

CYCLE ON “CREATING SAFE SPACES TO PREVENT VIOLENCE”

Workshops for mothers and fathers:

7th meeting: How to prevent and act when faced with risk behaviours



The activities listed below are designed so that they can be easily implemented following this guide.

We have calculated the time in order to be able to plan the session (90' in total). Either complete the entire contents or just one of the activities.

The text for addressing participants is in italics.

For all the meetings, chairs should be placed in a circle, with no tables, leaving a large space in the middle where participants can move freely.

7th meeting: How to prevent and act when faced with risk behaviours

MAIN GOAL OF THE MEETING

To identify and think about the risk behaviours that adolescents often adopt and how to tackle them.

PHRASE OF THE DAY (this phrase will be hung on a mural and written in the languages of the participants)

Now when we say "I'm depressed", we save ourselves the effort of thinking about what we are experiencing, whether it is sadness, apathy or feeling broken-hearted. This can lead us to seek immediate solutions (using, buying, taking drugs, etc.), solutions that will not help us know ourselves any better or discover new personal resources.

MATERIAL

A player, flip chart and marker, Cases A, B and C (a copy for each person, plus 1 copy of each of the three cases that will be handed out among the small groups), two different coloured markers for each person, wrapping paper (2 or 3 m), masking tape.

GREETINGS AND WELCOME (15')

On arrival, we will proceed as on the previous days: We will greet everyone, ask how their week has gone and whether anyone wants to share anything, or what they remember from the previous meeting. We can also read the phrase of the day and see whether anyone is missing. (7')

Apart from this meeting, all that's left is the next one and a last one where we'll meet again in a few months. How does that make you feel? Does it bother you? Does it make you appreciate everything you're doing? Does it make you feel like you haven't done anything, that you should have done a lot more? Why do we ask ourselves these questions? Among many other things, we try to find a few moments here to reflect on how we feel. When you're at home, with all your responsibilities and difficulties, you might find it hard to stop and find some time (even if it's five minutes in bed before you get up) to think about how things are going with your children, how your relationship is going, what is needed of you, how you're working as a family. What can these moments of pause and reflection provide? (6')

To end this welcome part, ask what they would like the next day to be like and how we could say goodbye. Take a few minutes to share some ideas. (7')

RELAXATION (5')

Proceed as in the previous meeting. *Today, we're once again going to try to identify the parts of the body that feel most tense and trying to relax them whenever we breathe out. We'll focus on relaxing every part of the body.*

MAIN ACTIVITY (45')

Introduction: Present the goal of the meeting. *Today we'll ask ourselves what risk behaviours are, identify what types of risks they involve, and see how to identify signs that we can't ignore, those that could be considered alarm signals, a wake-up call or an expression of something adolescents don't know how to communicate and that demands our attention. They need our love and for us to use all our resources.*

Before starting the activity itself, we'll explain certain concepts. *What do you want most for your children?* Let each person say what they think is most important. They will most likely say that they want them to be happy. Highlight this and ask what the differences between pleasure and happiness are. *Both pleasure and happiness are necessary to live, but they are different. Let's look at their characteristics.* With the help of a flip chart, draw a comparison table. **PLEASURE:** This has a short-term effect, it makes us feel good, it makes us want more; it is easier to experience it individually; in excess it can lead to addiction, it can make it difficult to tell the difference between using and abusing of what provides it. We sometimes look for it to compensate for rewards we can't find in certain situations (it is related to the hormone dopamine). **HAPPINESS:** This has a long-term effect, it can be the result of a continuous effort or of overcoming a difficulty; it can be experienced individually and also shared in a group, it makes you feel good, it makes you feel whole. Being unable to be happy can lead to feelings of sadness or moments of despondency and depression (it is related to the hormone serotonin). Having explained this difference, ask what a risk behaviour is and why it is so worrying during adolescence. **RISK BEHAVIOUR:** It is a behaviour that can cause negative or even serious effects, both physically and mentally. It can also have negative effects on others. It can be prevented and is avoidable. **EXAMPLES:** Using addictive toxic substances (alcohol, tobacco, pot, etc.), abusive intimate relationships, unprotected sex, abuse of social networks, self-harming behaviours, etc. **WHY IT IS A WORRY DURING ADOLESCENCE:** Because adolescents are building their identity and this leads them to explore the world around them, discover the limits for themselves, differentiate themselves from adults, and prefer the proximity of a group of friends than that of the family group. We are no longer as clued in about what they are doing, they are very aware of how they are perceived by others and feel a strong desire to be liked and feel valued. But we also worry that any setbacks and difficulties can leave them very dejected and are concerned for any consequences these might have. (10')

cont.

Procedure: This activity consists of three parts: the first requires individual work, the second requires work in small groups, and the third requires work in the group as a whole to share ideas.

Part 1: Give each person three cases (A, B and C) that illustrate risk situations, and two different coloured markers. One third of the sheets of paper will have the letter A marked, another third the B, and another the C. Each person will start working on the case marked (if they finish it, they can continue with the others). What do they have to do?: 1) Identify the types of risks described, 2) using one of the colours received (blue, for example), underline all the signals that require attention (alarm signals), and 3) using the other colour (yellow, for example), underline the answers of adults (not everyone has to work on all three cases). (10')

Part 2: Form three groups according to the first case worked on. Share one case in each group, depending on the one the participants have worked on. The members in each group will share the work carried out individually and record it on the sheet of paper given. Next, they will discuss the attitude of the adults towards the alarm signals and what they would have done in a case such as the one they have been given. (10')

Part 3: Sharing as a group. You will find information in the file with the answer key to the activity. (15')

REFLECTION SPACE IN A CIRCLE (15')

We will proceed as on the previous days.

This circle we rotate to the right and will think about how prevention is possible at home in the specific case of the children of the participants in the workshop. What should we talk about? How should we do it? When? Why should we do it? If no one says anything, do not rush into saying anything. If, after a few minutes, the group remains in silence, some of the following questions could be posed:

- What might encourage them to adopt risk behaviours?
- Are they looking to cross the line? If so, how should we take it?
- Are there any personal factors that might lead them to engage in risk behaviours? What could these be? (tendency to risk taking and impulsivity, adjustment problems, psychological distress, mental disorders, etc.)
- Do any relational factors have an impact? What do you think these could be? (being rejected by their group of friends, peer pressure, academic difficulties, difficulties integrating at school).
- Are there any family factors? For example? (family environments in which some risk behaviours are normalised, ongoing family disputes, very weak parental ties, etc.)
- Are there any educational factors? For example? (overprotective or authoritarian style of education in the family or at school, weak ties between the family and the school).
- Are there any social factors? For example? (poor social environment, easy access to addictive substances, influence of the media and social networks, lack of environments in which to make friends outside school).

Which resources worked on in all these workshops could help prevent and cope with risk behaviours?

Once a dialogue has been established based on the previous questions, raise the first questions again: *What should we talk about? How should we do it? When? Why should we do it?*

Final reflection:

Using the words of the phrase of the day, we must help them understand that risk behaviours "will not help us know ourselves any better or help us discover new personal resources". At most they will only bring short bursts of specific pleasure (and not always!), and we will be hurting ourselves and others. We must help our children so that they don't seek immediate solutions to relieve distress. We must support them in their efforts to think about and understand what they are going through and experiencing, even if these are painful experiences such as sadness, rejection by friends, feeling lost, lonely, apathetic or broken-hearted.

ENERGY BOOSTING ACTIVITY (5')

Around two or three metres of wrapping paper will be hanging on the wall. Using the markers from the main activity, ask everyone to draw the face of their children and put their name underneath.

Once they have finished, the workshop host will draw a speech bubble near them like in the comics to show that the character has had an idea or has a thought in their head. *We are about to finish the workshops. This activity shows that we have had them all permanently on our mind and that we have been able to think about this among the entire group.*

ENDING ROUND (5')

- Highlight the fact that there is only one day left. Go over what we have done up until today, welcome the fact that we have reached the end, respond to the initial surveys again, and say your goodbyes.
- *As usual, remind them of the importance of not losing the flow of the workshop and that they must attend. Being able to attend is a privilege. If, in spite of everything, you are unable to attend, you must inform us (give a contact phone). Should any problems arise, think about whether you could count on someone to come in your place so that you don't miss it.*

TOTAL TIME: 90 MINUTES

Case A:

For the past two or three months, fifteen-year-old Miqui has been going out at night much more often. There are weeks in which every day after dinner he has told us that he was going to meet some of the gang who live nearby.

We weren't worried until now. We thought that he had every right and that it was normal as a teenager to want to meet his gang. We used to do the same thing. We've also known all his friends since they were very young. Some of them even went to the nursery school together. But we're now not entirely sure that he's going out with his childhood friends because we get the feeling that he expresses himself differently when he's talking on his phone.

We also think it's much better for him to meet friends in person than be looking at his phone all day long. And we've never had any problems yet: at home he was happy and helpful, and he came back home at the time he was told...

But three days ago, he returned later than the time we had agreed, and his mood changed a lot all throughout the next day. And yesterday, when he came back, he seemed strange. He had an unrecognisable look on his face, at times smiling and then becoming serious, as if he were angry with us. We didn't know whether to call him on his phone. When he arrived, he didn't even say hello, he just looked at us out of the corner of his eye and went straight to his room to bed. We knocked on his door because we wanted to talk to him, we wanted him to tell us where he'd been and who he'd been with, but he simply shouted at us to go, to leave him alone, that he was a responsible person and that he had done what he had always done, end of story.

- What types of risks does this case show?
- Which risk factors and alarm signals can be detected in this case?
- What was the adults' response?
- What do you think of the adults' attitudes?
- What would you have done in a case like this?

Case B:

Jon, aged 15, and Jana, aged 13, are brother and sister. Jana was 10 when she asked us for a mobile phone. She used any occasion: for her birthday, because she had had very good term results, because Christmas was coming, because the Three Kings were coming. And she kept saying that old chestnut, “everyone in my class has got one except me”, which her parents didn’t quite believe.

Because she insisted so much, her parents eventually decided to give her a mobile phone for her 14th birthday but that, because her brother didn’t have one, they would buy one for him first, even though he hadn’t asked for one. This meant that, as he started doing more activities with his friends, they could locate him if need be and he could call them if anything happened to him.

Jon has had a phone for eight months now. When they gave it to him, his parents and he agreed to certain guidelines that Jon apparently followed without any complaints.

The truth is, however, that he is spending more and more time on his phone and his attitude has changed a lot: he finds it hard to get up in the morning, for the past few weeks he has been late to school by a few minutes (his parents have already received several notes from his teachers), he doesn't help with the household chores, and he refuses to go and buy the bread whenever he is asked to. He is constantly on his phone and says he has things to do that he can’t leave for later. He often says this shouting.

Lately he always has his phone on the table, next to his plate and, once he has finished eating, he takes his phone to his bedroom. One day, they found him talking on his phone in bed at midnight.

He no longer takes part in family conversations and talks less and less to Jana who, in turn, still insists that she is also entitled to a mobile phone. One day, she innocently told her mother that Nina, her best friend, had met a boy on Instagram and had fallen in love, and that they had arranged to meet at a bar next week.

- What types of risks does this case show?
- Which risk factors and alarm signals can be detected in this case?
- What was the adults’ response?
- What do you think of the adults’ attitudes?
- What would you have done in a case like this?

Case C:

Mila, a girl who is studying a professional nursing assistant degree, has been going out with Quim, a boy of her age who she met at the centre where she is studying, for around six months. She is very sociable and usually looks happy, but she hasn't gone out much lately. She is often seen on her phone talking to Quim. However, lately she seems sad and in a bad mood, and it's obvious that she is making an effort to seem as happy as usual. Sometimes, she has even been very aggressive.

Yesterday, she didn't want any dinner, and today she barely had any lunch. Her grandparents, who she lives with, wonder whether she's going through a bad time with Quim because they think they heard her arguing with him on the phone. They tried to ask her about it, but she ignored them and locked herself in her room to cry.

Ilona, Mila's sister, told their grandparents that Quim had gone out with some friends a few days ago and hadn't asked Mila to go with them. Mila is convinced that Quim likes a girl from this group, which is why he didn't ask her to go. Ilona doesn't think that's true and has tried to convince her sister, but Mila doesn't seem to want to listen to her.

A few weeks later:

Mila's character has changed: she is still often in a bad mood and irritable. She is constantly arguing with Quim on the phone. He never goes to Mila's house any more. Her grandparents are worried, but they daren't ask Mila anything, as they're afraid that she'll be angry with them. They're also afraid of making things worse because she seems increasingly tense. They realise that something is wrong with her, but they don't know how to help her.

- What types of risks does this case show?
- Which risk factors and alarm signals can be detected in this case?
- What was the adults' response?
- What do you think of the adults' attitudes?
- What would you have done in a case like this?

ANSWER KEY

Case A:

- What types of risks does this case show?
Risk of becoming addicted to drugs.
- Which alarm signals can be detected in this case?

<p>For the past two or three months, fifteen-year-old Miqui has been going out at night much more often. There are weeks in which every day after dinner he has told us that he was going to meet some of the gang who live nearby.</p>	<p>Going out more at night is an important risk factor and demands our attention, but is not an alarm signal in itself. Attention must be paid to other signs. When there is more than one sign, this can be considered an alarm.</p>
<p>We weren't worried until now. We thought that he had every right and that it was normal as a teenager to want to meet his gang. We used to do the same thing. We've also known all his friends since they were very young. Some of them even went to the nursery school together. But we're now not entirely sure that he's going out with his childhood friends because we get the feeling that he expresses himself differently when he's talking on his phone.</p> <p>We also think it's much better for him to meet friends in person than be looking at his phone all day long. And we've never had any problems yet: at home he was happy and helpful, and he came back home at the time he was told...</p>	<p>Changing friends and the people they mix with is a bid red flag. This can be a risk factor, as they move away from their usual network of social control.</p>
<p>But three days ago, he returned later than the time we had agreed, and his mood changed a lot all throughout the next day. And yesterday, when he came back, he seemed strange. He had an unrecognisable look on his face, at times smiling and then becoming serious, as if he were angry with us. We didn't know whether to call him on his phone.</p>	<p>Passing the agreed boundaries is an indication of risk. Mood swings for no apparent reason are an alarm signal. When a child's attitude seems strange and they have an unrecognisable look on their face (they don't look you in the eye or are unstable), this is cause for concern.</p>
<p>When he arrived, he didn't even say hello, he just looked at us out of the corner of his eye and went straight to his room to bed.</p>	<p>Not saying hello or going directly to bed and avoiding saying anything are signs of a strong scepticism of intimacy and clear alarm signals. This might mean that they aren't acknowledge what they've done and they do everything they can to avoid having to explain it.</p>
<p>We knocked on his door because we wanted to talk to him, we wanted him to tell us where he'd been and who he'd been with, but he simply shouted at us to go, to leave him alone, that he was a responsible person and that he had done what he had always done, end of story.</p>	<p>Shouting and violent behaviour are a clear alarm signal.</p>

Other alarm signals related to the risk of becoming addicted to drugs:

- Provocative or confrontational attitudes both at school and at home
 - Highly changing attitudes and very marked mood swings
 - Poorer results at school
 - Conflictive situations related to money or changes in the way they use it
 - Distancing from the family
- What was the adults' response? What do you think? What would you have done?

<p>For the past two or three months, fifteen-year-old Miqui has been going out at night much more often. There are weeks in which every day after dinner he has told us that he was going to meet some of the gang who live nearby.</p>	
<p>We weren't worried until now. We thought that he had every right and that it was normal as a teenager to want to meet his gang. We used to do the same thing. We've also known all his friends since they were very young. Some of them even went to the nursery school together. But we're now not entirely sure that he's going out with his childhood friends because we get the feeling that he expresses himself differently when he's talking on his phone.</p> <p>We also think it's much better for him to meet friends in person than be looking at his phone all day long. And we've never had any problems yet: at home he was happy and helpful, and he came back home at the time he was told...</p>	<p>It may be good to think about what we used to do when we were adolescents, but this should not make us lower our guard because things have changed nowadays.</p> <p>Knowing that they are with friends in a social environment we are familiar with is important and gives a great deal of peace of mind. But that's not a reason to stop paying attention.</p> <p>Don't ignore it if you notice any changes in their friendships. Without appearing intrusive, it's good to find ways of meeting their new friends. You could encourage them to ask them to your house so that they can rehearse their music, play a gig at a neighbourhood party, etc.</p> <p>If you notice that the new friendships are changing your teen children a lot, you could plan certain strategies: encourage their participation in community centres, cultural centres, hiking centres, music groups, plan visits with cousins, short trips, give them responsibilities, etc.</p>
<p>But three days ago, he returned later than the time we had agreed, and his mood changed a lot all throughout the next day. And yesterday, when he came back, he seemed strange. He had an unrecognisable look on his face, at times smiling and then becoming serious, as if he were angry with us. We didn't know whether to call him on his phone.</p>	<p>It's important for them not to feel harassed but, when there is a real risk situation, the possibility of sending a really affectionate message can be weighed up.</p> <p>You need to maintain a certain distance and not bother them.</p> <p>It is important not to give in or avoid the situation.</p>
<p>When he arrived, he didn't even say hello, he just looked at us out of the corner of his eye and went straight to his room to bed.</p>	
<p>We knocked on his door because we wanted to talk to him, we wanted him to tell us where he'd been and who he'd been with, but he simply shouted at us to go, to leave him alone, that he was a responsible person and that he had done what he had always done, end of story.</p>	<p>You must prevent them from feeling harassed but must be able to clearly explain what is worrying you.</p> <p>This is when you need to take into account the different ideas we have been working on in these workshops:</p> <ul style="list-style-type: none"> ● Whatever you say must grasp what they are

	<p>experiencing, you must be understanding, connect with their unease, their suffering or their anxiety. Don't judge them, make them feel hopeful, you should help them think, convey love, make them feel respected.</p> <ul style="list-style-type: none"> • Be patient, try to look calm, don't be shocked by anything, make sure they feel heard and find comfort in you. Make sure they know that you will always be by their side, that you will always be waiting for them. • Avoid any minor acts of violence through language, such as when you discredit, judge, label, blackmail, threaten, punish with no relationship between cause and effect or impose your authority. • Don't lose sight of what adolescents are like and what their needs are. • Remember the family rules and limits and the reason why they exist. • Help them identify toxic relationships and those that conceal abuse and violence. <p>Whenever risk situations are identified, it is very important to find time to be present at home and spend quality time with your children. You will probably have difficult situations at work and a great many responsibilities, but you should find a way to spend more time with them or ensure they are accompanied by other adults. Not because our children are teenagers do they need us any less. They need us in a different way.</p> <p>It is also very important to set an example and, above all, to never close the communication channels.</p>
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When talking about the risk of addiction to toxic substances, you should consider **alcohol** (withdrawal syndrome can be very serious; alcohol also leads to risks in sexual relations, such as forgetting contraception or ignoring STDs prevention; it involves the risk of suffering and/or committing sexual assaults as a result of the model of patriarchy, etc.), **tobacco** (very fast addiction), and **cannabis** (which greatly affects academic performance; it can lead to anxiety attacks, etc.), and those that adolescents are most likely to use. But there are other substances, such as amphetamines, heroin, cocaine, psychotropic drugs, etc., that they might have access to. Information on the risks of each substance can be found at: https://drogues.gencat.cat/ca/ciutadania/sobre_les_drogues/taula_de_resum/

Any drug can trigger physical, psychological and social dependence (we might feel the need to use it for these reasons). They also trigger tolerance, which means that increasingly higher doses are needed to achieve the same effect.

Dependence + Tolerance = Addiction

Case B:

- What types of risks does this case show?

Risks of becoming addicted to mobile phones and social media. There are different kinds of screen-related risks:

- The risk of not being able to tell between use and abuse, and exceeding the control barrier (addiction, diminished intellectual abilities, loss of patience and effort, seeking immediate results that are often not possible, etc.).
- The risk of accessing inappropriate content (harmful content: poor eating habits, adult porn, online games that seek an immediate response and provide instant gratification, encouraging a physical appearance that endangers the body and health, dissemination of self-harm practices (cutting), etc., and illegal content: child pornography, access to drug use, normalisation and promoting of violence, racism, homophobia, transphobia, inequalities, etc.).
- The risk of accessing inadequate new environments for socialising, on which there is no social control for the network of personal relationships involved (the risk of anonymity).
- The risk of cyberbullying
 - *phishing*: theft of personal information
 - *sexting*: distribution of images of a sexual nature without consent
 - *grooming*: an adult who pretends to be an adolescent for sex (using tactics which include the creation of a bond of trust, isolation of the victim, assessment of risks, conversations about sex, requests of sexual nature) SOURCE:
<https://www.savethechildren.es/actualidad/grooming-que-es-como-detectarlo-y-prevenirlo>

- Which alarm signals can be detected in this case?

<p>Jon, aged 15, and Jana, aged 13, are brother and sister. Jana was 10 when she asked us for a mobile phone. She used any occasion: for her birthday, because she had had very good term results, because Christmas was coming, because the Three Kings were coming. And she kept saying that old chestnut, “everyone in my class has got one except me”, which her parents didn’t quite believe.</p>	
<p>Because she insisted so much, her parents eventually decided to give her a mobile phone for her 14th birthday but that, because her brother didn’t have one, they would buy one for him first, even though he hadn’t asked for one. This meant that, as he started doing more activities with his friends, they could locate him if need be and he could call them if anything happened to him.</p>	
<p>Jon has had a phone for eight months now. When they gave it to him, his parents and he agreed to certain guidelines that Jon</p>	

apparently followed without any complaints.	
The truth is, however, that he is spending more and more time on his phone and his attitude has changed a lot: he finds it hard to get up in the morning, for the past few weeks he has been late to school by a few minutes (his parents have already received several notes from his teachers), he doesn't help with the household chores, and he refuses to go and buy the bread whenever he is asked to.	Spending more and more time on the phone is clearly a risky behaviour. Changes in attitude and changes in habits and routines (alterations in the amount and rhythm of sleep , repeatedly refusing to help with the household chores, etc.) are an alarm signal.
He is constantly on his phone and says he has things to do that he can't leave for later. He often says this shouting.	The argument that he "can't leave it for later" or something similar, said with phone in hand, can be a sign of anxiety . This repeat attitude or attitudes of annoyance when they do not have access to their phone or other screens makes you realise that they have lost control of their use , that they are abusing its use, and that this is an alarm signal. Shouting and aggressive reactions are also alarm signals.
Lately he always has his phone on the table, next to his plate and, once he has finished eating, he takes his phone to his bedroom.	Always carrying a mobile phone around, particularly at times of family socialisation, indicates that they cannot do without it. Certain limits and rules, such as not using the phone at the table, have probably been agreed and, in this case, it seems he has difficulty in abiding by limits and rules . This is an alarm signal. Using their phone in their bedroom is normal, this is their personal space. But if they don't normally close the door and they suddenly start closing it whenever they are inside with their phone, you need to pay attention. This is not an alarm signal in itself, but it could become one if repeated.
One day, they found him talking on his phone in bed at midnight.	Not sleeping for long enough because they are using their phone is a clear alarm signal. Changing habits so that they can use screens when the family is unable to control this is also an alarm signal.
He no longer takes part in family conversations and talks less and less to Jana who, in turn, still insists that she is also entitled to a mobile phone.	The changes in attitude that involve distancing themselves from other family members and seclusion are also alarm signals.
One day, she innocently told her mother that Nina, her best friend, had met a boy on Instagram and had fallen in love, and that they had arranged to meet at a bar next week.	Here, another risk is detected, that of grooming .

Important: not all the alarm signals mentioned are indicators of an addiction to the Internet or the social networks. Similar signals might mean different difficulties. You must assess the situation as a whole.

- What was the adults' response? What do you think? What would you have done?

<p>Jon, aged 15, and Jana, aged 13, are brother and sister. Jana was 10 when she asked us for a mobile phone. She used any occasion: for her birthday, because she had had very good term results, because Christmas was coming, because the Three Kings were coming. And she kept saying that old chestnut, "everyone in my class has got one except me", which her parents didn't quite believe.</p>	
<p>Because she insisted so much, her parents eventually decided to give her a mobile phone for her 14th birthday but that, because her brother didn't have one, they would buy one for him first, even though he hadn't asked for one. This meant that, as he started doing more activities with his friends, they could locate him if need be and he could call them if anything happened to him.</p>	<p>It is difficult to be flexible while remaining firm. Do you need to buy them a phone if they haven't asked for one? It is important to ascertain whether there is a real need, and weigh up the risks and benefits. Does your need for control justify buying a mobile phone? Can you find other ways of making sure your children are safe?</p>
<p>Jon has had a phone for eight months now. When they gave it to him, his parents and he agreed to certain guidelines that Jon apparently followed without any complaints.</p>	<p>It is important to agree on guidelines, but should they all be for adolescents only? Are there any guidelines that adults should follow too? Have other alternatives been considered, such as the family group phone? Parental controls are necessary, but they aren't enough.</p>
<p>The truth is, however, that he is spending more and more time on his phone and his attitude has changed a lot: he finds it hard to get up in the morning, for the past few weeks he has been late to school by a few minutes (his parents have already received several notes from his teachers), he doesn't help with the household chores, and he refuses to go and buy the bread whenever he is asked to.</p>	<p>When you detect these alarm signals, it is important to put into practice everything we have worked on in the previous workshops to start a dialogue. Whenever you receive a note from school, you might feel very bad about it (and the truth is that some schools have very strict protocols that might put you on the defensive), but you mustn't miss the opportunity to have information and maintain a conversation. You must build a safe environment for your children.</p>
<p>He is constantly on his phone and says he has things to do that he can't leave for later.</p>	<p>You must remain firm without ever losing sight of respect and love. And you must be a role model.</p>
<p>Lately he always has his phone on the table, next to his plate and, once he has finished eating, he takes his phone to his bedroom.</p>	<p>You must talk about all the risks, when someone is at risk, and the consequences of putting yourself at risk. You can also help identify the alarm signals that indicate that they have passed certain boundaries.</p>
<p>One day, they found him talking on his phone in bed at midnight.</p>	<p>You must make sure that what you suggest is not for you ("I don't like you doing that", "you make me worry"), but that you are talking about something that is for them.</p>
<p>He no longer takes part in family conversations and talks less and less to Jana who, in turn, still insists that she is also entitled to a mobile phone.</p>	
<p>One day, she innocently told her mother that Nina, her best friend, had met a boy on Instagram and had fallen in love, and that they had arranged to</p>	<p>In this case, Nina's mother must be contacted immediately. In cases like these, it is very difficult to prevent them from meeting a stranger, but you can</p>

meet at a bar next week.

agree to accompany them on the date, staying far enough away so as not to interfere but remaining accessible in case of difficulties.

It is important to teach them respect for and defence of privacy.

Case C:

- What types of risks does this case show?
The risk of harmful intimate relationships. These are often combined with gender-based violence.
- Which alarm signals can be detected in this case?

Mila, a girl who is studying a professional nursing assistant degree, has been going out with Quim, a boy of her age who she met at the centre where she is studying, for around six months. She is very sociable and usually looks happy, but she hasn't gone out much lately.	Her distancing from her friends and her decreased social relationships should be a warning, they are an alarm signal.
She is often seen on her phone talking to Quim.	Mobile phone dependence is always an alarm signal.
However, lately she seems sad and in a bad mood, and it's obvious that she is making an effort to seem as happy as usual.	There can be many reasons for sadness , but they can't be ignored. If they occur with other signs such as those explained in this case, they are probably an alarm signal of an intimate relationship that is not working.
Sometimes, she has even been very aggressive.	Aggressive responses and permanent stress are also an alarm signal.
Yesterday, she didn't want any dinner, and today she barely had any lunch.	Physical symptoms of distress , such as loss of appetite , cannot be overlooked either. They are a clear alarm signal. Disturbed sleep and a decline in academic performance may also occur.
Her grandparents, who she lives with, wonder whether she's going through a bad time with Quim because they think they heard her arguing with him on the phone.	Whenever uneasiness in mobile phone dependence is observed, you must take an interest in what is wrong.
Ilona, Mila's sister, told their grandparents that Quim had gone out with some friends a few days ago and hadn't asked Mila to go with them. Mila is convinced that Quim likes a girl from this group, which is why he didn't ask her to go. Ilona doesn't think that's true and has tried to convince her sister, but Mila doesn't seem to want to listen to her.	Changes and break-ups in family relationships are also signs to be taken into account.
<i>A few weeks later:</i> Mila's character has changed: she is still often in a bad mood and irritable.	This shows new signs of stress and changes in usual behaviour . They seem to have become worse . Whenever these signs become worse, they should be considered an alarm.
She is constantly arguing with Quim on the phone. He never goes to Mila's house any more.	Constant arguing with a partner is also an alarm signal. You could ask yourself whether there is a gender-based violence behind it. We have already seen that gender-based violence usually comes to the fore gradually and can go unnoticed, and harmful, toxic or absorbing intimate relationships often overlap with gender-based violence.
Her grandparents are worried, but they aren't ask Mila anything, as they're afraid that she'll be angry	

with them. They're also afraid of making things worse because she seems increasingly tense.	
They realise that something is wrong with her, but they don't know how to help her.	

- What was the adults' response? What do you think? What would you have done?

Mila, a girl who is studying a professional nursing assistant degree, has been going out with Quim, a boy of her age who she met at the centre where she is studying, for around six months. She is very sociable and usually looks happy. She is often seen on her phone talking to Quim.	
However, lately she seems sad and in a bad mood, and it's obvious that she is making an effort to seem as happy as usual.	
Sometimes, she has even been very aggressive.	
Yesterday, she didn't want any dinner, and today she barely had any lunch.	
Her grandparents, who she lives with, wonder whether she's going through a bad time with Quim because they think they heard her arguing with him on the phone.	Her grandparents seem to have detected signs of concern, but they don't delve any deeper or take an interest in finding out whether what they suspect is true. What's more, they offer her no help.
Ilona, Mila's sister, told their grandparents that Quim had gone out with some friends a few days ago and hadn't asked Mila to go with them. Mila is convinced that Quim likes a girl from this group, which is why he didn't ask her to go. Ilona doesn't think that's true and has tried to convince her sister, but Mila doesn't seem to want to listen to her.	Her sister takes an interest in Mila. She senses something is wrong and tries to help her. She did right in explaining it to their grandparents. They should have taken an interest in her, they had some good support.
<i>A few weeks later:</i>	
Mila's character has changed: she is still often in a bad mood and irritable.	
She is constantly arguing with Quim on the phone. He never goes to Mila's house any more.	
Her grandparents are worried, but they daren't ask Mila anything, as they're afraid that she'll be angry with them. They're also afraid of making things worse because she seems increasingly tense.	Fear of them being angry with you should not stop you from taking an interest in them. If you don't take an interest, you're making it easier for them to distance themselves and close off the communication channels. You must make sure channels remain open, even if you don't get an immediate response or the one you expected. Fear of a bad reaction should stop you from trying to get closer to them.
They realise that something is wrong with her, but they don't know how to help her.	If you don't know how to help, you should get advice and ask for help from a trusted person or from health professionals. There are a lot of free services. It is important to get advice before taking the adolescent to see someone. https://ajuntament.cornella.cat/directori/Default.aspx?idfill=37

Other risks related to intimate relationships:

- Unwanted pregnancies

- Transmission of diseases (STDs)
- Psychological violence (control and submission) and physical violence (aggression, rape)
- Compulsive behaviour influenced by pornography that provides a rush but no satisfaction

Causes of these risks:

- People are having sex for the first time at an earlier age and adolescents reach this stage with less emotional maturity
- Socially, there are very marked patterns of behaviour that make it difficult to build one's own identity
- Socially, intimate relationships predominantly involve a strongly sexist model, and images of this model are so widespread that it is difficult to distance yourself from it (even now, women are a clear target of submission: financial, aesthetic, sexual, professional, etc.).
- All this often goes hand in hand with personal psychological difficulties, family difficulties, educational deficiencies and social influence.

What can adults do with their adolescents?

- In the family context, they must teach them respect and do so with respect. If you get your children used to being obedient and do not tolerate being questioned by them, you are putting them at risk of submission or at risk of abusing others. When developing their friendships, they will tend to accept the proposals of others without questioning them or will seek control at all costs. All of this can lead to relationships of dependency-control.
- You also need to avoid overprotection. You must help them develop critical thinking skills and teach them to say what they don't like about a relationship.
- You must talk to them about healthy emotional relationships and how these can lead to healthy and satisfying intimate relationships, but you must also discuss the risks.
- Whenever necessary, adults could explain what pornography is and its possible relationship with a model of aggressive sexuality and control over others. You should explain that pornographic images, videos and films are fictional and have nothing to do with long-term, satisfying sexuality. You should also explain the risk that pornography can lead to a constant search for instant pleasure which, in the long run, cannot be fulfilled.
- You must help them differentiate between pleasure and happiness, breaking the link between violence and sexual pleasure and identifying the barrier to criminal behaviour.

All of these are preventive measures and cannot be ignored.