervention in the event of child sexual abuse. This campaign arose as a result of the commitment shared by the *Consejo Superior de Deportes* (Spanish High Council for Sport) and the *Fundación Deporte Joven* in collaboration with the UNICEF Spanish Committee for the prevention and eradication of child sexual abuse in sports, in line with other initiatives that are taking place in sports worldwide. Nonetheless, it is necessary to continue making progress so that all stakeholders in child and youth sports can be sure that the children and adolescents in their charge live safely, and when that is not the case, that they have the necessary resources to help them. This is a challenge, both for all individual professionals, who must continue training in prevention and detection of child sexual abuse, and for the sports organisations, that must create mechanisms for training, monitoring, detection, prevention and intervention to guarantee their centres and sports events are safe.
2. In spite of the work carried out and the interest of institutions, professionals and athletes, **there are still many areas in sports where harmful gender stereotypes remain**, which could increase the risk of

abuse and hinder prevention, detection and intervention. This affects the idea that only female girls and adolescents suffer sexual abuse, putting male boys and adolescents, who also suffer it, at risk. Or the concept that only men abuse, when there are also women who do so (as do other children and adolescents of both sexes). Along these lines, many sexist jokes could be harmful both for males and females, especially those related to physical and emotional development during adolescence.

3. On the other hand, practising sports means learning how to manage physical and emotional pain in a very demanding way, through a continuous effort to surpass one's own limits. Something which, in principle, might be positive inasmuch as it means controlling one's own body, has a negative side in the case of sexual abuse: **children and adolescents may repress the suffering caused by sexual abuse, keeping the indicators of abuse under control for a long time and making them undetectable until the level of abuse is very high**. Manipulation by perpetrators may also cover the sports outlook of children and adolescents, for example, making them feel that if they tell they will be left out of the team or they will no longer compete, further reinforcing their endurance of the suffering.
4. In addition to the above point, in sports there can be an **idealisation of authority figures** (coaches, managers, elite athletes...) which makes it difficult for the children and adolescents that suffer sexual abuse to identify it, and hinders disclosure due to the fear of not being believed about such highly respected people. It is essential for children and adolescents to see all adults around them realistically, with some more positive elements and others less so, but whose actions can be challenged.

5. Another important aspect to bear in mind is that sports imply development of healthier bodies, which is very positive, but they also entails a risk of **inappropriate hypersexualisation**. The search for the “perfect” body and the many occasions that children and adolescents can be seen with very little clothing (many uniforms are very brief) or none at all (in showers or changing rooms) pose a specific risk in sports which requires special attention.
6. Finally, **there are certain sexual abuse risk groups that are also present in the world of sports**: children and adolescents with physical, sensory or intellectual disabilities, which make them more vulnerable to sexual

abuse and hinder disclosure; children and adolescents who live outside their family home (especially those in protection centres, but also young athletes who live in sports facilities without daily contact with their families); children and adolescents who are isolated, without a social support network (due to not having any friends, due to difficulties to access other resources, due to shyness, due to being new in town, or other reasons); children and adolescents with minority orientations and gender identities (homosexuals, bisexuals, transexuals and others), who may suffer more teasing or harassment due to social stereotypes; and in general all children and adolescents with different features (ethnic, cultural, religious, social...).



For more information:

Pro Safe Sport + Programme of the European Union and the Council of Europe for the protection of children and adolescents against child sexual abuse in sports. Available at: <https://www.coe.int/sport/PSS/>

Campaign “Start to Talk” of the Council of Europe to prevent and detect child sexual abuse in sports. Available at: <https://www.coe.int/es/web/human-rights-channel/stop-child-sexual-abuse-in-sport>

ACTION GUIDELINES IN THE EVENT OF SEXUAL ABUSE

When there is greater knowledge about child sexual abuse among professionals and when children and adolescents receive the necessary tools to name what is happening (through awareness activities such as those proposed in the [Activity Guides for the Prevention of Child Sexual Abuse in Sports](#), of this same Campaign), it is possible to identify situations of abuse that had previously been overlooked. When this happens, it is necessary to provide an effective and appropriate response to stop, remedy and repair the existing damage and avoid any further damage for the children and adolescents and all other people involved.

ACTION IN LIGHT OF A DISCLOSURE BY A CHILD OR ADOLESCENT

When a child or adolescent reaches out to an adult to disclose a possible situation of child sexual abuse, it is important to follow certain basic guidelines:

See table ►



APPROPRIATE RESPONSES	INAPPROPRIATE RESPONSES
<p>1) Believe the child or adolescent and make them feel it.</p> <p>The essential manipulation of perpetrators is that nobody is going to believe the children or adolescents, so it must be made clear from the beginning that you take what they are saying seriously.</p> <p>Examples: “I believe you. Thank you for trusting me and telling me the truth, you’re being very brave and you’re doing the right thing. I am sorry this has happened to you.”</p>	<p>Doubt the abuse or deny it.</p> <p>Avoid: “Are you sure it was like that? Maybe it was a misunderstanding.” “What you are telling me can’t be possible, you are making it up.”</p>
<p>2) Insist on the responsibility of the perpetrator.</p> <p>The victims of child sexual abuse express a lot of guilt and shame, therefore we must insist on expressions that exonerate them from blame.</p> <p>Examples: “It’s not your fault. If somebody does something to you that makes you feel bad, you are not to blame. No one makes others treat them badly or hurt them. That person knew they were doing something harmful or inappropriate. You have nothing to be ashamed of.”</p>	<p>Blame the child or adolescent for the abuse.</p> <p>Avoid: “Why did you let them do that to you? Why didn’t you leave? Why didn’t you say no? Why haven’t you talked about this earlier?”</p>
<p>3) Keep calm</p> <p>The child or adolescent may break down emotionally when disclosing such a difficult situation as sexual abuse and they need the trusted adult to stay calm and reassure them.</p> <p>Examples: “Of course, it has been very tough and I am here listening to you and supporting you. You can talk to me, if you like. Is there anything else you need to tell me?”</p>	<p>React with alarm and express distress</p> <p>A situation of disclosure is very complex for a child or adolescent, and making them have to reassure the trusted adult as well, is out of place. Adults should find their own space and people with whom to let off steam, but not with the child or adolescent.</p>

Continued on the next page ►

APPROPRIATE RESPONSES	INAPPROPRIATE RESPONSES
<p>4) Direct the attention to a possible solution, a way out.</p> <p>The child or adolescent who is disclosing a situation of abuse needs emotional containment during the first few minutes, but also a positive and realistic response to the situation. Depending on each case, the intervention will be different, but it should be explained what the child or adolescent is going to do and what the trusted adult will do, so they can regain control over their life and safety.</p> <p>Examples: <i>“You have been very brave to tell me and we are going to work to make sure this does not happen again. I think now we need to talk to A and to B [family members or support people], you have a rest, and then we can try X or Z [immediate protection measures, to stop the abuse from occurring again, and also intervention measures, so the protection system is put into practice], what do you think?”</i></p>	<p>Focus only on the child’s or adolescent’s new status, as a victim.</p> <p>He or she is a person to whom something terrible has happened, but with many other things in their life that can be recovered to overcome the abuse, including practising sports. Having suffered sexual abuse they may have had very unpleasant body experiences, and this is precisely why physical contact should not be avoided, but rather they should be given caresses, hugs and kisses as needed, in their own terms, as set by them.</p>
	<p>Overprotection of the child or adolescent and limitation of their usual activities.</p> <p>It is normal to be cautious at first, but they need to recover their confidence in their own capabilities and those of others, it is not a matter of exposing them to new dangers, but their normal life should not be restricted either.</p>
	<p>Promise something that cannot be done.</p> <p>Before a disclosure, it is necessary to be properly prepared in order not to commit to something that cannot be done. The child or adolescent has already suffered very much in their trust, you cannot create false expectations. Sentences such as “We are going to fix this” or “Everything is going to be okay” should be avoided because they are beyond the actual control of the adult (sometimes things are not fixed or they do not end up okay). Commitments must be clear and realistic <i>“I’m going to stay with you until we talk to your family”</i> or <i>“A, B and I will be available whenever you want to talk some more, okay?”</i></p>

KEY ELEMENTS OF AN INTERVENTION

The basic intervention of any sports professional in the event of child sexual abuse depends on three key situations.

1. When there is a **suspicion of child sexual abuse**, that is, the presence of one or more indicators, but without the child or adolescent having disclosed anything, the professional responsibility is to **talk to their family and urge them to look for help** to find out what is happening. The most recommendable is that they start with Social Services, but depending on the family and the situation, other paths may be followed.
2. If there are **injuries that require medical care**, you must **go to the hospital with the child or adolescent**, as you would with any serious physical injury, and from there notify the family. The hospital has the obligation to activate the necessary protection mechanisms and will indicate what the next steps are.
3. If there is **disclosure of abuse by the child or adolescent**, or **witnesses of the abuse**, or **physical signs** not requiring immediate medical care, it should always be notified to superiors and the family. Remember it is mandatory to report it to the Police or at the hospital.

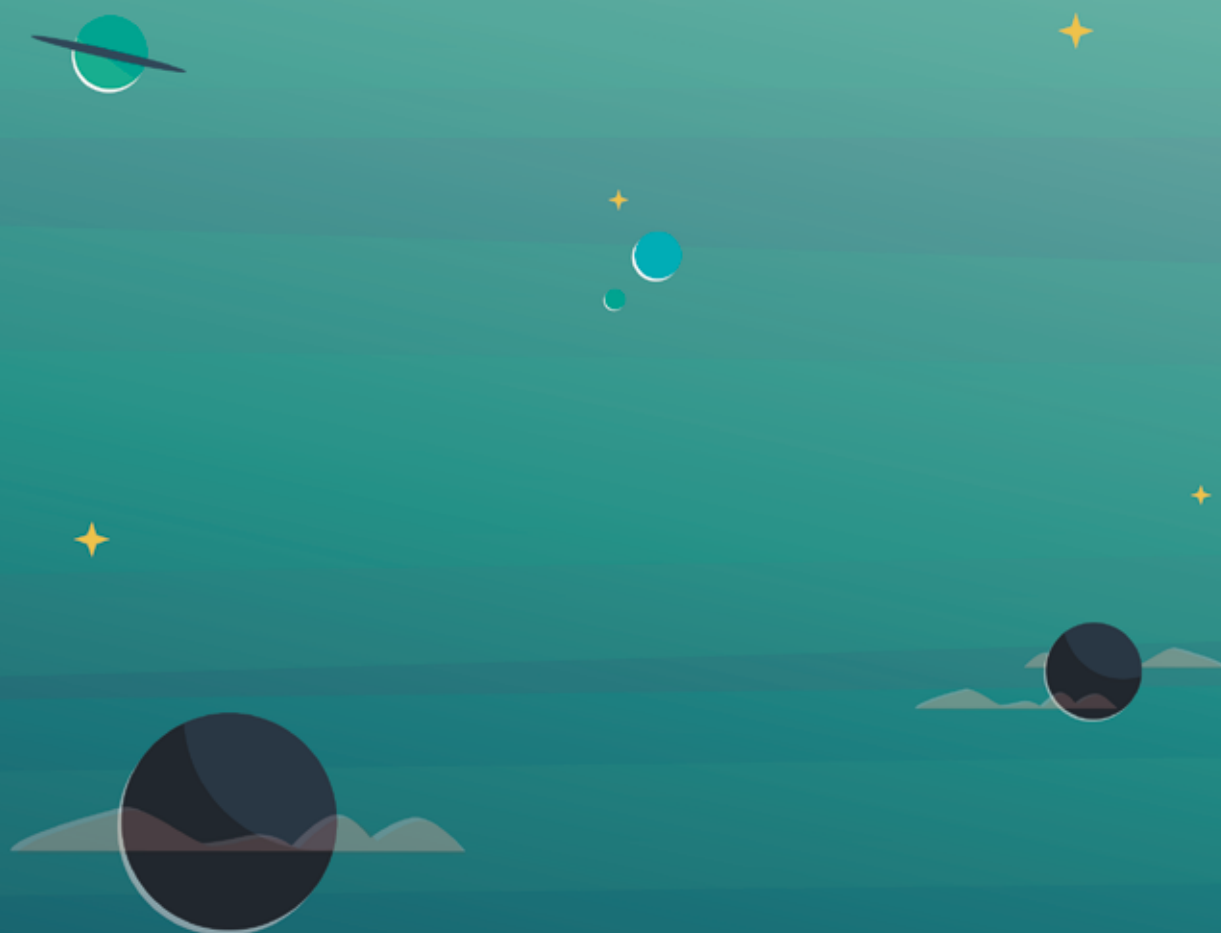
The competent authorities have set up standard operating procedures that indicate what each professional must do. If there are any questions about what to do, any professional can contact the Social Services in their region, they will know what the procedures are and will provide guidance.

For more information:

116111 Helpline for children and adolescents and adults in their environment. The organisations managing this telephone service vary according to the Autonomous Community, but they all provide information and guidance for risk situations for children and adolescents (not only child sexual abuse) and often they have websites with resources and materials for outreach and deeper understanding. It is also the number for Child Helplines in many European Countries.

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