PREVENTION PROGRAM

"I AM IN CHARGE OF TAKING CARE OF MYSELF AND TAKING CARE OF YOU"

School Support Program
Colegio Andino
Version: September of 2020

CONTENT

1. Our context

Colegio Andino has approximately 1900 students. Additionally, the community is also composed by 3800 parents, 160 teachers and school support staff, as well as 300 persons from the administrative staff.

There are many interactions and situations that take place during the daily life of all the community members, not only within the school space, but also outside of it.

INSIDE

- Daily encounter between Colombian and German culture, that share many characteristics, but are different in many others.

- Diversity in terms of contexts, life experiences and personalities.

- Interaction between various development stages: children – teenagers – adults.

OUTSIDE

- Various family interactions.

- Various kinds of education in values and life expectations.

- Exposure to different spaces and situations.
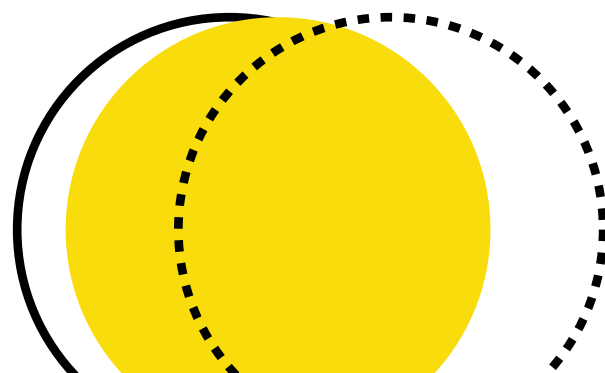
2. What do we mean by prevention?

By prevention in School, we mean a group of actions performed by the educational community aimed at reducing the risk factors of different situations that affect the students' wellbeing and increasing the protection factors. Some of those actions are:

Acknowledgement of own and others' emotions

Conflict resolution strategies

Self-regulation strategies

Self-esteem strengthening

Empathy development

Assertive decision making

Self-knowledge: body, identity, life project, etc.

Self-efficacy experience

Timely intervention in conflict or risk situations

Education in values that identify the Andino community: Respect, Openness, Solidarity, Responsibility, Tenacity and Determination

Experiencing a sense of democratic and social responsibility

According to the definition of Law 1620 of 2013, prevention refers to the timely intervention in the behaviors that could affect the actual implementation of Human, Sexual and Reproductive Rights in the school context.

UNIVERSAL

For all the school (PK to 12th).

Oriented according to the development stage.

Guiding thread across the entire school stage

SELECTIVE

For groups that, due to their personal, social or environmental characteristics or circumstances, are in a special risk situation regarding a specific issue.

Oriented differentially according to the development stage.

INDICADET

Attention to groups that are already involved in a risky situation.

Oriented differentially according to the development stage.

3. Why Prevention?

Because we educate autonomous persons, who must make decisions throughout life based on their own care and that of others.

Because we are many individualities sharing a space together, with common regulations, which necessarily implies conflict.

Because living in society requires thinking in community, thinking beyond the personal needs: "The Self has the chore of finding its place within the We" (Text from Roter Faden)

Because School transcends academic education and instills a humane education.
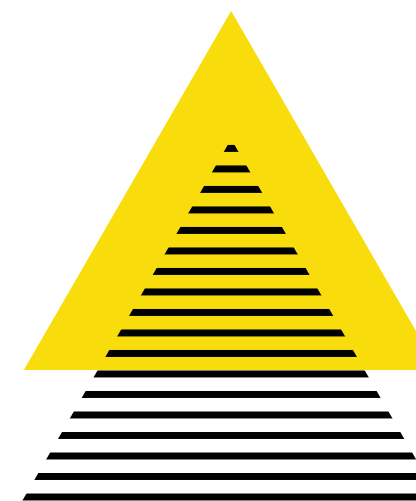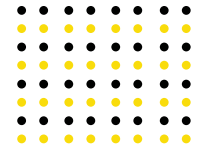
4. How do we work on prevention?

Prevention is oriented towards carrying out actions for all the school community:

SUBJECT CURRICULUM — Some contents are worked as part of the curriculum for different subjects.

WORKSHOPS — Workshops during Group Direction or during other classes.

INSTITUIONAL CAMPAIGNS — Campaigns in different moments and places of School.

INFORMATIVE SESSIONS — Conferences by experts (from school or external).

TRAINING — Frequent training on relevant topics for the school staff.

INTERVENTION — Group and individual interventions.

INFORMATION — Written communication with relevant information: newsletters, podcasts, brochures, links to other documents or videos, among others.

Principal

Students

Parents

School Community Commitee

Student Council and Legal Representative

School support
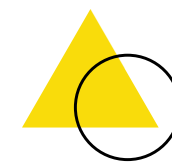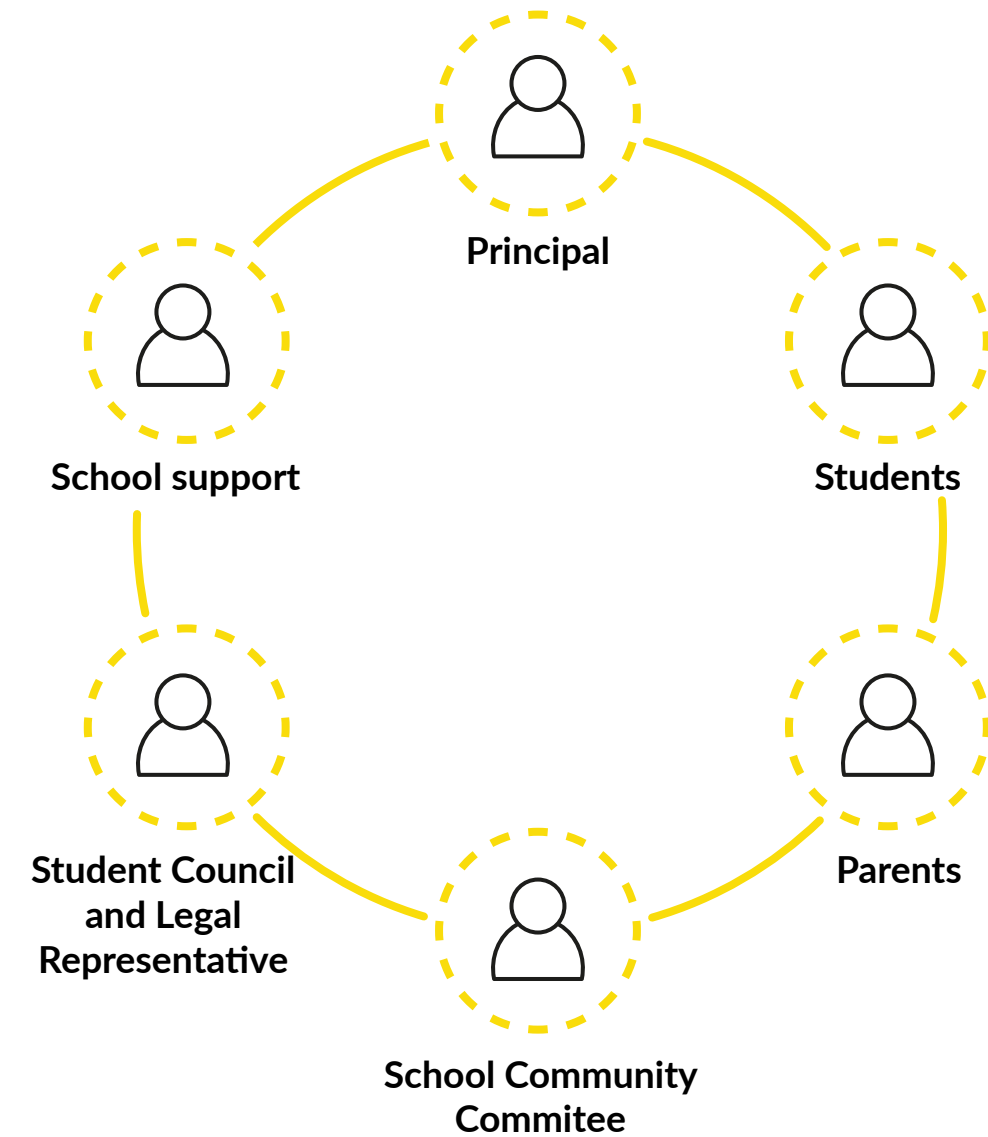
5. 1. Who participate in creating and implementing prevention?

Prevention in School is a group of actions performed by the teaching community aimed at reducing the risk factors of the different situations that can harm the students' wellbeing and increasing the protection factors. Some of these actions are:

The **observers** in the daily situations are very important to promote an environment of wellbeing, and they have the **responsibility to act** when they witness risk situations.

The goal is to increase the awareness of the role that the group plays in the emotional atmosphere.

6. Perspectives

Prevention is focused on carrying out actions for all the school community:

Self and Interpersonal relationships
Self-esteem// Emotions// Aggressiveness // Conflicts// School bullying

VALUES
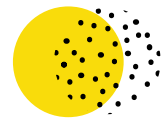
Sexuality
Affective relationships// Gender and sexual orientation// Teenage pregnancy// Sexual abuse

Risk behaviors
Addictions// Eating disorders// Self-injuries// Suicidal risk// ICT use
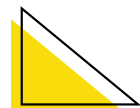
Health
Body// Hygiene// Nutrition// Exercise

7. Theoretical and practical description of the perspectives

"Every perspective has a transversal work in the values of the Andino community.

The actions in each will depend on the students' development stage and the methodology will vary according to the group and the topic that will be addressed."
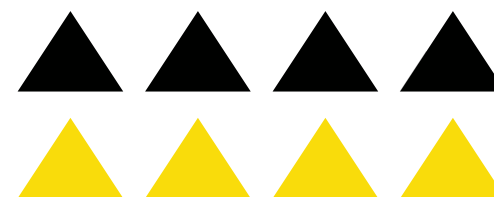
7.1. SexualiTY

Sexual education in School is based on actions, content and support from different areas. We understand that, as a community, we must address dialog regarding sexuality from different viewpoints: biological, social, emotional and political.

That is why sexual education is a job for teachers, parents, directives, infirmary and School Support, among others. This document is the description and basis of sexual education as part of the prevention actions taken by the School Support Department.

MAIN OBJECTIVE

- To promote the development of a healthy sexuality in students.

SPECIFIC OBJECTIVES

- To know, accept and value the body.

- To promote in students ideas, feelings and behaviors that are assertive and positive regarding their own sexuality and that of others.

- To promote decision making regarding sexuality based on own wellbeing and that of others.

- To favor behaviors of self-care and sexual practices that promote physical, psychological and social wellbeing.

Why address sexual education?

In School we want to educate persons of integrity that stand out not only for their academic level and personal growth, but for their values in the relationships they form with other members of society. Sexual education is part of the education we want to promote, considering the development stages of children and teenagers, as well as their needs and questions that arise from these.

According to UNESCO (2014), School is an ideal space for educating in sexuality, because it can help to "reduce incorrect information and increase knowledge and management of correct information, enhancing understanding. On the other hand, it can help to clarify and consolidate positive values, attitudes and practices; it can strengthen the necessary abilities to make reasoned decisions and the capacity to act accordingly, which includes reducing the risk of certain situations; it can improve perceptions about peer groups and social regulations; it can contribute to increase and improve the communication with fathers, mothers, other trusted adults and peers; finally, it helps youngsters to have a vision of the future."
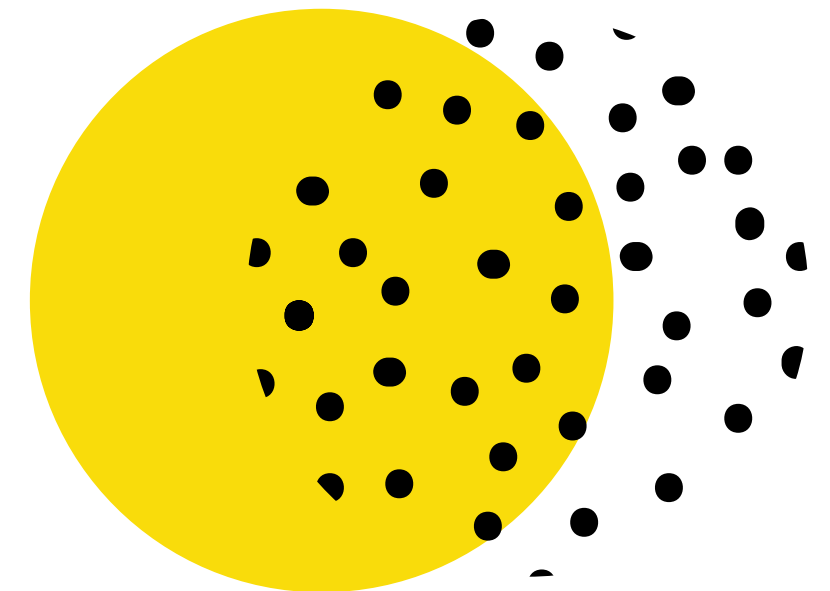
Human beings permanently receive information about how to behave, and what to do with their body. Even if it is not intentional, there are permanent messages about how to live sexuality. According to Vargas Trujillo (2015), when communication is only based on intuition and on unfounded beliefs, there are "high indexes of sexual abuse, teenage pregnancies and sexual transmission infections. There are also high indexes of violence against women; high levels of psychological discomfort experienced by persons who are perceived different and that are discriminated; high stress levels that men face because they are not allowed to express what they feel; high school desertion levels of men who must be in charge of supporting their families since they are very young; high levels of inequity that take place in families, organizations and politics."

Considering the previous information, opening spaces to talk and to think about sexuality is related to issues regarding sex and sexual relations, but it goes beyond this. In School we consider that sexual education is important because it benefits self-care, care for others, spaces for dialog and critical thinking. Likewise, it is part of the government regulations. We will detail each of these aspects.

SELF-CARE

From recognizing the body parts in the youngest, which are private and which are public, emotions and even the conversation about gender identity and sexual orientation in the highest grades, sexual education has to do with taking care of yourself. Teaching habits and healthy lifestyles that start in childhood and that are an essential part of sexual education with the youngest, have an important role during the entire life. Many investigations, such as a recent one done by the UNESCO (2018) have determined that "sexual education has positive effects, such as an increase in the youngsters' knowledge and an improvement in their attitude regarding health and sexual and reproductive behaviors." Additionally, sexual education is part of the protecting factors against child sexual abuse (Deza Villanueva, 2005).

CARE FOR OTHERS

Talking about sexuality is also talking about relationships: affective, social, sexual, etc. It is recognizing the differences we have with others, understanding limits, thinking about what differentiates men and women, eventually thinking about the criteria for choosing and building a love relationship and, if wanted, structuring a family. Such as Gosende, Ferreyra & Scarimbolo (2015) state, sexual education should also help in accepting the other with his/her legitimate differences, and respecting him/her in his/her being and his/her wishes. Therefore, the idea is that students understand the notion of "consent" since they are young, so that when they reach adolescence they can understand their role in sexual relations, as well as some related information regarding national legislation.

DIALOG SPACES

Sexual education is an opportunity to challenge a vertical teaching model and aim at horizontal building spaces where there is dialog. Just as sexuality is not static, "it is being permanently built during our whole life, it will be a process influenced by the society and culture – social regulations- in which we are immersed and the historic time in which we must live" (UNESCO, 2014), sexual education can't be static either. Therefore, the experiences and concerns that boys, girls, and youngsters are having in a particular moment are welcome in the workshops. This builds trust in adults, in School and enhances learning with their peers.

Sexual education promotes critical thinking and personal growth. It means acknowledging yourself as being part of a context and a culture, but also questioning rules, stereotypes and their practices, understanding their origin. It implies questioning if what has always been done, is what most generates wellbeing and justice to society and that is when questions regarding gender, sexual diversity, etc. become so important. Therefore, critical thinking is a protection factor against violence,

such as stated by UNESCO (2018): "An education given in an adequate way promotes health and wellbeing, respect for human rights and gender equality, and it enables children and teenagers to lead a safe and productive life. Sexual education particularly shows that all the ways of violence due to gender reasons are disastrous and constitute a violation of human rights".

Finally, it seems clear that at government level, specifically in the Ministry of Education (n.d.) learning and reflecting about sexuality is fundamental and that is why teaching Sexual Education in educational institutions is mandatory. ("Resolution 3353 of 1993 of MEN (Obligatory Nature of Sexual Education in all educational institutions of the country); Law 115 of February 8th of 1994, Article 14 (Ratifies the mandatory nature of Sexual Education);

Regulating decree 1860 of August 3rd of 1994, Article 36 ("Teaching Sexual Education will take place in the form of pedagogical projects"); Laws 1098 of November 8th of 2006, 1146 of 2007, 1257 of 2008, 1336 of 2009; Decree 2968 of 2010, (whereby the National Cross-Sector Commission for Promoting and Guaranteeing Sexual and Reproductive Rights is created), Resolution 425 of 2008, CONPES 147 and Law 1620 of March 15th 2013") (Ministry of Education – Government of Colombia).

What do we mean by sexuality?
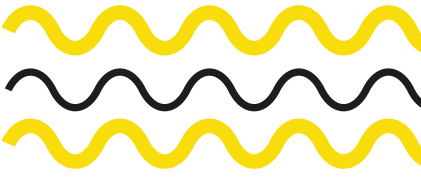
There are multiple concepts or ideas of what sexuality means, there is no universal definition of this concept. However, in School we have used the concepts employed by organizations such as WHO, ICBF, the National policy for Sexuality, Sexual and Reproductive Rights in Colombia and the research group "Family and Sexuality" from the Psychology Department of the Social Science Faculty of the Universidad de los Andes, led by the psychologist Elvia Vargas Trujillo.

From these perspectives, we understand that sexuality is a part of identity. It is everything a person can express about his/her sexual dimension when he/she describes himself/herself answering the question "Who am I?" It is built throughout life, from the moment you are born until death, we are in a permanent construction of who we are. (Vargas Trujillo, n.d)

Sexuality is a "critical condition for human development and thus, it should be released from moral weight and be seen from the field of rights and respect for people. It is assumed that sexuality is an individual characteristic that is built in a social condition in a permanent transformation process throughout time." (Ministry of Health and Social Protection, n.d.)

Consistently with what WHO states, we assume that in the development of sexuality, like in other facets of identity, several processes take place. These can be grouped in biological, sociocultural and psychological processes.

Below, we will develop the concepts of these processes. It is important to keep in mind that they act interdependently, and that is why we should not address them in a disarticulate way:
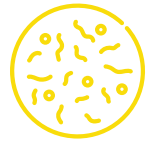
BIOLOGICAL PROCESSES

The biological processes involved in the development of sexuality are related to genetic, hormonal, anatomical and physiological characteristics that distinguish men from women. If a baby is born with a penis and testicles, it will be known as a boy and if it is born with a vulva and a vagina, it will be known as a girl. These biological characteristics that start in the fertilization belong to what is known as sex. (Vargas Trujillo, 2007 / 2013).

From the biological point of view, the gender differentiation begins in fertilization, continues developing during the prenatal period and is reinforced in puberty when the secondary sexual characters appear (for example, voice change, breast development, growth and thickening of pubic and armpit hair, among others). (Vargas Trujillo, 2007 / 2013).

SOCIOCULTURAL PROCESSES

From the moment the members of a family see and determine that their baby is biologically a boy or a girl, they start generating a series of expectations of what they should be or do as a member of society. This acknowledgment triggers processes to guarantee that men behave as society expects men to behave and women behave as society expects women to behave, according to what society has built. This means that roles are socially built for each of the sexes, based on the knowledge, beliefs, behaviors and messages we receive from the context in which we live. (Vargas Trujillo, 2007 / 2013)

PSYCHOLOGICAL PROCESSES

From what we know, the human being is the only living creature that can think and question himself and choose what he/she wants to be or do in life. It is through this reflective process that a person can organize, question and transform the notion that he/she has about himself/herself. This process of self-questioning, where he/she decides with which thoughts, behaviors and motivations he/she feels better is called psychological processes. In these processes, motivations, emotions, cognitions and behaviors are involved. (Vargas Trujillo 2007 / 2013). According to Páramo (2008), identity is "the characteristics that an individual has, by which he/she is known.

While acknowledging the biological aspects that conform it, most part of personal identity is shaped by the social interactions that start in the family, in school and with the people that you meet throughout life. Identity built this way will influence the way in which we act in the world."

Having a clear definition of identity, we can say that sexuality is the description that we make of our identity regarding sex, gender and sexual orientation.

What do we understand by Sex, Gender and Sexual Orientation?

SEX Genetic, hormonal, physiological and anatomical characteristics that differentiate people and that help categorizing them as men, women or intersexuals (Vargas Trujillo, 2007 / 2013).

GENDER Set of roles and expectations about how people should be and act, according to the sexual category that has been assigned to them. It refers to how an individual learns to be and act. Gender is a social construction, its characteristics are specific to each culture, they change with time and we learn them by interacting with other members of society (Vargas Trujillo, 2007 / 2013).

SEXUAL ORIENTATION It is the place where every human being places his/her sexual interest. It is determined by the sex to which the person feels particularly attracted to, physical or emotionally. Within sexual orientation there can be homosexual interest (interest and attraction to persons of the same sex), heterosexual interest (interest and attraction to people of the other sex), bisexual interest (interest and attraction to people of the same sex and of the other sex), asexual interest (no affective or sexual interest) (Vargas Trujillo, 2997/ 2013).
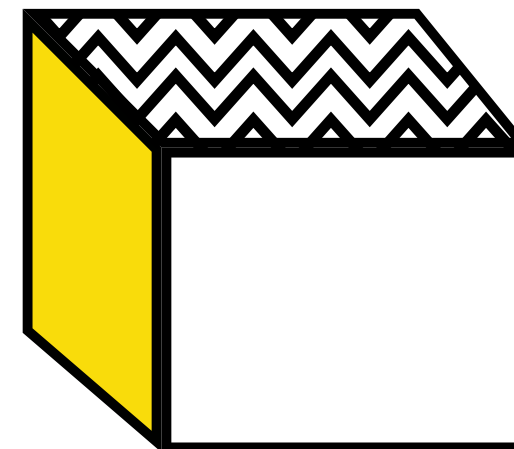
In School, we understand that sexuality is one of the dimensions of personal development that is lived and expressed through the body, hormones, genetics, but fundamentally is built during the learning processes throughout life, constituting a vital experience for every human being. Since it is not an instinct, but learned, it is different and diverse in every person (ICBF, 2017).

We identified that sexuality has several purposes in life. Throughout it people feel, communicate, express in various ways affection, feelings, emotions; they give and receive pleasure through words, caresses, looks and establish different levels of intimacy. Besides, it can achieve a reproductive function to guarantee the continuity of the human species. Likewise, it is a vital strength that is built and transformed through the different relationships that are established as social beings. (ICBF; 2017).

7.2 Self and interpersonal relationships

MAIN OBJETIVE

- To promote in the students assertive and caring relationships with themselves and with others.

Work methodology

Sexual education is not rigid or static. It is dynamic and it feeds constantly from the interaction with students, the conversations with teachers and the parents' recommendations. Additionally, part of the teamwork acknowledges that the task of teaching sexual education requires the articulate work from the community members. Finally, it considers that sexual education must not only be limited to working with the students, but it also involves understanding the importance of addressing the needs the parents have.

On the other hand, we understand that there are topics that are going to be part of our growth as human beings throughout our entire life. That is why the work that is done with the different levels consists of addressing one same topic throughout the years, with an increasing level of complexity and deepness.

For example, self-care is related not only with adequate hygiene practices, but also the adequate use of planification methods; thus, in different ages we delve into the relevant care practices for that life period. Another example is related to puberty and adolescence. Considering that it is precisely during the school years where these phases start and develop, different workshops are given that are focused on understanding and talking about puberty and adolescence, each time with a greater depth and trying to generate critical thinking.

SPECIFIC OBJECTIVES

- To develop empathy.

- To promote actions according to the School's values: Respect, Responsibility, Openness, Solidarity, Tenacity and Determination

- To favor spaces where they can express their own emotions, experiences, ideas, etc.

- To develop self-knowledge and self-concept, getting to know and value themselves.

- To learn to acknowledge the other in his/her differences.

- To develop abilities such as conflict mediation and assertive communication.

- To learn to ask for help, using the support network.

- To strengthen comradeship within the community.
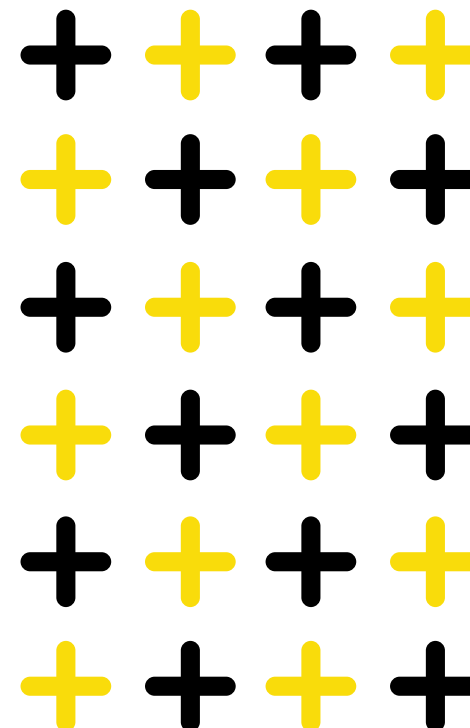
7.2.1 Mediators

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by students
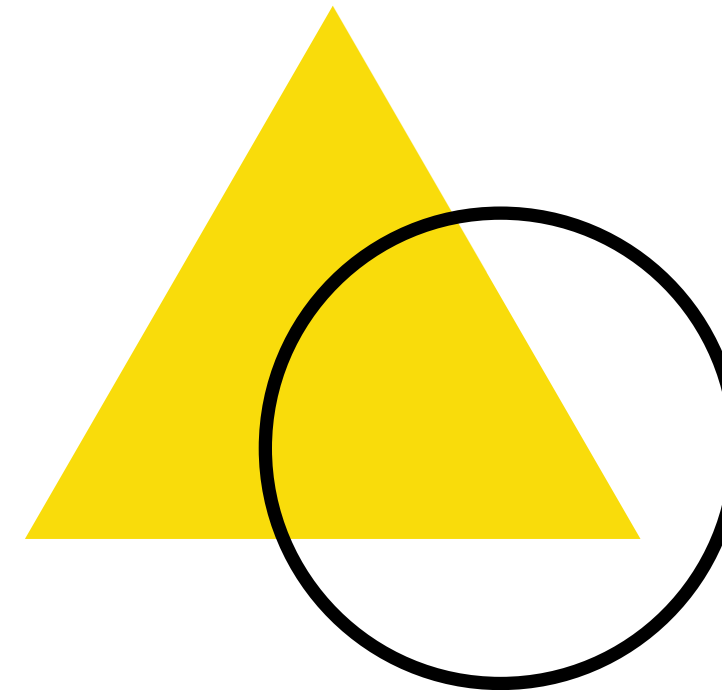
CHARACTERISTICS OF A MEDIATOR

Promote respect; inspire trust; want to help others (solidarity); have empathy; have an assertive communication (ability to listen, be clear when talking and guide facilitating communication); be patient; be self-regulated; be neutral; maintain confidentiality, among others.

CONFLICTS THAT CAN BE MEDIATED

Friendships that have deteriorated; verbal and physical disrespect situations; rumors; misunderstandings; prejudices, among others.

SCHOOL MEDIATION

School mediation is an exercise of respect, dialog and making decisions together. It is a technique for solving conflicts between two or more people, where the mediator guides and accompanies those involved in the search of solutions, promoting communication, and helping them negotiate.

WHO ARE THE MEDIATORS?

Students from 3rd grade until 12th grade, who have voluntarily enrolled in the program and have received training for being mediators.

Principles that are needed so mediation can work

- **Willingness:** the parties decide freely if they want to participate or not in the mediation.

- **Decisions in dialog:** the parties can make decisions regarding their conflict. The mediator does not impose any kind of solution, does not judge or arbitrate.

- **Neutrality and impartiality:** the mediator does not favor any of the parties.

- **Confidenciality:** what is said during the mediation is private.

Mediation Phases

1// Establish rules for the meeting (atmosphere of trust, respect, listen to the other, honesty).

2// Listen to both versions.

3// Identify the common interests in both parties.

4// Create options based on the conflict, alternative solutions, promote empathy and cooperation.

5// Reach agreements and commitments where both parties win something.

6// Closure.

7.2.2 Intervention as a tool to prevent school aggressions and possible school bullying situations

Intervening in situations of school aggression or possible school bullying is another way of prevention, by addressing those implied from a comprehensive approach. By addressing a situation on time, future aggression events can be prevented, and it raises awareness from the different agents that are part of the problem. Based on the statement that conflict is inherent to human beings, it is unavoidable. However, the way in which it is managed depends on the scalability of each situation.

In School, we define conflict according to Krayenberg (2004): "Conflicts are tension situations in which people that depend on one another try to attain incompatible objectives or they carry out opposing actions (...) Differences in opinion in themselves are not the ones that constitute a problem, but the way in which people experience and treat these differences what is conflictive."

PRINCIPLES THAT SHOULD BE TAKEN INTO ACCOUNT DURING

- Show empathy with all the conflict parties, and be kind to them.

- Let the speakers vent.

- Establish clear rules for dialog and communication.

- "The other side's problems are also my problems".

- Acknowledge and accept the feelings of the other person.

- Search together for possible solutions to the problem.

- Understand that even (unfounded) fears are real.

- Neutrality principle.

TYPES OF INQUIRY

The socio-metric questionnaire and the school climate survey (ANNEXES 2 AND 3).

1. Restorative Practices

The values underlying the restorative justice approach are based on respecting the dignity of all the persons affected by the conflict situation. The treatment of the participants' needs is a priority, the same as their training to communicate their thoughts and feelings openly and honestly.
The goal is to create understanding, promote responsibility and offer the possibility of "healing wounds". These processes have the potential to offer an opportunity to the community to articulate its values and expectations, to understand the underlying causes of the problem and to determine what can be done to improve the relationships. This way, it can contribute to the community's wellbeing and decrease future conflicts.

KEY VALUES OF THE RESTORATIVE

Mutual respect; Acknowledgement; Open mind; Patience; Sensitivity; Empathy; Training; Connection; Responsibility; Encouragement; Share Ideas; Importance of feelings, needs and rights; Willingness to listen to each other.

USING CIRCLES AS A TOOL FOR THE RESTORATIVE APPROACH

In the restorative approach, like in all other restorative practices, the facilitator tries to:

- Create an atmosphere where the parties are free and have safe interactions.

- Listen actively to all the persons who intervene.

- Adequately manage his/her emotions to help the parties do the same.

Restorative Circles

Circles are a restorative practice in which the participants are not only the person(s) who feel(s) affected and the person who has caused the conflict, but other persons affected by the situation or that are interested in participating. All these persons sit in one or several circles and have the opportunity to tell their experience, express their feelings, debate and reach agreements.

It is a versatile practice that adapts to the number of persons who participate, to the goal that is pursued, and can be used with different methodologies, with different durations, etc. One of the main characteristics of the circles that have a general nature, is the use of a special dynamic for dialog. The communication dynamic within the circles uses an object (the floor giver) that gives a participation order and creates a "balanced" effect and more responsibility during interventions.

The rule that only the person who has the floor giver in his/her hands can talk, allows that all the persons have their turn for talking and that the others can listen and reflect without interruptions. The goal is that the interventions are more reflective and less reactive.

RECOMMENDATIONS

- It is recommended that students know from the beginning the methodology that is going to be used, and once they learn about it, they embrace it to generate an atmosphere of respect, tolerance and acceptance.

- If there are students that do not integrate to the circle's atmosphere, they can be called to order in a firm and respectful way.

- The facilitator will intervene in a timely manner when an answer or participation is being aggressive, not aligned with the topic, lengthy or not aligned with the goal.

- One way of calming restless students is if the facilitator changes place next to the unfocused student.

- If the situation with students who are unfocused, restless or with attitudes that go against the circle's goal persist, it is recommended to speak to them in a precise way, telling them that they belong to a group and that at that moment they lack the necessary disposition, you ask them not to participate in the circle (not leave the classroom) and that they can return to the circle once they are prepared to do so.
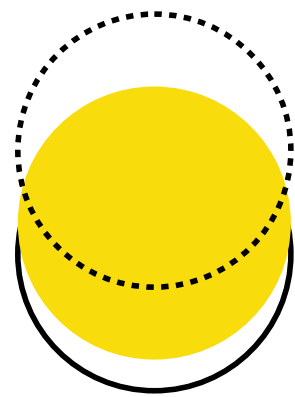
2. Confrontative dialog

It is a methodology used when there has been a conflict and a space is needed where all the parties get together and can state their perspective and version of the situation. Each event is confronted with the implied people to reach an understanding of what happened and find solutions.

A specific answer should be given to:

1 // ¿When did the situation take place?

2 // Where did it take place?

3 // Description of the events.

4 // What made you react that way?

5 // Possible solutions.

7.3 Risk behaviors

7.3.1 Psychoactive drugs consumption
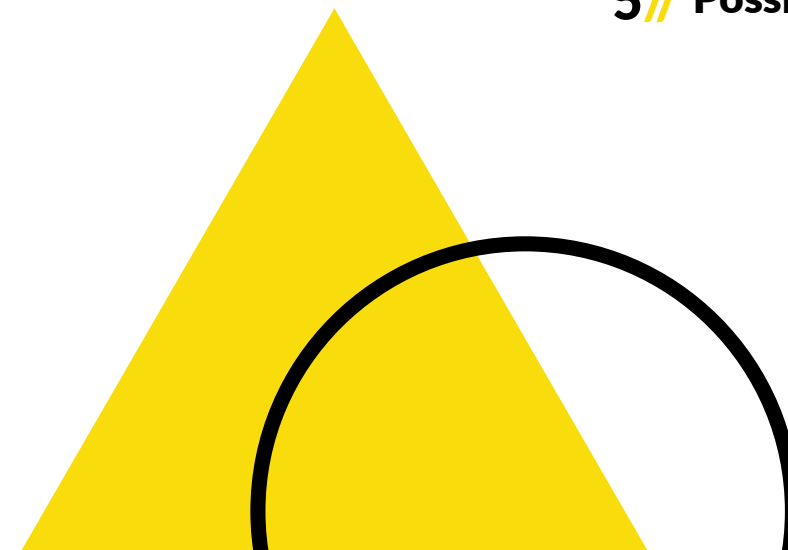
- To promote critical thinking in the students so they can make timely and assertive decisions about for their life and that of others.

SPECIFIC OBJECTIVES

- To identify the risk behaviors and act accordingly.

- To provide information with relevant content about the consumption of psychoactive drugs, eating disorders, self-injuries and the use of digital media.

- To promote spaces for finding life's purpose and building a life project.

- To strengthen strategies of self-knowledge and coping.

- To favor spaces for dialog and reflection.

- To strengthen the role of comradery within the community.

The following information is based on the text "Lineamientos para operar programas preventivos: Dirección de Promoción y Prevención Ministerio de Salud y Protección Social" (Guidelines to operate prevention programs: Direction of Promotion and Prevention of the Ministry of Health and Social Protection) of 2015. School aims at delaying the onset age of psychoactive drugs consumption, increasing the risk perception and diminishing the negative consequences of those who already use drugs. It understands that there is a clear distinction between use and abuse of psychoactive drugs. In this case we define the prevention of psychoactive drugs according to Martínez (2006), as "that dynamic structural framework of strategies whose goal is to reduce as much as possible the appearance of problems related to the inappropriate use of drugs". There are several evolving stages: experimental consumption, occasional and recreational, usual and/or compulsive and finally, dependency.

Martinez, 2006, defines the risk factors as "an attitude, behavior, belief, situation or action that put a group, an organization, an individual or a community at risk of developing drug or alcohol problems". Regarding the protection factors, they are defined by Clayton as "an attribute or individual characteristic, situational condition and/or environmental context that inhibits, reduces or diminishes the likelihood of use and/or abuse of drugs or the transition to a level of involvement with them". Below, some risk and protection factors will be outlined, taken from the text "Lineamientos para operar programas preventivos: Dirección de Promoción y Prevención Ministerio de Salud y Protección Social."

FIELD	RISK FACTORS	PROTECTION FACTORS
Individual	Low self-esteem, genetic predisposition, search for intense sensations and emotions, aggressivity, behavior problems, rebellion, alienation, academic failure, difficulty for managing emotions, difficulty in making decisions, lack of assertiveness, among others.	Optimism, empathy, adequate intellectual capacity and academic performance, high self-esteem, adequate emotion management, ability to solve problems, autonomous and critical thinking, determination and perseverance, adequate capacity to postpone gratifications, frustration tolerance, assertiveness, ability to manage group pressure, among others.
Peers	Relationship with individuals who use drugs, rejection in the first school years, friendship with other rejected children, links with classmates that abuse psychoactive drugs and take part in criminal activities, social pressure, friends who have deserted school, among others.	Significant relationships with peers that do not consume psychoactive drugs, friendship with peers who participate in activities organized by school, recreational, aid, religious or other activities, resistance against negative group pressure, productive use of free time, among others.
Family	Alcoholic parents, over-tolerant parents regarding alcohol and drug consumption, low and inconsistent parental discipline, negative communication patterns, stress and conflictive relationships, upbringing problems, lack of abilities to face difficult situations, lack of care and supervision by an adult, rejection from parents, abuse, physical and/or sexual abuse, very authoritative family, lack of acknowledgment, overprotection, unclear or inexistent values, unrealistic expectations, among others.	Family bond and integration, healthy beliefs and clear behavior guidelines, trust and healthy and positive family dynamics, good communication, participation in family activities and home responsibilities, support between family members, clear and precise values, achievement recognition, among others.
School	Lack of support of school's values and positive attitudes, high rates of substance abuse and regulations that favor or promote psychoactive drug abuse, relationship with gangs, low moral levels in teachers and students, lack of belonging toward school, students feeling abandoned and not cared for by teachers, school failure and discrimination, lack of information about the consumption problem, absence of stimuli for the student's participation and creativity, lack of recreational, sport and cultural areas, lack of a policy that prevents psychoactive drug consumption, drug availability in or near school, among others.	Lack of support of school's values and positive attitudes, high rates of substance abuse and regulations that favor or promote psychoactive drug abuse, relationship with gangs, low moral levels in teachers and students, lack of belonging toward school, students feeling abandoned and not cared for by teachers, school failure and discrimination, lack of information about the consumption problem, absence of stimuli for the student's participation and creativity, lack of recreational, sport and cultural areas, lack of a policy that prevents psychoactive drug consumption, drug availability in or near school, among others.

Working together with parents is expected when taking preventive actions towards the psychoactive drugs consumption, since greater impact and efficiency is achieved. Likewise, such actions include training teachers regarding good practices within the classroom, such as rewarding good student behavior. These techniques promote good behavior, academic motivation, good performance and strong bonds with School. There are several strategies to work on psychoactive drug prevention, such as:

Spreading information about the characteristics of each substance, its effects and consequences. Such workshops are given in School from the Intermediate Section on.

Offer alternative activities to consumption, promoting participation in spaces free from drugs. In this case, School offers its students multiple extracurricular activities, whether musical, sports, artistic, scientific, etc., that allow them to have additional activities besides the ones performed during their usual schedule, having prolonged spaces in a healthy atmosphere.

Identification of students who consume or are suspected of doing so, to evaluate their situation, and if necessary, refer them for an external treatment. Such students and their families are supported and monitored by the School's psychologists.

Teaching abilities for individual competence and social interaction, so resistance and rejection toward consumption get strengthened and assertive decision making is promoted. Such abilities are taught throughout the students' school life, from the moment they enter School.

7.3.2 Eating disorders

Eating disorders "involve several chronic and progressive diseases, that have a psychosomatic nature and that even if they manifest themselves in an eating behavior, in real they consist of complex symptoms where an alteration or distortion of body self-image, a fear of gaining weight and other problems related with acceptance by other people" (Casadiego, A.) The age that poses most risk for developing an eating disorder is between 15 and 19 years old.

According to Medline, the most common eating disorders are:

BINGE EATING

It means eating without control. People with this disorder keep on eating even after they are full. Usually, they eat until they feel very uncomfortable and then have feelings of guilt, shame and anguish. When binge eating happens too often, it can cause weight gain and obesity.
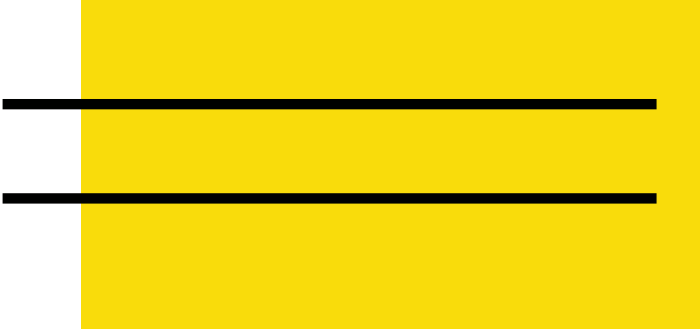
BULIMIA NERVOSA

People with bulimia nervosa have periods of binge eating. But then they purge themselves by inducing vomit or using laxatives. They can also exercise in excess or fast. People with bulimia nervosa can have low weight, normal weight or be overweight.

ANOREXIA NERVOSA

People with anorexia nervosa avoid food, strictly restrict food or eat very small amounts of certain food. They can see themselves as overweight, even when they are dangerously slim. Anorexia nervosa is the least common of the three eating disorders, but frequently is the most dangerous. It has the highest mortality rate among all the mental disorders.

The goal of eating disorders' prevention is acting on the risk factors with the following strategies according to Casado, M. & Helguera, M. (2008): information to the general population and specifically to the population at risk; identifying risk groups; actions directed to modifying those behaviors that could favor the beginning of the disease, particularly related to the diet; interventions on cultural stereotypes, weight loss and beauty. School works from early stages in the development of self-concept and self-care.

Risk factors for eating disorders:

- Perfectionism
- Low self-esteem
- Lack of self-reinforcement
- Excessive self-criticism
- Impulsivity
- Frustration intolerance
- Need for approval
- Bodily dissatisfaction
- Unsatisfactory social relationships
- Family models
- Attitudes towards food
- Social pressure

It is interesting to highlight that "it has also been found that programs that are not explicitly presented as prevention programs for eating disorders produce more positive outcomes, in such a way that indirect addressing of the disorders avoids defensive attitudes from appearing in teenagers and helps to gain commitment with the program (Stice and Ragan, 2002).

Thus, School works on eating disorder prevention in an indirect way and with the parents in a more direct manner, since they are frontline prevention and early detection agents.

7.3.3 Self-injuries

"Self-injuries are all those behaviors that imply deliberately causing injuries to the own body without a suicidal purpose (NSSI:"Non-suicidal Selfinjury"), for example skin cuts, ("self-cutting"), burns, bangs, pulling hair, puncturing, scratching, pinching and poisoning, among other anomalous behaviors" (Fleta, 2017).

The reasons behind a person inflicting self-injury are varied and it is necessary to evaluate each situation in an individual way. Some causes are a way of expressing suffering, sadness, anger and general unease, that he/she has no other ways of expressing and that is why he/she communicates by using his/her own body. Sometimes it can be due to the feeling of not being alive, in which he/she uses self-injury to make sure he/she is alive. It is considered that physical pain can be controlled much easier than psychological pain and that is why this is a way of achieving such a goal, having some kind of power over the body.

Some accelerating factors are: "school bullying, unwanted pregnancy, serious physical disease, parents' divorce or family problems, sexual abuse, domestic violence, mourning, depression, economic problems or work problems, anxiety, problems with social relations, suicide or self-injuries from someone who is close (this factor has more effect on teenagers), among others. Alcohol is present in many of the self-injury moments because it removes inhibitions and promotes impulsive behavior, making it a disastrous combination. Personal inherent factors: low self-esteem, poor or distorted body image, feelings of rejection by others or feeling different, be an isolated person, low social abilities, cultural or racial differences, bad adaptation to the environment (...)" (Fleta, 2017)

For preventing self-injury and going beyond, suicidal risk, School works with the youngest children in self-regulation techniques, management and expression of their own emotions and social abilities. In the oldest ones, it is necessary to establish which is the risk population to make adequate interventions in which the students get self-regulation strategies and know who they can ask for help.

7.3.4 Suicidal risk

A student is at risk when he/she has attempted suicide, intends to die by suicide or has shown a significant change in behavior that suggests the beginning or deterioration of the mental health condition. Having isolation feelings, hopelessness, impotence or being unable to handle more pain are some behaviors that give us the hint about the decision of taking his/her life (Model School District Policy on Suicide Prevention).

The following are some risk factors:

- Major depression (feeling depressed in a way that affects daily life).

- Bipolar disorder (serious mood swings).

- Problems with alcohol or drugs.

- Unusual thoughts or behaviors or confusion about reality.

- Personality traits that create a pattern of instability or intensity in relationships.

- Legal problems

- Impulsivity and aggression

- Previous suicidal attempt or family history with suicidal attempts, a mental disorder, a serious medical condition and/or pain.
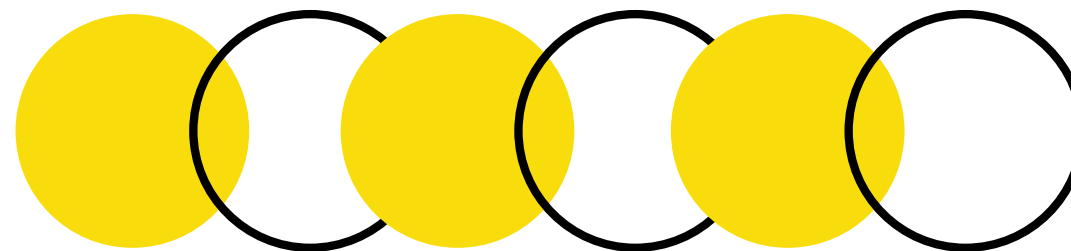
Some protection factors are the following:

- Receive effective attention in mental health, positive connections with the family, the peers, the community and social institutions that promote resilience, skills and the ability to solve problems.

7.3.5 Use of digital media

The use of digital media grows increasingly, in terms of the time dedicated to them, as well as the onset age. Contextualizing the regulations, according to the World Health Organization and the American Academy of Pediatrics, kids younger than two years should only use screens to interact with others. Children younger than five year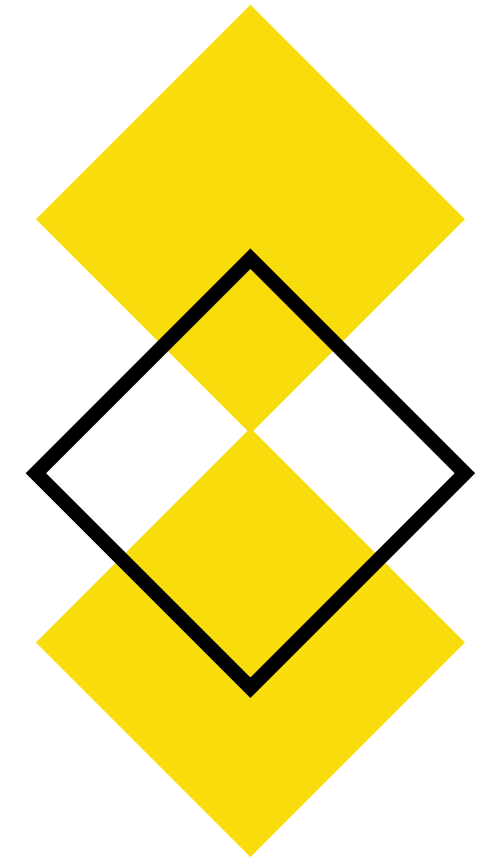s should not have access to screen while eating or before going to bed. From 9 years on they can use internet but with accompaniment. And 14 years old is the minimum age for having a Smartphone.

It is established that for social networks such as Twitter, Tumblr, Snapchat and WhatsApp, the minimum age should be 13 years old; while for YouTube, Instagram and Facebook it should be 14 years, although with parental permission it could be one year before.

The Data Protection Law, which is Law 1581 of 2012 states: "develop the constitutional right that all persons have to know, update and check the information that has been collected about them in databases or files, and other rights, freedoms and constitutional guarantees referred to in article 15 of the Political Constitution; the same as the right to the information enshrined in article 20 thereof".

Children and teenagers are exposed to diverse risks when they are in a digital environment, so School needs to work from the youngest children to develop empathy, and as they grow, raise awareness, assertiveness, and knowledge of the risks within the digital environments, providing them with concrete information and the roles that they have when they witness a situation that can be affecting others. Other abilities that should be developed in our students are asking when in doubt, protecting their identity and critically analyzing the information that they are exposed to.

Some of the risks of being immersed in social networks are:

SEXTING

When someone takes an inappropriate picture of themselves (suggestive or sexually explicit) and sends it to someone through the mobile phone or through internet

INTERNET ADDICTION

"Behavior pattern characterized by the loss of control over the use of internet. This behavior leads to isolation and to neglect social relationships, academic activities, leisure activities, health and personal hygiene" (Arab and Díaz, 2015). Some uses of internet are for example access to social networks, movies, video games, etc.

GROOMING

When a possible abuser or pedophile tries to begin an online relationship with a minor, trying to involve him/her in sexual acts, image exchange and conversations with sexual content (enticconfio.gov.co).

CYBERHARASSMENT

It is a kind of psychological aggression using new technologies: mobile phones and internet. The purpose is to harm or intimidate another person through mails, messages or images. This kind of harassment is it done openly, and that is why the victim does not know the identity of his/her aggressor. (enticconfio.gov.co). Cyber harassment can be expressed in many ways: publishing a picture, a video, "memes", private information or any information in internet that can harm or embarrass someone or impersonate another person by creating a fake profile, be it to expose private aspects of this person or attacking third parties, among others" (Arab and Díaz, 2015).

Additionally, there are risks such as child pornography, access to information that is not age-appropriate, violent content, abuse, loss of privacy, among others.

7.4 Health

MAIN OBJETIVE

- To promote healthy life habits in students, both physical and mental, strengthening their self-care and that of others.

SPECIFIC OBJECTIVES

- To promote healthy habits of personal hygiene.

- To promote healthy habits of feeding and nutrition.

- To promote healthy habits of physical activity.

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social wellbeing and not just the absence of illnesses or sicknesses."

7.4.1 Mental health

Mental health is addressed in School by giving all the students a space where they find security and trust, with a support network that consists of their family, friends and classmates, teachers, directives and School Support staff. The students have the possibility of learning academic and life contents in spaces that are appropriate for dialog, analysis and reflection.

Several investigations agree on the fact that physical activity has a positive effect on mental health: "persons with high or moderate levels of physical activity have higher level mental health levels in their free time than those who have a low level of physical activity" (Universidad Politécnica de Madrid). Personal hygiene, like taking a shower, changing clothes, washing hands, brushing teeth, among others, are promoted since preschool by teachers and Infirmary.

7.4.2 Physical health

Physical health is promoted by different areas of School, starting with Infirmary, who besides the daily care of students, provides important information to the community regarding habits to avoid health risks. Likewise, students exercise supervised by their teachers at least twice a week in sports class and they learn exercises that help them in their daily life. School has an infrastructure that not only enables student movement, but also motivates it, because they have several areas adapted to running, swimming, jumping, playing and walking. Besides, students have the option of participating in the sports teams of School and in the extracurricular activities that promote physical activity.
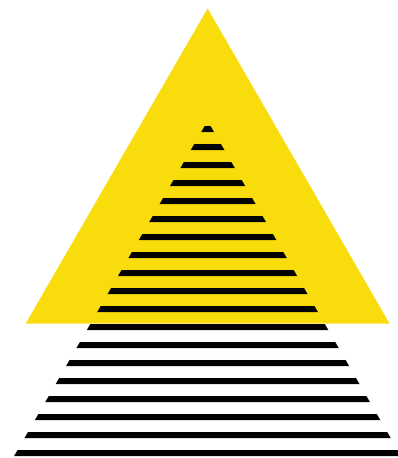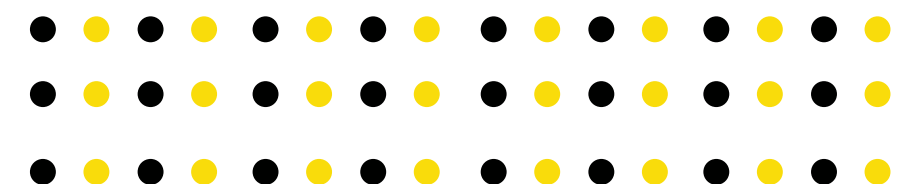
7.4.3 Nutrition

Through the cafeteria service and the school shops, School provides food that complies with the nutritional conditions that are appropriate for students. Likewise, since Preschool, parents are encouraged to send food that meet a balanced diet requirement.
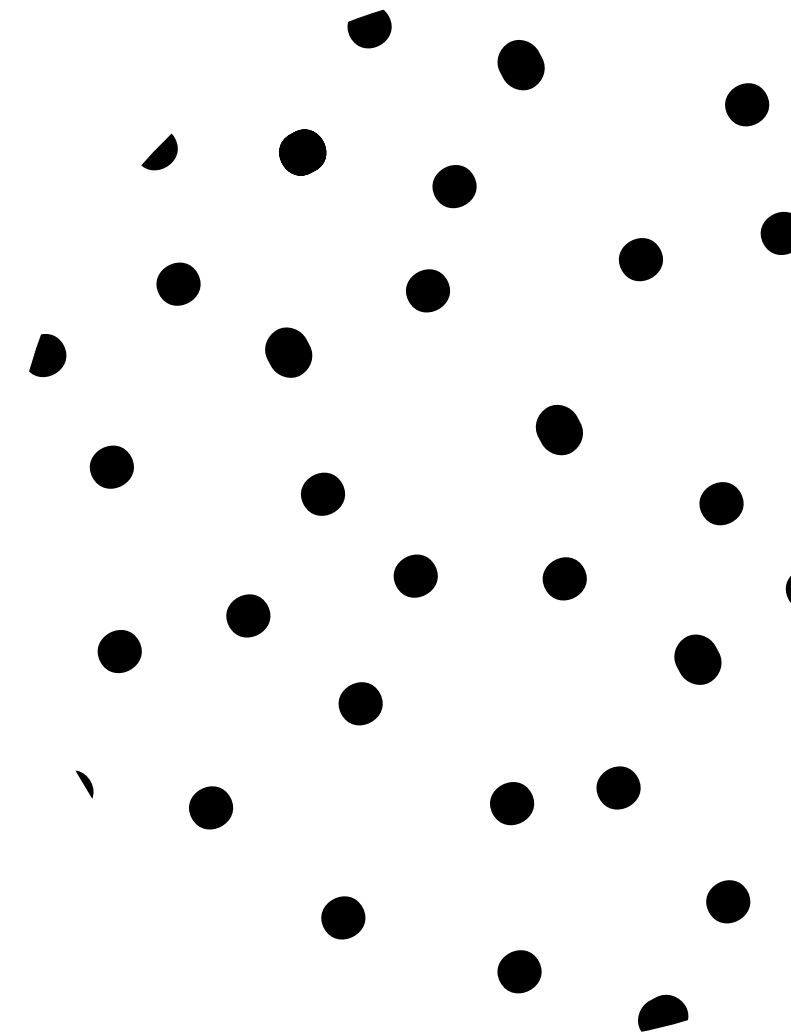
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ANNEX 1: Guiding thread in prevention from Preschool until 12th

		SEXUALITY	**SELF AND INTERPERSONAL RELATIONSHIPS**	**RISK BEHAVIORS**	**HEALTH**
PRESCHOOL PK and K Emphasis: Self-regulation and empathy	At the end of Preschool, the child can:	Differentiate what is public and what is private/ Know how to say "No"/ Know the different body parts and the differences between men and women.	Recognize which are the feelings / listen/ talk/ interact	Recognize what hurts them, what they don't like/ Know how to say "No".	Know the basic hygiene habits: brush their teeth, shower, wash their hands / Walk, run, jump
PRIMARY 1ST - 4TH Emphasis: Assertive decision making and observers' role in School Coexistence	At the end of Primary, the child can:	Recognize the body parts and their functions/ Know how the human being reproduces/ Recognize the physical changes / Recognize what is proper and what is not regarding their own body.	Recognize their own feelings and those of others / Develop their empathy / Assertive communication / Coexist with differences	Ask for help when needed and/ or sees who someone needs it / Know how to say "No".	Continue with hygiene habits / Practice physical activity at least 3 times a week, be physically active / Have a nutritious diet.
INTERMEDIATE 5TH - 8TH Emphasis: Self-concept, beauty stereotypes, social pressure and assertive decision	At the end of Intermediate, the child can:	Know the physical changes that come with puberty in women and men: menstruation, ejaculation, etc. / Know about gender stereotypes.	Respect differences / Develop their empathy / Solve conflict through dialog / Recognize when someone is being affected or attacked and react accordingly / Have love relationships based on respect and tolerance.	Make decisions keeping in mind own wellbeing and that of others / Know the physical and psychological harm of consuming psychoactive drugs/ Know the risks of social networks/ Know the risks of the excessive use of videogames.	Continue with hygiene habits / Practice physical activity at least 3 times a week, be physically active / Have a nutritious diet.
HIGH SCHOOL 9th - 12th Emphasis: Risk behaviors, Couple relationships, Life meaning and life	At the end of High School, the child can:	Know the contraceptive methods / Have love relationships based on respect and tolerance	Develop their empathy/ solve conflicts through mediation/ Know their own limits regarding others / Recognize their own feelings, those of others and act accordingly / Have a healthy self-concept.	Make assertive decisions keeping in mind own wellbeing and that of others, having clear criteria/ Know the effects of harmful behaviors for physical and psychological health and act accordingly/ Recognize in self and/or in others possible risk behaviors and ask for help.	Practice physical activity at least 3 times a week, be physically active / Have a nutritious diet / Be example of healthy habits for the youngest ones.

RESPECT ● SOLIDARITY ● RESPONSABLITY ● OPENNESS ● TENACITY AND DETERMINATION   RESPECT ● SOLIDARITY ● RESPONSABLITY ● OPENNESS ● TENACITY AND DETERMINATION

ANNEX 2: Socio-metric questionnaire

NAME | LIST NUMBER |

DATE | GROUP DIRECTOR |

Dear student of intermediate/high school:

Remember you should at least fill in one space and three at the most to answer what is most approximate to reality.

1// I like   _____ _____ _____

2// I don´t like   _____ _____ _____

3// Spreads rumors _____ _____ _____

4// Helps other   _____ _____ _____

5// Pushes/
physically attacks   _____ _____ _____

6// Does not let others
participate   _____ _____ _____

7// Encourages others _____ _____ _____

8// Insults   _____ _____ _____

9// Who is pushed/
physically attacked?

_____ _____ _____

10// Who is insulted/
ridiculed?   _____ _____ _____

11// Who is not allowed
to participate?   _____ _____ _____

12// Who are your friends?

_____ _____ _____

13// Is there anything else
you would like to say
regarding your
classroom?   _____

_____

_____
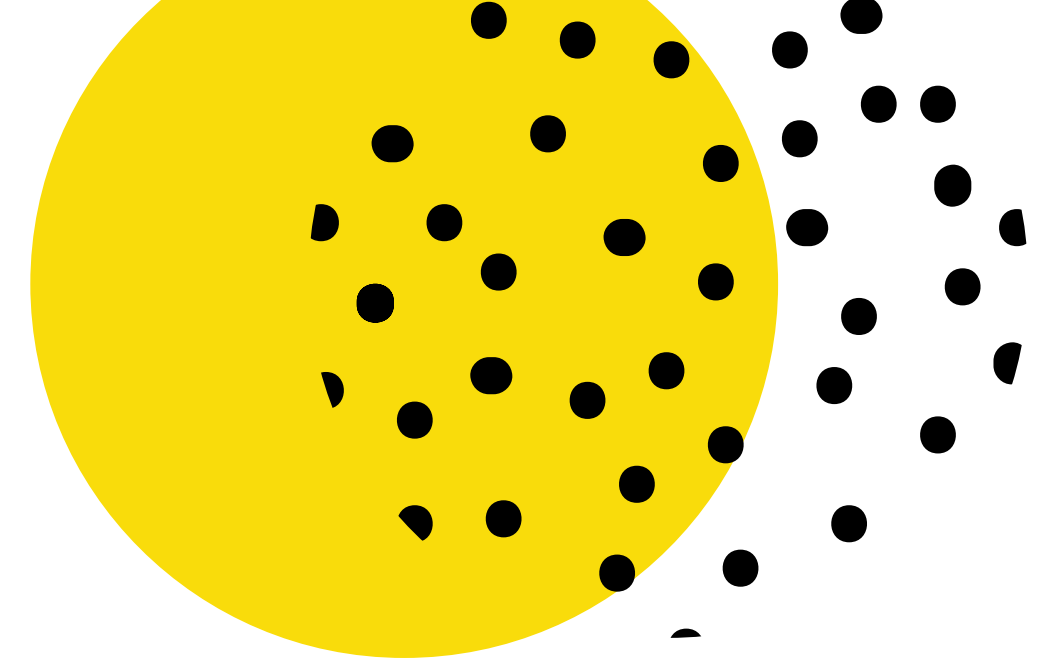
NAME |

GRADE |

DATE |
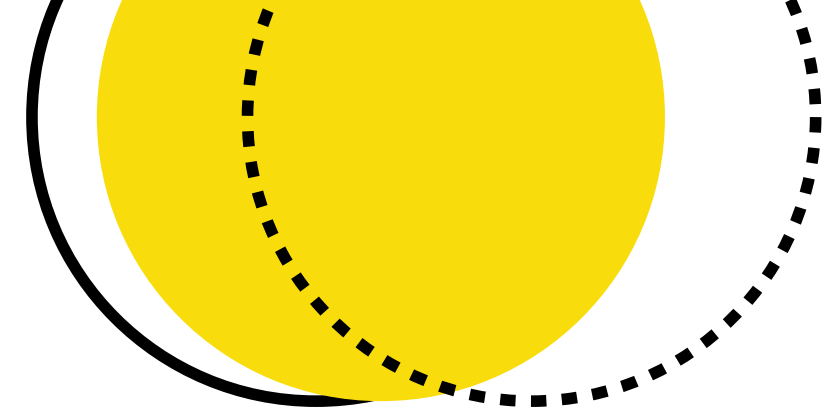
1// How do you feel in your classroom?

☐ Good ☐ More or less ☐ Bad

2// How do I perceive my classroom's

☐ Good ☐ More or less ☐ Bad

3// How is the relationship between students in your

☐ Good ☐ More or less ☐ Bad

4// How do you feel regarding others in your classroom?

☐ Most people don't like me ☐ Some people like me, others don't ☐ Most people don't like me

☐ Most people are evil with me ☐ Others completely ignore me

5// Which of these statements applies to your classroom?

☐ Some people are very nice ☐ Some people set the standard ☐ Some people are not liked by anyone

☐ Some people are frequently bothered by others