

# SAFEGUARDING POLICY & HANDBOOK



**LINCOLN**



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## OVERVIEW SAFEGUARDING POLICY

Asociación Escuelas Lincoln (AEL) has adopted a Safeguarding policy to guide our staff, students and families in matters related to the health, safety and care of children in attendance at our school. This policy is based on Argentine law and on the United Nations Convention on the Rights of the Child of which Argentina is a signatory.

The three key national laws we wish to draw your attention to are:

- Law 23849/90, which approves the Convention of Human Rights of the Child
- Law 24417/94, on the Protection Against Family Violence
- Law 26061/06, on the Comprehensive Protection of the Rights of Girls, Boys, and Adolescents

The four key provincial laws of Buenos Aires we wish to draw your attention to are:

- Law 12569/01, on Family Violence
- Law 12807/01, on the Prevention of Sexual Abuse Against Children
- Law 13298/05, on the Promotion and Protection of the Rights of Children
- Law 26150, on Comprehensive Health and Sexuality Education

As protectors of children, schools fill a special institutional role in society. Schools need to ensure that all children in their care grow and develop in a safe and secure environment. Educators, having the opportunity to observe and interact with children over time, are in a unique position to identify those who are in need of help and protection. When a child needs help and protection, educators have a professional and ethical obligation to follow reporting protocol so that children receive the support and assistance they may require and families may obtain services that will remedy situations posing a threat to the child's welfare, including physical, sexual and/or emotional abuse and neglect.

As per the World Health Organization: *"Child maltreatment is defined as: all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."*

Child abuse is a violation of human rights and is harmful to the child's education, as well as to their physical, emotional, and social development. If employees at AEL suspect that a child at the school has been abused, employees must make a report as soon as possible and within a limit of twenty-four hours to their principal or divisional school counselor. Reporting and follow up of all suspected incidents of this nature will proceed in accordance with school procedures respective to this policy, keeping the safety of the child as the highest priority. Furthermore, such cases may be reported to the appropriate child protection agency in the home country, to the employer of



parents or guardians about whom there are concerns, and/or to local authorities, per Argentine law. AEL shall not hold any school employee at fault for making a report of abuse or neglect, based on good faith, that is later judged to be false or when further investigation is deemed unnecessary.

AEL seeks to be a safe haven for all members of our community. We feel a particular responsibility to protect children from abuse. To meet this responsibility, AEL will implement educational programs for students and employees regarding safeguarding. Furthermore, the school will implement and regularly review procedures, including hiring, security and training practices, to ensure the safety of the children in its care. The administration shall communicate this policy, appropriate guidelines and educational resources to existing and potential community members on an ongoing basis.

## TYPES OF ABUSE: DEFINITIONS AND INDICATORS

### OVERVIEW

This section covers types of abuse as well as problematic behaviors. Definitions for each type of maltreatment are given followed by physical and behavioral indicators. Indicators in and of themselves do not constitute abuse or neglect. Together with other indicators, such as family dynamics, they may warrant a referral. Abuse can come to the attention of authorities in a number of ways. The child might disclose the abuse to the authorities, to another adult, or to a child, or may display abnormal behaviors. Additionally, the child may have unexplained injuries or other medical conditions that could be caused by abuse.

### PHYSICAL ABUSE

The physical abuse of children includes any physical injury caused to the child. Physical abuse can vary greatly in frequency and severity.

### POSSIBLE PHYSICAL ABUSE INDICATORS

- Unexplained laceration, abrasions, or fractures
- Improbable excuses given for bruises and welts on any part of the body
- Bruises of different ages (various colors)
- Injuries reflecting shape of article used (electric cord, belt, buckle, ping pong paddle, hand)
- Unexplained burns, especially to soles, palms, back, or buttocks
- Burns with a pattern such as from an electric burner, iron, or cigarette
- Rope burns on arms, legs, neck, or torso
- Injuries inconsistent with information offered by the child
- Injuries that regularly appear after absence from school or school vacation
- Withdrawal from physical contact



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- Arms and legs kept covered in hot weather
  - Fear of returning home or of parents being contacted
  - Showing wariness or distrust of adults
  - Self-destructive tendencies
  - Being aggressive towards others
  - Being very passive and compliant
  - Chronic running away

## PSYCHOLOGICAL AND EMOTIONAL ABUSE

Psychological and emotional abuse is constituted by both the isolated occurrence as well as persistent emotional ill-treatment of a child so as to cause severe and adverse effects on a child's emotional development.

Psychological and emotional abuse may involve but is not limited to:

- conveying to children that they are worthless, unloved or that they are inadequate or valued only insofar as they meet the needs of another person
- age or developmentally inappropriate expectations being imposed on children
- causing children frequently to feel frightened
- the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may also occur alone.

## POSSIBLE PSYCHOLOGICAL AND EMOTIONAL ABUSE INDICATORS

- Pronounced anxiety or fear at the thought of home/school communication
- Seems especially anxious around authority figures
- Withdrawn and tries to appear invisible
- Loss of self-confidence or self-esteem
- Social withdrawal
- Depression
- Headaches or stomach aches with no medical cause
- Desperately seeks affection

## NEGLECT

Neglect involves a caregiver's failure to meet the basic needs of a child, such as providing food, clothing, shelter, medical care, or supervision. Types of neglect include physical, environmental, emotional, and educational, as well as inadequate supervision. Neglect follows a continuum from mild to severe and often is very difficult to define.



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## POSSIBLE NEGLECT INDICATORS

- Child is unwashed or hungry
- Child is frequently absent from school
- Child does not want to go home
- Child has medical condition which seems to go untreated
- Child lacks needed medical or dental care, immunizations, or glasses
- Child is unable to tell you who is caring for them if parents are away
- Child begs or steals food or money
- Child lacks sufficient clothing for the weather
- Child abuses alcohol or other drugs
- Caretakers are uninterested in child's academic performance
- Caretakers do not respond to repeated communications from the school
- Caretakers cannot be reached in the case of an emergency

## FACTITIOUS DISORDER

Factitious Disorder Imposed on Another (FDIA), formerly referred to as Munchausen Syndrome by Proxy (MSP), is a mental illness in which a person acts as if an individual he or she is caring for has a physical or mental illness when the person is not really sick. Though FDIA is primarily a mental illness, it's also considered a form of child abuse.

## POSSIBLE FDIA INDICATORS

The indicators in a child may include:

- a history of repeated injuries, illnesses, or hospitalizations
- symptoms that don't quite fit any disease
- symptoms that don't match test results
- symptoms that seem to improve under medical care but get worse at home

The indicators in the caretaker may include:

- attention-seeking behavior
- striving to appear self-sacrificing and devoted
- becoming overly involved with doctors and medical staff
- refusing to leave the child's side
- exaggerating the child's symptoms or speaking for the child
- appearing to enjoy the hospital environment and the attention the child receives

## SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Activities may involve physical contact, including



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penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in the production or viewing of pornographic material or encouraging children to behave in sexually inappropriate ways. Sexually abused children often know their abusers and have some form of a relationship with them.

## POSSIBLE SEXUAL ABUSE INDICATORS

- Expressions of age-inappropriate knowledge of sex and sexuality
- Sexually explicit drawings
- Highly sexualized play or risky sexual behavior
- Avoiding or attempting to avoid a familiar adult or place
- Self-destructive behavior
- Nightmares, sleep interruptions
- Not wanting to change into PE clothes or be in locker-rooms with others
- Withdrawn behavior
- Inappropriate boundaries with authority figures

## GROOMING

In addition to knowing the signs of victimization, it is also important to be aware of behaviors that are indicators displayed by alleged perpetrators of sexual abuse. Grooming is a subtle, gradual, and escalating process of building trust with a child. It is deliberate and purposeful. Abusers may groom children for weeks, months, or even years—before any sexual abuse activity actually takes place. It usually begins with behaviors that may not even seem to be inappropriate.

## POSSIBLE GROOMING INDICATORS BY POTENTIAL PERPETRATOR

- Befriends a child
- Tells inappropriate jokes, roughhousing, backrubs, tickling or sexual games
- Engages in non-sexual touching that becomes sexual touching, which may be excused as accidental by perpetrator
- Manipulates the child to keep a secret about what is happening. The abuser may use a child's fear, embarrassment, or guilt about what has happened. Sometimes, the abuser uses bribery, threats, or coercion
- Confuses the child into feeling responsible for the abuse. Children may not notice or may become confused as the contact becomes increasingly intimate and sexual
- Identifies with the adolescent
- Presents himself as the only one who understands them
- Displays common interests in sports, music, video games, etc.
- Violates boundaries
- Recognizes and fills the adolescent's need for affection and attention



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## PEER-ON-PEER ABUSE

Peer-on-peer abuse refers to any form of physical, sexual, emotional, or financial abuse, and/or coercive control, exercised between children and within children's relationships (both intimate and non-intimate). Peer-on-peer abuse can take various forms, including: bullying (including cyber-bullying), harassment, relationship abuse, domestic violence, child sexual exploitation, youth violence, harmful sexual behavior, and/or gender-based violence.

These guidelines are for any situation that could constitute peer-on-peer abuse. It relates to, and should be read alongside, the school's student protection policy and any other relevant policies including, but not limited to [School Life Agreement](#) and Divisional Handbooks ([ES](#), [MS](#), [HS](#)). We acknowledge that both those who are alleged to have been abused and those who are alleged to have abused their peers may require support due to their age and developmental stage. Also, we acknowledge that all behavior takes place on a spectrum. Understanding where a child's behavior falls on a spectrum is essential to being able to respond appropriately to it.

## SEXUAL BEHAVIOR

Children's sexual behaviors exist on a wide continuum, from normal and developmentally expected to highly abnormal and abusive. The [NSPCC's and Research in Practice's Harmful Sexual Behaviour Framework](#) defines harmful sexual behaviors as "Sexual behaviors expressed by children...that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child...or adult."

The following continuum model (Hackett, 2010) has been proposed to demonstrate the range of sexual behaviors presented by children, which may be helpful when seeking to understand a student's sexual behavior and deciding how to respond to it.





Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none"> <li>• Developmentally expected</li> <li>• Socially acceptable</li> <li>• Consensual, mutual, reciprocal</li> <li>• Shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Single instances of inappropriate sexual behaviour</li> <li>• Socially acceptable behaviour within peer group</li> <li>• Context for behaviour may be inappropriate</li> <li>• Generally consensual and reciprocal</li> </ul>	<ul style="list-style-type: none"> <li>• Problematic and concerning behaviours</li> <li>• Developmentally unusual and socially unexpected</li> <li>• No overt elements of victimisation</li> <li>• Consent issues may be unclear</li> <li>• May lack reciprocity or equal power</li> <li>• May include levels of compulsivity</li> </ul>	<ul style="list-style-type: none"> <li>• Victimising intent or outcome</li> <li>• Includes misuse of power</li> <li>• Coercion and force to ensure victim compliance</li> <li>• Intrusive</li> <li>• Informed consent lacking, or not able to be freely given by victim</li> <li>• May include elements of expressive violence</li> </ul>	<ul style="list-style-type: none"> <li>• Physically violent sexual abuse</li> <li>• Highly intrusive</li> <li>• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator</li> <li>• Sadism</li> </ul>

## OTHER BEHAVIOR

When dealing with other alleged behavior which involves reports of, for example, emotional and/or physical abuse, staff can draw on aspects of Hackett's continuum to assess where the alleged behavior falls on a spectrum and to decide how to respond. This could include, for example, whether it:

- involves a single incident or has occurred over a period of time
- is problematic and concerning
- involves any overt elements of victimization or discrimination (e.g. related to race, gender, sexual orientation, physical, emotional, or intellectual vulnerability)
- involves an element of coercion or pre-planning
- involves a power imbalance between the child/children allegedly responsible for the behavior and the child/children allegedly the subject of that power
- involves a misuse of power

## POSSIBLE INDICATORS OF PEER-ON-PEER ABUSE

All staff should be alert to the well-being of students and to signs of abuse. Signs that a child may be suffering from peer-on-peer abuse can also overlap with those indicating other types of abuse and can include:

- failing to attend school, disengaging from classes or struggling to carry out school-related tasks to the standard ordinarily expected
- physical injuries



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- experiencing difficulties with mental health and/or emotional wellbeing
  - becoming withdrawn and/or shy; experiencing headaches, stomach aches, anxiety and/or panic attacks; suffering from nightmares or lack of sleep or sleeping too much
  - broader changes in behavior including alcohol or substance misuse
  - changes in appearance and/or starting to act in a way that is not appropriate for the child's age
  - abusive behavior towards others.

## SELF HARM AND SUICIDAL IDEATION

It is important to reiterate that the goal of the Safeguarding Policy is to ensure the well-being and safety of the children underneath our care. Although self-harm and suicide do not fall under the category of abuse, it is important for our community members to be aware of definitions, indicators, and reporting procedures. The same reporting procedures apply.

### SELF-HARM

Self-harm refers to harmful behavior to oneself.

### SELF-INJURY

Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to their body for purposes not socially recognized or sanctioned and without suicidal intent. Self-injury should always be taken seriously. Self-injury can include a variety of behaviors but is most commonly associated with:

- Intentionally cutting, carving, or puncturing the skin
- Scratching
- Burning
- Ripping or pulling skin or hair
- Self-bruising (through punching objects with the intention of hurting oneself or punching oneself directly)

## SUICIDE AND SUICIDAL IDEATION

Suicidal thoughts, attempts to kill oneself, and disclosing thoughts regarding suicide should always be taken seriously. Talking with someone about their suicidal thoughts will not give them ideas or cause them to carry it out.

### POSSIBLE INDICATORS OF SUICIDE

- Starting or increasing use of alcohol or drugs
- Aggressive, impulsive, reckless or disruptive behavior
- Talking about death and dying, expressing a strong wish to die, or talking about wanting "pain" to end
- Preoccupation with death



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- Planning a suicide
  - Giving away belongings, tying up loose ends, saying goodbye to friends and family
  - Purchasing a firearm or obtaining other means of killing oneself

## ROLES AND RESPONSIBILITIES OF COMMUNITY MEMBERS

### THE SCHOOL: SUPPORTING STUDENTS AT RISK

The school recognizes that children who are abused or who witness violence may find it difficult to develop a sense of self-worth or view the world as a positive place. The school may be the only stable, secure and predictable element in the lives of children at risk. Nevertheless, while at school their behavior may still be challenging and defiant or they may be withdrawn. The school will endeavor to support students through:

- a) The curriculum will include activities and opportunities to give students the proper resources in keeping safe from any type of abuse, in accordance with Argentine laws regarding comprehensive health and sexuality education ([Ley 26150](#)).
- b) The school ethos which promotes a positive, supportive and secure environment and which gives all students and adults a sense of being respected and valued.
- c) A consistent approach which will endeavor to ensure the student knows that some behavior is unacceptable but he/she is valued.
- d) A commitment to develop productive, supportive relationships with parents, whenever it is in the child's best interest to do so.
- e) The development and support of a responsive and knowledgeable staff, trained to respond appropriately in child protection situations.
- f) Recognition that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be vulnerable and in need of support or protection.

### COMMUNITY MEMBERS

All adults working with or on behalf of children have a responsibility to protect them. The administration shall be responsible for ensuring that the school follows safe recruitment processes. As part of the school's recruitment and vetting process, police and criminal background checks will be sought on all staff that have access to children. It is obligatory for parents, guardians, professionals, teachers, teacher's aides, and administrators to report incidents of physical or psychological violence, aggression, harassment, physical or sexual abuse as soon as possible, within the limit of twenty-four hours, to the divisional principal or counselor.



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## STUDENTS

Students are encouraged to report incidents for which they themselves or others may be the victim. Reporting by students, may be verbal or in writing and shared with any school employee, who, in turn, shall communicate this information to the divisional principal or counselor.

## DESIGNATED SAFEGUARDING LEAD (DSL)

The DSL is a highly trained individual who is appointed to take lead responsibility for child safeguarding issues in school. The person fulfilling this role should be a senior member of the school's leadership team. The DSL has responsibility for making sure all staff are aware how to raise safeguarding concerns, ensuring all staff have appropriate training and can understand the symptoms of child abuse. The DSL also acts as a safeguarding information resource for staff and supports the Senior Leadership Team in responding to safeguarding concerns and ensuring that the school continues to develop and improve its safeguarding policies and procedures.

## DESIGNATED SAFEGUARDING LEAD (DSL)

- works with the Senior Leadership Team to ensure safeguarding is at the heart of the school ethos and that all staff are supported in knowing how to recognise and respond to potential concerns.
- should keep knowledge and skills up to date via online training, e-bulletins, opportunities to network with other DSLs, and attend locally arranged briefings
- ensures that all staff have access to and understand the school's child safeguarding policy
- works with divisional teams to ensure the school's child safeguarding policy is updated and renewed annually and that all members of staff have access to it and understand it
- provides regular briefings and updates at staff and/or departmental meetings to help ensure that everyone is kept up to date on latest policy developments and reminded of their responsibilities
- ensures the child safeguarding policy is available publicly and that parents are aware of the policy and that schools may make referrals to children's social care if there are concerns about abuse or neglect
- keeps detailed, accurate, and secure written records of safeguarding concerns. These records are confidential and should be kept separately from student records. They should include a chronology of concerns, referrals, meetings, phone calls, and emails. When children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main student file, ensuring secure delivery and confirmation of receipt should be obtained.

## DIRECTORA & REPRESENTANTE LEGAL/LEGAL LIAISON

- liaises with the local authority case manager or the designated officer at the local authority if a concern has arisen regarding a member of staff



- liaises with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- refers cases of suspected abuse to Children's Social Care, and support staff who have raised concerns about a child or have made a referral to Children's Social Care
- refer cases to the police where a crime has been or may have been committed.

## COUNSELOR

- Provides ongoing instruction in the Social Emotional Learning curriculum to all students
- acts as a source of support, advice and expertise for staff
- stays aware of the needs of any vulnerable children ie; those with special educational needs, young carers, and those receiving support from the local authority including a child in need, a child on a child protection plan or a looked after child
- keeps detailed, accurate, and secure records of concerns and referrals
- encourages a culture of listening to children and taking account of their wishes and feelings in terms of what the school does to protect them
- receives safeguarding concerns, and works with divisional principal, director/a, and DSL to follow AEL policy and procedures

## DIVISIONAL PRINCIPALS

- encourages a culture of listening to children and taking account of their wishes and feelings in terms of what the school does to protect them.
- receives safeguarding concerns, and works with divisional counselor, director/a, and DSL to follow AEL policy and procedures

## PROFESSIONAL CONFIDENTIALITY

Confidentiality is a term that must be understood, especially in regards to child protection, by all those working with children. The sole purpose of confidentiality in this aspect is for the benefit of the child. An employee must never guarantee confidentiality to a student, family or other community member, or agree on keeping a secret, since there are established procedures to follow when there is a concern regarding child protection. Employees will be given relevant information of individual child protection cases only when necessary. Any information shared with an employee must be kept in strict confidentiality and only shared with the members of the divisional safeguarding team.

## REPORTING PROCEDURES

Ley N° 12569 y Ley N° 13.298)

Art 4, Law Number 12.569: In the event of suspected or proven violations of children's human rights, adults (especially those working in education institutions) must report these cases to



local authorities. :

Local Services for the Promotion and Protection of Children's Rights must intervene to protect and promote compliance to all children's Human Rights.

The first actions to be carried out are:

1. Assist and protect the student immediately.
2. Prepare the necessary paperwork: "Actas" with all the people linked to the situation, detailing the facts, circumstances, place, participation and how the members of the school acquired knowledge of the facts, preserving the privacy of the situation and the confidentiality of the student's identity. The identification of the same will be previously and duly documented, and
3. depending on the situation of the child or adolescent, give immediate knowledge and intervention to their parents and/or guardian ( as long as they are not presumptively the ones involved in the act)
4. The information of the situation to the educational community will not be evaluative. The team of area supervision with competence will decide such an issue and provided that it does not affect the privacy and/or identity of the student(s) involved.
5. The identity of the student who caused the corresponding intervention must be kept confidential, in all cases, and only provided to the competent authority upon express request and/or due necessary manifestation. It is to the Judge and/or the Prosecutor's Office intervener to whom everything requested must be answered.

## RECEIVING A DISCLOSURE

Reporting procedures begin the moment a safeguarding concern is reported to an adult at school. General guidelines for a receiving a disclosure include, but are not limited to:

- Stay calm and listen carefully to what is said
- Don't interrupt or prompt; let the individual tell the story
- Reassure the individual that they are right to speak up
- Remain calm, attentive, and non judgemental
- Don't make promises or assurances such as "We're going to fix this." or "We'll make sure this never happens again."
- Tell the individual you must report this to the Safeguarding Team
- After, or during conversation if appropriate, write down the report from the individual



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## USEFUL PHRASES MAY INCLUDE:

- "I am so glad that you have told me this. This is not your fault. I want you to know that it's important that you *are* talking about this with a trusted adult. Thank you for telling me."
- "We need to make sure that you are safe. It's my job to help keep you safe. I cannot keep this information to myself, but I also will not tell anyone who does not need to know. The most important thing is to let a counselor know so that we can get some help. Shall we go together?"

## MANDATED REPORTING

All adults at AEL are mandated reporters under Argentine law (Ley 13.298). This means that when there is cause to suspect child abuse or neglect, it is the responsibility of the community member to report any concerns or disclosures to a counselor, principal, or DSL as soon as possible within the limit of 24 hours. During the initial meeting the counselor, principal, or DSL will collect any notes of the incident from the reporter and will complete the Child Safeguarding Form, which the mandated reporter must sign.

## PROCEDURES FOR REPORTED SUSPECTED ABUSE

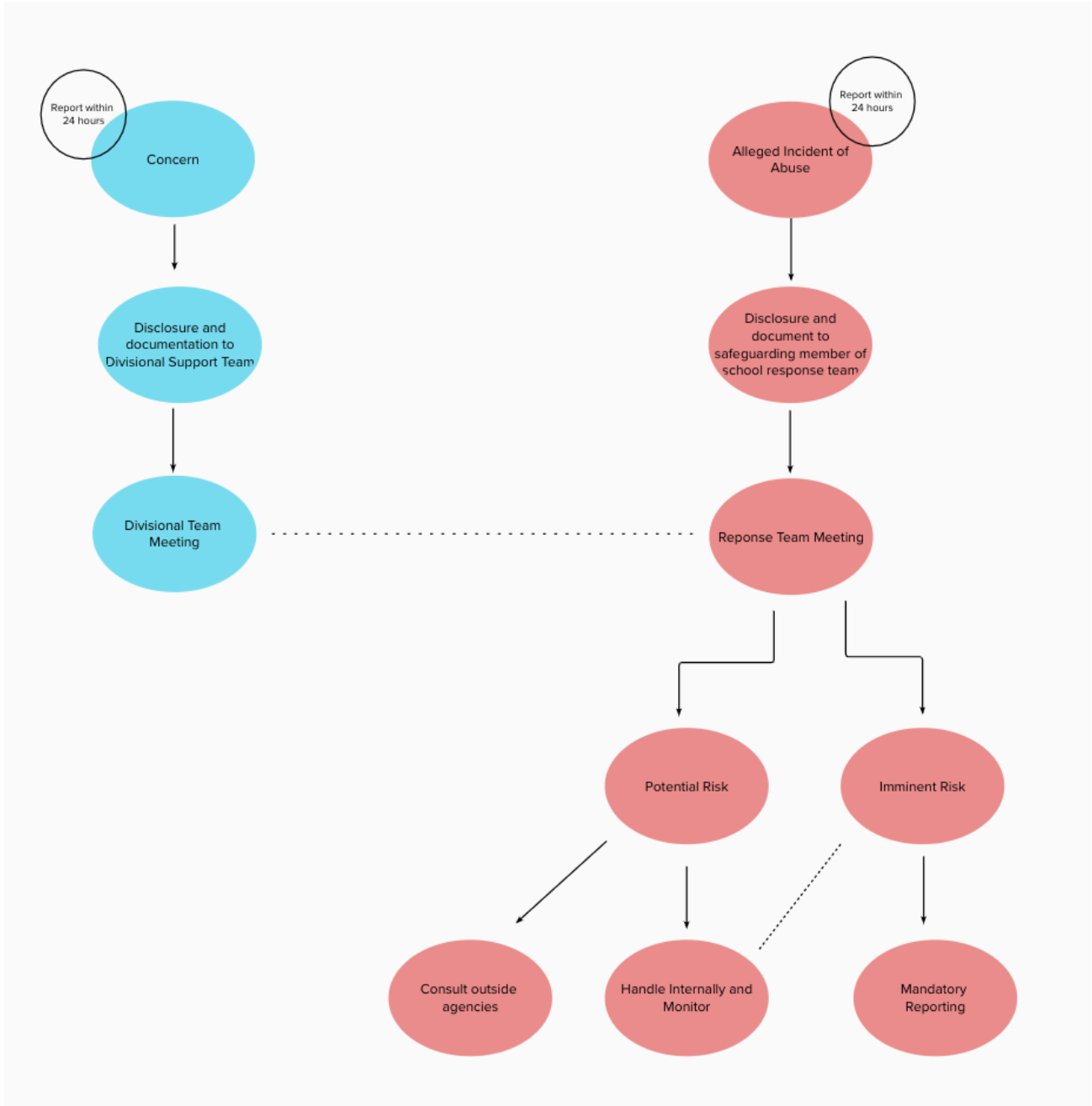
### ***Divisional Team Meeting***

After a disclosure is made, the Safeguarding Team member who received the disclosure will then convene a Child Safeguarding Divisional Team meeting. Members of this team will always include the divisional principal, divisional counselor, and the National Programs Director. Members of this team may include vice principal, other counselor(s) and nurse. The team will assess the level of risk and complete the Action Steps on the Child Safeguarding Reporting Form. This may include managing the concern within the division or escalating the case to the Safeguarding Response Team.

### ***Safeguarding Response Team***

If the Child Safeguarding Divisional Team has made the joint decision to escalate the case to the Safeguarding Response Team, a meeting will be held within 24 hours. At this time the divisional principal will inform the DSL and superintendent of the case. Members of this team will always include the divisional principal, divisional counselor, National Programs Director, DSL and superintendent. Members of this team may include vice principal, other counselor(s) and nurse. The team will evaluate the potential and imminent risks and next steps based on this policy and Argentine law.

Below is the flowchart which shows how the report will be taken forward.







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## ADDITIONAL GUIDELINES

### [SAFEGUARDING DURING DISTANCE LEARNING](#)

#### SAFEGUARDING DURING SANCTIONED SCHOOL EVENTS

Field trips in Buenos Aires province

Overnight trips

Sporting events/activities in Buenos Aires province

Overnight sporting events/activities

## COMMUNITY RESOURCES

[Guía de Orientación para la Intervención en Situaciones Conflictivas en la Escenario Escolar](#)

[Reglamento General de las Instituciones Educativas](#) de la Provincia de Buenos Aires

[Centro de Asistencia al Suicida](#) en Argentina

[National Suicide Prevention Lifeline](#) in USA

## RESOURCES AND ACKNOWLEDGMENTS USED IN THE CREATION OF THIS DOCUMENT

In developing this policy and guidelines we consulted with other international schools and educational organizations that have done considerable research and work in the areas of student protection policy and procedures. We would like to acknowledge in particular the following schools and organizations:

American Embassy School of New Delhi

[American School Counselor Association \(ASCA\)](#)

[Contextual Safeguarding Network](#)

[Council of International Schools \(CIS\)](#)

Farrer and Co's Safeguarding Unit

Hackett, S. (2010), Sexual Behaviors Continuum Model

[International Child Protection Advisors \(ICPA\)](#)

[International Center for Missing & Exploited Children \(ICMEC\)](#)

[International School Counselor Association \(ISCA\)](#)



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The International School Nido de Aguilas

[NSPCC and Research in Practice's Harmful Sexual Behavior Framework](#)

[National Association of School Psychologists \(NASP\)](#)

[United Nations International Children's Emergency Fund \(UNICEF\)](#)

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