



UNODC

United Nations Office on Drugs and Crime

An Ecological Framework for
**PSYCHOSOCIAL
CHILD ASSESSMENT**

A Resilience-focused Model for
Children Associated with Armed and
Organized Criminal Groups, Including
Those Designated as Terrorist Groups

AN ECOLOGICAL FRAMEWORK FOR PSYCHOSOCIAL CHILD ASSESSMENT

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TERMINOLOGY

Adolescence/adolescents	There is no universally accepted definition of adolescence and adolescents. While there is some consensus on the age range of 10–19 years (used by the United Nations Children’s Fund and the World Health Organization), the Committee on the Rights of the Child urges caution in using that definition, given the variance in cultural, neurological and biological development, and prefers to refer to period between the ages of 10 and 18 years as adolescence. ¹ In the context of psychosocial assessment, it is appropriate to refer to both child development and adolescent development in order to acknowledge the important distinction between the two developmental phases.
Armed groups	This term is used to refer to armed groups that are distinct from the armed forces of a State ² and that engage in the recruitment and exploitation of children.
Assessment tool	This term is used quite broadly to include any instrument for collecting and synthesizing factors/information, including standardized and non-standardized tests, questionnaires, observation tables, interviews, checklists and rating scales.
Associated	In the context of the present manual, the term “associated”, which derives from the Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (the Paris Principles) and is also used in Security Council resolution 2396 (2017) , is intended to be neutral and does not imply criminal liability when used regarding children.
Children	Human beings under the age of 18 years, in accordance with article 1 of the Convention on the Rights of the Child
Children in conflict with the law	Children who are alleged to have infringed or are accused of or recognized as having infringed penal law
Confidentiality	This term is used with respect to legal and ethical issues. It refers to protecting and not divulging to others information provided to professionals by beneficiaries, such as clients or medical patients.
Deprivation of liberty	This term refers to any form of detention or imprisonment or the placement of a person in a public or private custodial setting, from which the person is not permitted to leave at will, by order of any judicial, administrative or other public authority, in accordance with the definition set out in paragraph 11(b) of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules). ³

¹ See CRC/C/GC/20, para. 5.

² See article 4 of the Optional Protocol to the Convention of the Rights of the Child on the involvement of children in armed conflict.

³ General Assembly resolution 45/113, annex, United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules), para. 11 (b)).

Ecological framework	Ecological theory recognizes that children grow up in a number of interpersonal contexts that influence their development. ⁴ For the purposes of the present manual, the ecological framework for assessment entails the recognition that the interaction between individual, social and systemic factors influences a child's rehabilitation and reintegration process. On this basis, it provides a data-collection structure and a method for holistic and integrated data analysis.
Exploitation	Exploitation refers to the use of a child in work or other activities for the benefit of others and to the detriment of the child's physical or mental health, development and education. Exploitation includes, but is not limited to, sexual exploitation and forced labour or services, including the commission of a crime, slavery or practices similar to slavery. The term indicates that advantage is being taken of the child's lack of power and status.
Organized criminal groups	This term is used to refer to a structured group of three or more persons, existing for a period of time and acting in concert with the aim of committing serious offences, ⁵ whose organization is criminalized by national law. For the purposes of the present manual, organized criminal groups also engage in the recruitment and exploitation of children.
Privacy	Privacy is a state in which one is not observed or disturbed by other people. It refers to the internal and subjective aspects linked to the intimacy of an individual.
Psychosocial	For the purposes of the present manual, psychosocial refers to a holistic approach to all aspects of a person's well-being, including psychological, physical and social aspects.
Psychosocial assessment	For the purposes of the present manual, psychological assessment refers to the process of collecting and analysing data concerning the psychosocial situation of a child, with the aim of supporting psychosocial interventions and decision-making that will affect the child.
Recruitment	Recruitment refers to the conscription or enlistment of children into any kind of armed forces, armed group or terrorist or violent extremist group.
Resilience	For the purposes of the present manual, resilience is defined as a dynamic process encompassing positive adaptation within the context of significant adversity. ⁶

⁴ See Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, Massachusetts, Harvard University Press, 1979).

⁵ See the definition of organized criminal group in article 2 (a) of the United Nations Convention against Transnational Organized Crime.

⁶ Suniya S. Luthar, Dante Cicchetti and Bronwyn Becker, "The construct of resilience: a critical evaluation and guidelines for future work", *Child Development*, vol. 71, No. 3 (May/June 2000), pp. 543–562.

Retraumatization	Retraumatization occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously. This can be caused by stressors that are similar to the environment or circumstance of the original trauma, such as smell, physical space, lighting, imagery, memory or even a new relationship that mimics a previous traumatic one.
Secondary victimization	Secondary victimization is victimization that occurs not as a direct result of a criminal act, but because of the response of institutions and individuals to the victim. ⁷
Terrorist group	<p>There is currently no universally accepted, comprehensive definition of “terrorism” or “terrorist group”. As noted in the report of the Secretary-General entitled “Plan of action to prevent violent extremism”,⁸ definitions of both “terrorism” and “violent extremism” are the prerogative of Member States and must be consistent with their obligations under international law, in particular international human rights law. Just as the General Assembly has taken a practical approach to counter-terrorism through the adoption by consensus of the United Nations Global Counter-Terrorism Strategy, the Plan of action sets out a practical approach to preventing violent extremism, without venturing to address questions of definition.⁹</p> <p>For the purposes of the present manual, the term “terrorist group” encompasses at least the entities designated by the Security Council on the ISIL (Da’esh) and Al-Qaida sanctions list and the Taliban sanctions list, as well as Al-Shabaab. It may also include other groups that resort to acts proscribed by the universal counter-terrorism conventions and protocols, as well as groups designated as terrorist groups at the national or regional level.</p> <p>Terrorist groups also engage in the recruitment and exploitation of children.</p>

⁷ UNODC, *Handbook on Justice for Victims: On the Use and Application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power* (New York, 1999), p. 9.

⁸ A/70/674.

⁹ *Ibid.*, para. 2.

INTRODUCTION

Background

A. Child association with armed and organized criminal groups, including terrorist groups

The phenomenon of child¹ association with armed and organized criminal groups, including terrorist groups, is not unique to a particular geographical region or political or cultural context. It is global in scale and has a long history. It occurs in both conflict and non-conflict settings, and it affects children who travel from their countries of origin to countries of transit or return.²

In 1996, the expert of the Secretary-General, Ms. Graça Machel, presented a report on the impact of armed conflict on children to the General Assembly.³ The report highlighted the ways in which children are not only victims of attacks and hostilities in contexts of armed conflict, but are also actively recruited and exploited as child soldiers. Over 25 years later, despite the adoption of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict,⁴ which sets out a clear obligation for States to protect children from recruitment by non-State armed groups by all feasible means, the phenomenon persists throughout the world. While verifying recruitment cases can be extremely difficult due to the contexts of insecurity in which they take place, the Secretary-General's annual reports on children and armed conflict covering the period 2012–2017 revealed almost 30,000 verified cases of child recruitment.⁵ In 2020 alone, the Secretary-General reported 8,521 cases of child recruitment and use, a number that is extremely likely to represent underreporting.⁶

Over the past decade, the association of children with groups designated as terrorist has risen to global attention. The Special Representative of the Secretary-General for Children and Armed Conflict notes with concern that both terrorism and counter-terrorism create significant protection challenges for children.⁷ This includes the situation of children who have links with foreign terrorist fighters,⁸ including children who may have travelled across national borders, alone or with their families, or who may have been born within occupied areas.

Similarly, the risk of the recruitment and exploitation of children by organized criminal groups affects children in different regions of the world, despite wide variation in the objectives, membership and focus of criminal activities of the different groups.

Regardless of the groups' classification into different categories (armed groups, organized criminal groups or gangs, terrorist groups) and notwithstanding the variety of child recruitment processes, the experiences of recruited children share some commonalities.

During association with such groups, children are exposed to violence, neglect and an insecure environment that is not conducive to their harmonious development. They are exploited in a variety of roles, including as informants, as human shields, for the transport or sale of drugs, to conduct

¹ The present manual uses the term "child" to designate all human beings below the age of 18 years, in line with the definition set out in article 1 of the Convention on the Rights of the Child.

² A/70/836-S/2016/360.

³ A/51/306.

⁴ See General Assembly resolution 54/263.

⁵ Reliefweb, "Child soldier levels doubled since 2012 and girls' exploitation is rising", Child Soldiers International, 11 February 2019.

⁶ Report of the Secretary-General on children and armed conflict (S/2021/437, para. 4).

⁷ A/HRC/49/58, paras. 30–33.

⁸ Security Council resolution 2178 (2014) defines foreign terrorist fighters as "Individuals who travel to a State other than their States of residence or nationality for the purpose of the perpetration, planning, or preparation of, or participation in, terrorist acts or the providing or receiving of terrorist training, including in connection with armed conflicts".

surveillance or to carry weapons. The children can also be sold, trafficked, sexually exploited, used for suicide attacks or trained to carry and use weapons. Many children die during such association and those who survive may have to overcome the long-term impact of violence on their physical and mental health.

At the same time, the stigma associated with the activities of such groups means that the children associated with them are often perceived primarily as threats to public security, and as children only secondarily. The result is that they are especially vulnerable to punitive approaches by authorities, secondary victimization, retraumatization and rejection from their communities, even after they leave the groups, and they can find it particularly difficult to access the rehabilitation and reintegration services that they need to recover.

Such consequences for children represent not only violations of their rights but may also exacerbate their social exclusion, resulting in serious consequences for the broader society.⁹ Supporting such children through appropriate rehabilitation and reintegration is a crucial priority for building inclusive and peaceful societies.

B. Appropriate assessment processes: a key requirement for rehabilitation and reintegration

Conducting individual assessments is a crucial step in providing rehabilitation and reintegration support to children associated with armed and organized criminal groups, including terrorist groups. Individual child psychosocial assessments are essential for gaining a holistic understanding of the child's state and circumstances and developing recommendations for psychological, physical and social interventions, in accordance with the child's rights and their specific situation.

Child psychosocial assessments are often the first step necessary for such children to access specific services and to see their rights fulfilled after they exit a group. At the same time, the assessments provide the information that professionals need to ensure that rehabilitation and reintegration interventions are conducive to positive social outcomes.

However, the policymakers and practitioners involved in planning and implementing child assessment processes in the context of conflict as well as those involved in responding to organized crime or counter-terrorism face numerous complex challenges:

- Childhood and adolescence involve crucial biological, psychological and emotional changes; appropriate assessment approaches should reflect the specificities of child and adolescent development;¹⁰
- Children associated with armed and organized criminal groups, including terrorist groups, are likely to have experienced serious and prolonged violence, which may have an impact on their physical and mental health. Therefore, assessments should include mechanisms to prevent secondary victimization and the retraumatization of children;
- Such children may find themselves in especially challenging circumstances, including: (i) in a cross-border situation, with an assessment conducted in a third country and rehabilitation and reintegration processes implemented in a country of return; (ii) in the context of criminal proceedings, where children may be involved as alleged offenders; and (iii) in situations of deprivation of liberty. Such circumstances create different obligations and concerns for the professionals who conduct the assessments and careful attention must be paid to the specific objectives of each assessment;

⁹ Committee on the Rights of the Child, general comment No. 24 (2019) on children's rights in the child justice system, para. 99.

¹⁰ While the present manual uses the term "child" to designate all human beings below 18 years of age, in line with the definition set out in article 1 of the Convention on the Rights of the Child, in the context of psychosocial assessment, it is appropriate to refer to both child and adolescent development, to recognize the important distinction between the two developmental phases.

- Psychosocial child assessment processes may need to be carried out urgently, in insecure contexts or where financial and human resources are limited, especially skilled and specialized professionals;
- Psychosocial child assessment processes are inherently multidisciplinary efforts. Different professionals are concerned with the various phases of conducting an assessment, notably the request, the planning, the collection and analysis of information, and the elaboration of the assessment report. It is also important to note that different stakeholders will use the assessment report and need to understand and interpret it correctly. All professionals involved should have a shared understanding of the purpose and processes of an assessment so that they can provide relevant and meaningful information.

Such challenges have been considered in the development of the present manual. Recognizing the crucial importance of psychosocial child assessment processes, the United Nations Office on Drugs and Crime (UNODC) has embarked upon the development of this specialized publication to outline appropriate approaches to such efforts. In drafting the manual, the Office has paid the utmost attention to the concerns that national authorities and professionals have raised with the UNODC Global Programme to End Violence against Children in the course of the provision of technical assistance in this area of work.

C. Approach of the United Nations Office on Drugs and Crime

The mission of UNODC is to contribute to the achievement of security and justice for all by making the world safer from crime, drugs and terrorism. UNODC also has the mandate to support Member States in ensuring that children are better served and protected by justice systems. In 2014, recognizing the pressing need to address the issue of violence against children and in particular the role of the criminal justice system, the General Assembly, in its resolution 69/194, adopted the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice. The Model Strategies recognize the specific risks associated with the recruitment and exploitation of children.¹¹

In December 2014, in its resolution 69/172 on human rights in the administration of justice, the General Assembly welcomed the Global Programme to End Violence against Children, encouraging Member States and other relevant stakeholders to support and to benefit from the programme. The Global Programme, which was launched in 2014 by UNODC, is dedicated to supporting Member States in preventing and responding to violence against children in its different forms. In this respect, the Global Programme serves the 2030 Agenda for Sustainable Development (resolution 70/1), which recognizes the safety of children as a precondition for global development. Target 16.2 of the Sustainable Development Goals, which calls for putting an end to all forms of violence against children, serves as a reminder of the crucial role played by children in the creation of peace, justice and robust institutions. In 2017, in its resolution 72/194, the Assembly recognized the added value of the specific mandates of UNODC in crime prevention and criminal justice and in terrorism prevention and requested the Office to continue to assist Member States in addressing challenges related to the treatment of children recruited by armed and terrorist groups, in line with international law and under the framework of the Global Programme. In its resolution 74/175 on technical assistance provided by UNODC related to counter-terrorism, the Assembly recognized the guidance provided in the *Handbook on Children Recruited and Exploited by Terrorist and Violent Extremist Groups: the Role of the Justice System* and its three related training manuals and requested UNODC, through the Global Programme, to continue to support requesting Member States, in accordance with relevant national legislation, in preventing the involvement of children in armed and terrorist groups and in ensuring that children alleged to have, accused of having or recognized as having infringed the law, particularly those who are deprived

¹¹ See General Assembly resolution 69/194, annex, para. 15 (a).

of their liberty, bearing in mind United Nations standards and norms in juvenile justice, and children who are victims and witnesses of crime are treated in a manner that observes their rights and respects their dignity in accordance with applicable law, including international law, in particular the obligations under the Convention on the Rights of the Child, for States parties to that Convention, as well as the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and that relevant measures are taken to effectively reintegrate children formerly associated with armed groups and terrorist groups.

Under the umbrella of the Global Programme, UNODC has provided technical assistance to over 40 countries that face the phenomenon of children associated with armed and organized criminal groups, including terrorist groups.

With a view to supporting countries to better serve and protect children, UNODC has been promoting an approach framed by the following key elements:

- All children associated with armed and organized criminal groups, including terrorist groups, are to be considered and treated primarily as victims of violence. Depending upon their individual circumstances, they may be victims of the crimes of recruitment, exploitation, trafficking, or of other forms of violence.¹² No process of association with such groups can be regarded as truly voluntary;
- States have clear legal obligations to respect, protect and fulfil the rights of every child in their jurisdiction. A child rights-based approach should inform the entirety of the treatment of such children;¹³
- The primary objective of any action taken in relation to such children should be to promote their rehabilitation and reintegration,¹⁴ including to support them in overcoming the harm they have experienced and in achieving a positive role in society as citizens. Effective rehabilitation and reintegration are in the interests of the child and of society as a whole, as they are crucial steps in building inclusive and peaceful communities;
- Being treated primarily as a victim does not mean that a child cannot be held accountable for the commission of a crime as defined by national law (assuming that they are over the minimum age of criminal responsibility). It does mean that their rights as victims should be protected and that prosecution should be a measure of last resort. If children are prosecuted, then their status as victims should be identified, acknowledged and accounted for at different stages of the proceedings. At all times, they should be dealt with in accordance with international standards on child justice and in a way that promotes their rehabilitation and reintegration as a primary objective;¹⁵
- In light of the complexity of these issues, effective solutions cannot be provided by only one sector or agency, but rather require concerted efforts on the part of different agencies and institutions. It is also important to strive for a comprehensive approach from prevention through reintegration and to avoid fragmented efforts.

¹² Convention on the Rights of the Child (1989), art. 19; Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000), art. 4, para. 2; Convention (No. 182) concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999), arts. 1 and 3 (a) and (c); Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, arts. 3 (a) and 5; and the following Security Council resolutions: 1261 (1999), 1314 (2000), 1373 (2001), 1379 (2001), 1460 (2003), 1539 (2004), 1612 (2009), 1882 (2009), 1998 (2011), 2068 (2012), 2143 (2014), 2225 (2015), 2427 (2018) and 2601 (2021)

¹³ Convention on the Rights of the Child (1989), art. 2.1.

¹⁴ Ibid, arts. 39–40.

¹⁵ Ibid, art. 40; and United Nations Children's Fund, *Principles and Guidelines on Children Associated with Armed Forces or Armed Groups*, paras. 3.6–3.7 and 8.7–8.8.

Manual

A. Purpose

The main purpose of the present manual is to provide guidance for policymakers and practitioners on the ecological framework for child psychosocial assessment. In particular, the manual proposes the use of a resilience-focused model aimed at promoting positive outcomes as well as tackling the specific adversities arising from children's association with armed and organized criminal groups, including terrorist groups. The ecological framework for child assessment and its focus on resilience is designed to improve outcomes for children and for society as a whole by promoting child-sensitive, effective and safe rehabilitation and reintegration processes.

The manual has the following specific objectives:

- Introduce the ecological framework for child assessment, its key objectives, its resilience focus and its relevance for the situation of children associated with armed and organized criminal groups, including terrorist groups;
- Provide practical guidance on implementing the key phases of the assessment process and using an assessment report by focusing on strategies that are child-rights compliant, safe and effective and mitigate the risk of secondary victimization and the retraumatization of the child;
- Outline strategies and practices to facilitate cross-sectoral cooperation throughout the assessment process, taking into account the different uses of the assessment reports;
- Provide an overview of the challenges that may arise according to the situation of individual children and propose steps to address them.

B. Target audience

The manual is intended to assist professionals in the security, justice (including law enforcement) and child protection sectors to effectively discharge their professional duties and responsibilities regarding the assessment of children associated with armed and organized criminal groups, including terrorist groups. It offers theoretical and practical guidance to:

- Policymakers and practitioners who have responsibilities for defining and establishing the legal and operational parameters around assessment procedures. These include professionals involved in the drafting or revision of legislation and the development of operational guidelines on conducting assessments involving children;
- Practitioners whose duties involve conducting assessments and developing recommendations as well as professionals who rely on assessment reports in decision-making relating to individual children.

C. Structure

Policymakers and practitioners are encouraged to refer to the manual as a resource for their own learning and development and as a reference tool to support and continuously improve their practice.

The manual comprises three parts:

Part I introduces a resilience-focused model of individual psychosocial child assessment, presents the ecological framework for data collection and analysis and sets out the theoretical basis for the practices and strategies set out in the subsequent chapters. It provides a definition of the ecological framework and a description of the ways in which it is conducive to strengthening resilience processes, ultimately contributing to rehabilitation and reintegration objectives. Part I also details the approaches that should inform the design and conduct of assessments.

Part II is aimed at assisting policymakers and practitioners in the application of resilience-focused assessment using the ecological approach, in full compliance with child rights, throughout the key steps involved in the assessment process.

Part III demonstrates the ways in which the assessment process can be used, presenting five scenarios in which children associated with armed and organized criminal groups, including terrorist groups, may find themselves. Part III is aimed at applying in practice the theoretical knowledge covered in part I and the operational guidance conveyed in part II.

PART ONE

Ecological framework for resilience-focused child assessment

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Introduction

In order to effectively carry out assessments for children associated with armed and organized criminal groups, including those designated as terrorist groups, it is necessary first to clearly define the goals of the assessment process. Part one of the present manual is designed to provide answers to the following questions:

- What type of assessment should be undertaken with such children?
- What are the overarching objectives for assessors?
- What approaches are conducive to reaching those objectives?

To answer these questions, the manual starts by focusing on the ultimate beneficiary population: children. First, it considers that children are human beings in an ongoing process of development. Accordingly, any action affecting them should be adapted to their circumstances and in line with their specific rights to contribute to their developmental process in a constructive way. Second, it takes into account that children associated with armed and organized criminal groups, including those designated as terrorist groups, face especially complex circumstances. Not only have they experienced violence through recruitment and during association with such groups, but they are also likely to be the recipients of stigma, rejection and punitive approaches after having left the groups, contributing to the potential for their secondary victimization.

Against this background, the present manual is aimed at promoting an assessment model that:

- **Is specifically designed for children**, including adolescents, taking into account their specific rights and their development as well as the challenges that derive from the experience of violence
- **Focuses on promoting the resilience of children** through appropriate psychosocial intervention as a key process to supporting their rehabilitation and reintegration in complex circumstances
- **Provides strategies** to identify, preserve and reinforce strengths and protective factors, to guide professionals through a constructive understanding of the child and their opportunities and to counter stigma and prevailing negative attitudes surrounding such children
- **Adopts an ecological framework**, recognizing that the responsibility for the success of the rehabilitation and reintegration process should not lie only on the child, and that the different actors that shape a child's life, at the individual, social and systemic levels, should participate and provide support to the process

To elaborate this assessment model, the manual borrows from and builds upon a rich scientific tradition, including resilience theory, ecological theory and other relevant approaches that can inform the appropriate methods for designing and conducting child assessments. In addition, the proposed assessment model is entirely anchored in international law. This means that rehabilitation and reintegration are identified as the overarching objectives of the assessment process and any subsequent intervention. Furthermore, the manual sets out strategies for ensuring a child rights-based approach throughout the assessment process.

Part one of the manual provides policymakers and practitioners with an overview of the theoretical background, both scientific and legal, that has informed the development of the assessment model. The first chapter introduces a resilience-focused assessment model and details the added value of the ecological framework in guiding data collection and analysis. The second chapter provides an analysis of various approaches to assessment that can support practitioners in addressing the challenges deriving from children's association with armed and organized criminal groups, including those designated as terrorist groups.

The information provided in part one of the manual is essential for understanding parts two and three.

CHAPTER I.

Pursuing child resilience through an ecological framework of psychosocial assessment

I. Introduction

For the purposes of the present manual, the United Nations Office on Drugs and Crime (UNODC) uses “child assessment” to refer to the process of collecting and analysing data concerning the psychosocial situation of an individual child, with the aim of supporting psychosocial interventions and decision-making that will affect the child.

Chapter I is dedicated to introducing the key concepts and theoretical underpinnings of the assessment model presented in the manual. It should therefore be read prior to delving into the analysis of the assessment process (see part two) and its applications to real-life scenarios (see part three).

Chapter I starts by outlining the assessment goals and intentions. Recognizing that all children associated with armed and organized criminal groups, including those designated as terrorist groups, are primarily victims, the present manual holds that the ultimate objective of any action addressing children associated with such groups is to promote their rehabilitation and reintegration. A resilience-focused model is then put forth as the most appropriate approach for promoting rehabilitation and reintegration while recognizing the experiences and complex situations of such children.

Chapter I then introduces the ecological framework for psychosocial assessment as the approach best suited to assessing children associated with armed and organized criminal groups, including those designated as terrorist groups. Multiple elements have an impact upon a child’s resilience process. The ecological framework for psychosocial child assessment is a tool that can support assessors to take all those elements into account effectively. The model embodies the recognition that rehabilitation and reintegration can be affected on three levels: by the individual circumstances of the child; by their social environments; and by the broader framework in which the child lives (characterized by political, legal and cultural factors, among others). The approach also provides guidance on how to collect and analyze data coherently at all levels and in a manner conducive to strengthening resilience.

Finally, chapter I explores different strategies for multi-stakeholder coordination in the context of the ecological framework for psychosocial child assessment.

2. Objectives

By the end of chapter I, professionals will be able to:

- Explain why rehabilitation and reintegration need to be the ultimate objectives of psychosocial child assessment processes
- Understand the notion of resilience as a process in the context of the rehabilitation of children associated with armed and organized criminal groups, including those designated as terrorist groups, and identify the implications of a resilience-focused assessment
- Define the ecological framework for psychosocial child assessment
- Identify and explain the three levels of analysis set out in the ecological framework for psychosocial child assessment
- Outline the three reasons that the ecological framework is advantageous for children associated with armed and organized criminal groups, including those designated as terrorist groups
- Identify and apply strategies to foster multi-stakeholder coordination during child assessment processes

3. Identifying the ultimate objectives of the child assessment model

To understand the child assessment model proposed in the coming chapters, it is necessary to first identify its objectives, as they will guide the entire assessment process, from planning to the elaboration of the report.

The proposed assessment model:

- Distinguishes between two levels of objectives: the specific purposes of the assessment (to be identified according to the individual situation of the child) and the ultimate objectives (to be identified in legal obligations).
- Embodies the recognition that rehabilitation and reintegration represent the ultimate objectives of all assessment processes targeting children associated with armed and organized criminal groups, including those designated as terrorist groups
- Is focused on promoting the process of resilience as the most appropriate approach to achieving rehabilitation and reintegration while taking into account the complex circumstances of these children

(a) Specific purposes and ultimate objectives of the assessment

Following association with armed and organized criminal groups, including those designated as terrorist groups, children can be assessed for various reasons and in different situations. The assessment process and its outcomes will serve to inform diverse decisions concerning the future of the child; this means that they can target various specific purposes. For example, they can be used to plan and prepare the child's repatriation process; to facilitate access to appropriate rehabilitative services; or to guide judicial decision-making. The decisions identify the specific purpose of the assessment process in a given context. The specific purpose should be clearly defined when initiating the assessment process and should be understood by all stakeholders involved (see part two, chap. I).

In practice, the specific purpose of a child assessment can be expressed through a clear-cut question on which treatment/intervention/choice would be most appropriate to enhance the psychosocial well-being of the child in a given situation.

Example of a specific purpose: What psychosocial interventions are needed to support the child during repatriation?

The present manual promotes the view that, regardless of their specific purpose, all psychosocial assessment processes addressing children associated with armed and organized criminal groups, including those designated as terrorist groups, should pursue the ultimate objective of promoting the child's rehabilitation and reintegration. This means that all the choices of the professionals involved in the assessment should be in support of the child's rehabilitation and reintegration and that any specific purposes of the assessment should serve that ultimate objective.

Example of a specific purpose interpreted according to the ultimate objective: What psychosocial interventions can make the repatriation process more conducive to the rehabilitation and reintegration of the child?

(b) Rehabilitation and reintegration as the ultimate objective

International law establishes the clear obligation for State authorities dealing with children who have suffered violence to promote their rehabilitation and reintegration (see focus box 1).¹ All children who have experienced association with armed and organized criminal groups, including those designated as terrorist groups, are to be considered and treated primarily as victims, regardless of their circumstances (see focus box 2).

FOCUS BOX 1.

PROHIBITION UNDER INTERNATIONAL LAW OF CHILD RECRUITMENT, EXPLOITATION OR USE IN HOSTILITIES^a

- **Convention on the Rights of the Child and Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict:** The Convention establishes the obligation for States parties to take all necessary measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (art. 19) and prohibits the recruitment of children under 15 years of age into armed forces (art. 38). In response to the perceived gaps of the Convention in relation to child recruitment, the Optional Protocol introduced a blanket prohibition of the recruitment of children under 18 years of age, under any circumstances, by non-State armed groups and their use in hostilities (art. 4), and requires that States parties take all necessary measures to prevent such recruitment, including legal measures (art. 6).
- **Worst Forms of Child Labour Convention, 1999 (No. 182), of the International Labour Organization:** According to the Convention, the worst forms of child labour encompass slavery and practices similar to slavery, including the forced or compulsory recruitment of children for use in armed conflict and the use and procuring or offering of a child for illicit activities (art. 3). States parties are required to take immediate and effective measures to secure their prohibition and elimination (art. 1).
- **Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime:** According to the Protocol, the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve the threat or use of force or other forms of coercion, of fraud, of abduction, of deception or of the abuse of power (art. 3) and States parties have the obligation to criminalize trafficking in persons (art. 5).

¹ Convention on the Rights of the Child (United Nations *Treaty Series*, vol. 1577, No. 27531), arts. 39 and 40.

PROHIBITION UNDER INTERNATIONAL LAW OF CHILD RECRUITMENT, EXPLOITATION OR USE IN HOSTILITIES^a (CONTINUED)

- **Universal legal framework against terrorism:** In its resolution 1373 (2001), the Security Council, acting under Chapter VII of the Charter of the United Nations, decided that all States should refrain from providing any form of support to entities or persons involved in terrorist acts, including by suppressing the recruitment of members of terrorist groups. In its resolution 70/291, on The United Nations Global Counter-Terrorism Strategy Review, the General Assembly strongly condemned the systematic recruitment and use of children to perpetrate terrorist attacks.
- **United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice:** In its resolution 69/194, the General Assembly adopted the Model Strategies, which sets out specific measures to prevent the recruitment, use and victimization of children by criminal groups, terrorist entities or violent extremist groups (para. 15 (a)).
- **Security Council resolutions on children in armed conflict:** Since 1999, the Security Council has adopted numerous resolutions strongly condemning the recruitment and use of children in armed conflict, killing and maiming, sexual violence, abduction or forced displacement, attacks on schools and the denial of humanitarian support. See resolutions 1261 (1999), 1314 (2000), 1379 (2001), 1460 (2003), 1539 (2004), 1612 (2005), 1882 (2009), 1998 (2011), 2068 (2012), 2143 (2014), 2225 (2015), 2427 (2018) and 2601 (2021).
- **Protocols Additional to the Geneva Conventions of 1949:** Protocol I includes the prohibition of recruitment and use of children below 15 years of age by State armed forces in international armed conflicts (art. 77.2). Protocol II includes the same prohibition for non-State armed groups in situations of non-international armed conflict (art. 4.3).
- **Rome Statute of the International Criminal Court:** Under the Rome Statute, the recruitment or use in hostilities of children under 15 years of age by State armed forces or non-State armed groups is a war crime (art. 8, para. 2 (b) (xxvi) and (e) (vii)).

^a Detailed information on the relevant international legal framework can be found in UNODC, *Handbook on Children Recruited and Exploited by Terrorist and Violent Extremist Groups: The Role of the Justice System* (Vienna, 2017), chaps. 1. C, 2. A and 3. A

CHILDREN ASSOCIATED WITH ARMED AND ORGANIZED CRIMINAL GROUPS, INCLUDING THOSE DESIGNATED AS TERRORIST GROUPS, ARE PRIMARILY VICTIMS^a

- Children are to be considered victims because the international legal framework affords them special protection against all forms of violence, including recruitment, which is specifically prohibited by numerous international legal instruments (see focus box 1).
- Children's victimization is anchored in the power imbalance between the child and the groups. Children have needs that are associated with their development (protection, recognition, belonging and acceptance). When these needs are not fulfilled, children are especially vulnerable to recruitment; are purposefully pursued to fulfil the groups' strategic interests; and are victimized throughout their association with the groups.
- Regardless of how children are recruited, during association with the groups they are subject to multiple, often extreme, forms of violence.
- Regardless of how children are recruited, during their association they are not free to leave the group at will.

^a See UNODC, *Rehabilitation and Reintegration of Child Victims of Recruitment and Exploitation by Terrorist and Violent Extremist Groups: A Training Manual*, (Vienna, 2019), p. 16.

Accordingly, supporting the child's rehabilitation and reintegration process constitutes the ultimate objective of any type of intervention concerning children who have experienced association with these groups, beginning with their assessment.

For the purposes of the present manual, “rehabilitation” refers to the medical and psychological care and the identification of the required legal and social services to be provided to child victims of association with armed and organized criminal groups, including those designated as terrorist groups, to enable them to recover from physical and psychological harm.²

“Reintegration” refers to the safe process by which a child transitions back into the community, achieves physical and psychological recovery and acquires attitudes and behaviours conducive to assuming a constructive role in society. Such reintegration should take place in an environment that fosters the health, self-respect and dignity of the child.³

The use of the term “rehabilitation” pertains to a variety of different contexts and can acquire different, nuanced meanings. “When considering the rehabilitation of victims of crime, the word generally denotes interventions to support the victims, help them mitigate the personal impact of their victimization, deal with stress related to trauma, and help them resume a normal life”.⁴ In the context of conducting assessments of children following their association with these groups, focusing on promoting rehabilitation entails recognizing their victimization. In addition, it leads to the consideration of all available support to enable them to overcome the harm they have experienced.

At the same time, using the term “reintegration” stresses the importance of the social dimension of returning to society and promotes an active understanding of the role of families, communities and the State in such processes.

Crucially, the present manual proposes a dual focus on rehabilitation and reintegration, as they are intrinsically connected, just as the individual and social dimensions of recovery are inevitably linked.

(c) A resilience-focused model: promoting rehabilitation and reintegration in the face of adversity.

An aspect of the violence inherent in child association with armed and organized criminal groups, including those designated as terrorist groups, is the severance of children from society, from their communities and at times even from their own families during the time of association. The stigma and rejection that generally characterize the perception of armed groups, criminal groups and particularly those designated as terrorist groups further complicate the exit from the groups and the transition back to “ordinary” life. The consequences of violence, compounded by the impact of the separation of the child from ordinary society, can make the process of rehabilitation and reintegration especially arduous.

The present manual proposes a resilience-focused model of assessment as especially apt to promoting the objective of rehabilitation and reintegration in the difficult circumstances faced by such children. Resilience is a nuanced concept and has been defined in a variety of ways, notably as a trait, as an outcome or as a process.⁵

² Article 39 of the Convention on the Rights of the Child and articles 6 and 7 of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict clarify that States are responsible for taking all feasible measures to promote the rehabilitation of child victims. This definition is adapted from the definition of rehabilitation provided in the UNODC publication, *Justice in Matters Involving Child Victims and Witnesses of Crime: Model Law and Related Commentary* (Vienna, 2009), p. 58 of the commentary in reference to article 29, paragraph (7)(c).

³ This definition has been adapted from articles 39 and 40 of the Convention on the Rights of the Child. It takes into account *The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups*, published by the United Nations Children’s Fund (UNICEF) in February 2007.

⁴ See UNODC, *Rehabilitation and Reintegration of Child Victims of Recruitment and Exploitation by Terrorist and Violent Extremist Groups: A Training Manual* (Vienna, 2019), p. 14.

⁵ Steven M. Southwick and others, “Resilience definitions, theory, and challenges: interdisciplinary perspectives”, *European Journal of Psychotraumatology*, vol. 5, art. No. 25338 (December 2014) and Yanping Jiang, “Evaluating impacts of a multilevel resilience-based psychosocial intervention on mental health of children affected by parental HIV in China”, Doctoral thesis, University of South Carolina, 2019.

For the purposes of the present manual, “resilience” is defined as “a dynamic process encompassing positive adaptation within the context of significant adversity.”⁶

In the context of child assessments, adopting a resilience-focused model has two notable implications:

- The recognition that children formerly associated with these groups experience a context of adversity, which can entail negative outcomes (risks) in the rehabilitation and reintegration processes
- A focus on the promotion of positive, constructive and prosocial outcomes conducive to rehabilitation and reintegration in the face of adversity

The “adversities” experienced by a child associated with armed and organized criminal groups, including those designated as terrorist groups, are many and specific to each child and need to be clearly identified as part of the assessment process (see part two, chap. IV). A resilience-focused model acknowledges the relevance of the adverse context without focusing on calculating the likelihood of negative outcomes for the child (predictive, risk-focused assessment) or on attempting to eliminate them (preventative assessment model).

Instead, it proposes the identification of positive outcomes for the child and the identification, protection and reinforcement of the positive factors that can support a child and their environment in achieving positive outcomes.

FOCUSING ON PROMOTING RESILIENCE IN THE FACE OF ADVERSITY

EXAMPLE 1

- **Identification of adversity:** In the context of repatriation from conflict zones, the child may become separated from their parents upon arrival to the country of residency
- **Identification of risk for the rehabilitation/reintegration process:** The abrupt separation from the parent can cause shock, retraumatization and feelings of injustice in the child
- **Identification of positive outcomes:** The child has coping mechanisms to sustain the stress and suffering caused by separation from the parent

Proposal of resilience-focused strategies: (i) The child and parents/caregivers are informed in advance of the procedures to expect upon arrival and have received individual/parental counselling sessions; (ii) the child and the parents/caregivers are accompanied by a practitioner whom they know and with whom they have a bond during their separation; and (iii) the child is welcomed by members of their extended family, with whom they have had extensive contact prior to arrival.

EXAMPLE 2

- **Identification of adversity:** In the context of returning to the community, the child may face stigma and discrimination
- **Identification of risk for the rehabilitation/reintegration process:** Discrimination and stigma may undermine the child's feelings of safety during return and have an impact on access to services
- **Identification of positive outcomes:** Tolerance is promoted within the community to foster an environment conducive to reintegration

Proposal of resilience-focused strategies: (i) During the initial period, the child is accompanied to and from school and main activities; and (ii) as soon as the child develops positive relationships, those are supported.

⁶ Suniya S. Luthar, Dante Cicchetti and Bronwyn Becker, “The construct of resilience: a critical evaluation and guidelines for future work”, *Child Development*, vol. 71, No. 3 (May/June 2000), pp. 543–562.

As a result of this approach, the negative impact of adversity on the child will be mitigated without becoming the focus of intervention during the assessment or in subsequent interventions. Most importantly, by promoting active engagement with the positive aspects of a child's life, the model is designed to:

- Support the child in developing a positive self-perception and gaining agency
- Support the people in the child's environment by designing constructive strategies to cope with adversity and commit to the rehabilitation and reintegration objectives
- Support the assessor in the collection and analysis of information in ways that are conducive to the identification, protection and reinforcement of the positive factors

How can assessors pursue these objectives in practice? The next section of chapter I introduces the ecological framework for psychosocial assessment as the most appropriate method for data collection and analysis in a resilience-focused model.

The two risk-based models of assessment that are focused on negative outcomes are the predictive model and the preventive model. In the present manual, these models are not used as they are not considered conducive to rehabilitation and reintegration in the context of children associated with armed and organized criminal groups, including those designated as terrorist groups.

PREDICTIVE MODEL AND PREVENTIVE MODEL: A FOCUS ON NEGATIVE OUTCOMES	
PREDICTIVE MODEL	PREVENTIVE MODEL
<p>When the purpose of the assessment is to predict a negative outcome if nothing is done</p> <p>Predictive models are focused on the likelihood that the negative outcome will occur. The likelihood can be expressed by level of risk.</p>	<p>When the purpose of the assessment is to prevent a negative outcome</p> <p>Preventive models are focused on reducing causal risk factors and strengthening protective factors that are most closely related with the problem being addressed.</p>
<ul style="list-style-type: none"> • The predictive model is not recommended for conducting psychosocial assessments with children associated with armed and organized criminal groups, including those designated as terrorist groups, for the following reasons: • Focusing on a probability is different from focusing on a cause and can lead to inappropriate psychosocial interventions. Such focus works against the rehabilitation and reintegration of the child • Focusing on the likelihood of a negative outcome may contribute to the child being seen as a threat by professionals, the community and the family, instead of as a person with potential, and therefore works against the reintegration of the child • Using the predictive model could be unfair to children as, given the extremely complex nature of this type of assessment and the dynamic contexts in which it often takes place, predictive accuracy may be low. 	<ul style="list-style-type: none"> • The preventive model may be recommended when the purpose of the psychosocial assessment is to prevent a negative outcome (presupposing that the negative outcome has been clearly defined). • For example, in the context of witness protection, when assessing the fitness of a child witness or victim to be interviewed or to testify, the preventive model may be chosen because professionals can anticipate either that the child will not be interviewed or will not testify or can stop the interview or testimony, if necessary. In such as case, the potential adversity can be influenced (the interview or the testimony) by eliminating it (stopping the interview or testimony or explaining that the child is not fit to be interviewed or to testify).

- The predictive and preventive models are not recommended when the assessment is conducted in the context of children in conflict with the law.
- In juvenile justice, the risk-based approaches focused on negative outcomes are aimed at correcting behaviours. As such, they are repressive and retributive forms of juvenile justice in which professionals take actions against children. In such approaches, the predominant focus is the risk, and children are described primarily as offenders. This encourages politicians, the media and the general public to perceive and treat children who offend in negative, stigmatizing, marginalizing and exclusionary ways.^a Risk-based approaches also teach children to see themselves in a negative light.
- It is important for policymakers to be aware of the pragmatic alternatives to the risk-based juvenile justice approach. For example, the Children First, Offenders Second^b approach, which seeks both to foster the child's strengths and positive behaviours (instead of to correct the child's shortcomings and negative behaviours) and to normalize offending by children. It is a whole-child approach that proposes a preventive (instead of repressive) and diversionary (instead of retributive) form of juvenile justice, in which actions are taken for children (instead of against them).

^a Stephen Case and Kevin Haines, *Understanding Youth Offending: Risk Factor Research, Policy and Practice* (Portland, Oregon, United States of America, Willan Publishing, 2009).

^b Stephen Case and Kevin Haines, "Children first, offenders second: the centrality of engagement in positive youth justice," *Howard Journal of Crime and Justice*, vol. 54, No. 2 (October 2014).

4. Putting a resilience-focused model into action: an ecological framework for psychosocial child assessment

Supporting rehabilitation and reintegration through a focus on the resilience of children is best served by conducting psychosocial assessments according to the ecological framework. The following sections will present the content and focus of psychosocial assessment, outline the theoretical underpinnings of the ecological approach and present the added value of its application in the context of child association with armed and organized criminal groups, including those designated as terrorist groups.

(a) Psychosocial child assessment

The term "psychosocial assessment" refers to an assessment process that recognizes the relationship between psychological and social factors, a connection that is especially important for children, whose developmental processes are still under way.⁷ Emphasizing the psychosocial component of the psychosocial assessment process means highlighting "the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour) and our wider social experience (or relationships, traditions and culture)."⁸

This emphasis requires the adoption of methods of data collection and analysis capable of capturing the relevance of psychological and social elements as well as their continuous interaction in shaping the reality of the child. The ecological framework for psychosocial child assessment is the approach best suited to putting the psychosocial aspect first.

⁷ Joan Duncan and Laura Arntson, *Children in Crisis: Good Practices in Evaluating Psychosocial Programming*. (Westport, Connecticut, United States of America, Save the Children, 2004), p. 7.

⁸ Psychosocial Working Group, "Psychosocial intervention in complex emergencies: a framework for practice" (Edinburgh, United Kingdom of Great Britain and Northern Ireland, 2003), p. 2.

(b) Applying the ecological framework to support resilience

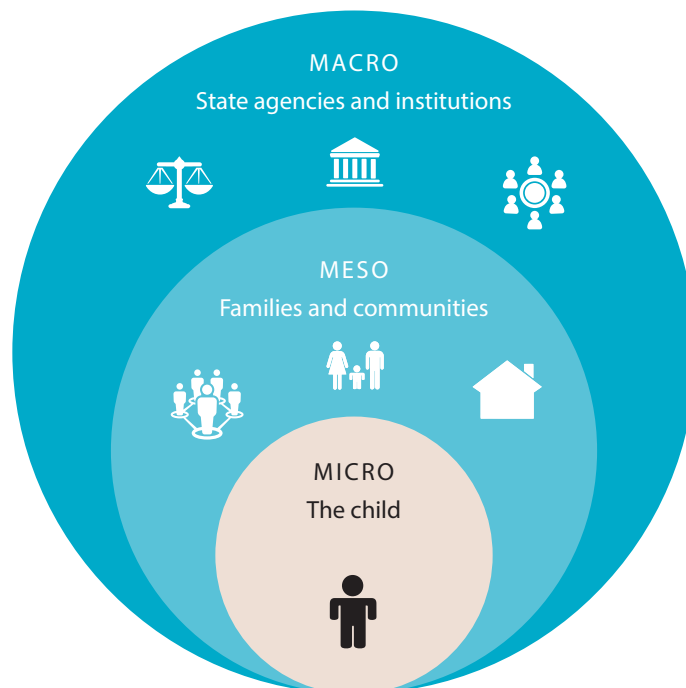
An ecological theory of human development recognizes that human beings, including children, live in continuous interaction with their environment, both influencing it and being influenced by it. This theory also conceptualizes the environment in which people live as a “set of nested structures, each inside the next, like a set of Russian dolls.”⁹ For children, this means that they grow up within different contexts, (families, schools, neighbourhoods, communities), that can be conceived as different units, each working as part of an ecosystem in which larger units include smaller ones, each unit at a different degree of proximity to the child. All these contexts influence the child’s development.

The ecological framework is helpful for promoting rehabilitation and reintegration as it centres the importance of the interaction between the individual, social and systemic factors as influences in a child’s life. In the application of the ecological framework, professionals conducting assessments are encouraged to:

- Identify the multiple elements that can play a role in strengthening the child’s resilience process
- Support the child to overcome the challenges they face as a result of their association with armed and organized criminal groups, including those designated as terrorist groups

In a nutshell, the ecological framework for psychosocial child assessment:

- Proposes a scheme for capturing the importance of the multiple factors that contribute to the child’s resilience as critical for achieving rehabilitation and reintegration
- Encourages the collection of data in relation to a child’s multi-layered experiences in different contexts by proposing three levels of relevant information
- Puts forward a holistic method for data analysis aimed at identifying a child’s strengths and vulnerabilities as well as protective factors and vulnerability factors and interpreting their potential interaction at different levels by focusing on the potential for positive outcomes



⁹ Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, Massachusetts, Harvard University Press, 1979), p. 3.

(c) Ecological framework and data collection at multiple levels

The ecological framework provides a systemic approach to collecting data concerning the child, proposing the identification of relevant information regarding the various contexts that affect the child's situation.

The ecological framework for child assessment organizes the data-collection phase according to three key levels:

- **Individual level:** Recognizes that the personal characteristics and individual circumstances of the child will have a deep impact on their opportunities for rehabilitation and reintegration. Information to be collected for the individual level of analysis concerns the physical and mental health of the child. Specific attention should be paid to the child's feelings of guilt, shame and loss and perceptions of injustice; the safety concerns of the child; the acceptance of violence; and the child's temperament, skills and personal projects.
- **Family, peer and community level:** Emphasizes the importance of the different environments in which the child experiences their social life, in view of the rehabilitation and reintegration objectives. Relevant information for this level of analysis includes the child's concerns about and feelings towards family, peers, school, social media groups, community or any other relevant social context; their feelings of belonging in these different contexts; and the relative importance of the different relationships that characterize them.
- **Systemic level:** Considers that the rehabilitation and reintegration opportunities available are primarily the responsibility of State entities, recognizing that such opportunities are dependent not only upon the child and their immediate environment, but also on the broader context of laws, policies and practices focused on the legal status of the child; laws and policies that affect the situation of the child; opportunities for the child to access relevant services to support rehabilitation and reintegration, or the lack thereof; and existing coordination mechanisms to ensure the continuity of care, or the lack thereof.

(d) Ecological framework and holistic data analysis

The ecological framework guides assessors through the classification of the three levels of data according to two key categories:

- **Protective factors:** Individual and environmental attributes associated with positive adjustment and development throughout the course of adverse conditions and situations.¹⁰ Strengths are protective factors specifically at the individual level, or the personal characteristics and skills of the child that strengthen opportunities for the positive outcome of successful rehabilitation and reintegration
- **Vulnerability factors:** Individual and environmental attributes that may hinder resilience and increase the likelihood of a negative outcome

These categories can be identified and interpreted in light of the ultimate objective of the assessment – to promote rehabilitation and reintegration – as well as with reference to the specific purposes of the assessment in a given scenario (see part three). Accordingly, protective factors, including strengths, are the elements in the child's life and environment that can be associated with positive outcomes in spite of challenging circumstances. The ecological assessment model is focused on the identification, protection and reinforcement of the protective factors to support the child in their resilience process. Conversely, vulnerabilities are associated with a potential negative outcome, meaning the failure of the child to overcome and recover from harm (rehabilitation) and to return to society as a constructive

¹⁰ Adapted from Shane J. Lopez, Jennifer Teramoto Pedrotti and C.R. Snyder, *Positive Psychology: The Scientific and Practical Explorations of Human Strengths*, 4th ed. (Thousand Oaks, California, Sage Publications, 2019).

citizen (reintegration). The analysis conducted according to the ecological framework will guide the assessor in addressing vulnerabilities to mitigate their potential negative outcomes.

Most importantly, the ecological framework puts forward a holistic method for data analysis, where the strengths and vulnerabilities identified at each level are not examined separately, but rather in their interaction. According to the ecological framework, the child functions as an agent in more than one contextual unit, but it is the relationship between the different units that form the child's personal ecosystem.¹¹ Accordingly, strengths and vulnerabilities "operate at multiple levels to affect resiliency processes".¹² In practice, this method of analysis guides professionals in understanding the interaction between the child's physical and mental health, the child's social life and the impact of public policies and accessible services on the situation of the child.

(e) Ecological framework in the context of child association with armed and organized criminal groups, including those designated as terrorist groups

Adopting the ecological approach to child assessment has several advantages that are especially relevant to the situation of children associated with armed and organized criminal groups, including those designated as terrorist groups. The ecological approach:

- Allows practitioners to move from intervention on an individual level to a more accurate understanding of the impact of social and systemic factors. Such awareness emphasizes the importance of building and sustaining protective environmental frameworks to promote the rehabilitation and reintegration of children. When this understanding is adequately reflected in the assessment recommendations and conclusions and the report, it provides a solid basis for planning comprehensive psychosocial interventions, lifting the responsibility of the reintegration process from the child alone and expanding it to society as a whole.
- Is effective for addressing the child's potential involvement in violence. There is plenty of evidence proving the importance of social bonds and of different forms of attachment (including within the family, at school and among peers) in promoting positive and socially constructive behaviour and in preventing further offending.¹³ Children associated with armed and organized criminal groups, including those designated as terrorist groups, may have been exploited and used for the purposes of violence and crime. As this is the main reason that such children are frequently regarded as potentially dangerous, evidence of the protective value of social bonds in the context of the rehabilitation and reintegration process is highly relevant.
- Understands that the rehabilitation and reintegration of the child affects society as a whole. The child and their environment are inextricably linked and characterized by a bidirectional relation of influence. This concept promotes the recognition of rehabilitation and reintegration as shared goals that are both in the best interests of the child and necessary for the restoration and preservation of peaceful and inclusive societies. Furthermore, by integrating the identification of strengths and other protective factors and vulnerabilities into the service of the resilience process, the ecological approach recognizes that rehabilitation and reintegration are realistic goals even in the context of adversity.

¹¹ John T. Pardeck, "An ecological approach for social work practice", *Journal of Sociology and Social Welfare*, vol. 15, No. 2, art. 11 (May 1988).

¹² Phillip J. Bowman, "A strengths-based social psychological approach to resiliency: cultural diversity, ecological, and life span issues", in *Resilience in Children, Adolescents, and Adults: Translating Research into Practice*, Sandra Prince-Embury and Donald H. Saklofske, eds. (New York, Springer, 2013), pp. 299–324.

¹³ Stephen Case and Ann Browning, *Child First Justice: The Research Evidence-base [Report]* (Loughborough, Leicestershire, England, Loughborough University, 2021), p. 9; Travis Hirschi, *Causes of Delinquency* (California, University of California Press, 1969); and Barbara J. Costello and John H. Laub, "Social control theory: the legacy of Travis Hirschi's *Causes of Delinquency*", *Annual Review of Criminology*, vol. 3 (2020).

5. Promoting multi-stakeholder coordination for child assessment

Addressing the situation of children associated with armed and organized criminal groups, including those designated as terrorist groups, generally requires the interaction of multiple professionals from different institutions and with diverse expertise and backgrounds. This is especially relevant in the context of child assessment because, while assessors have specific expertise and qualifications to conduct the assessment and elaborate a final report (see part two), it is likely that the assessment report will be used for various purposes by professionals from different sectors. These may include, depending upon the context and the situation of child, the child protection, justice, security, health or education sectors.

In addition, the ecological framework requires collaboration among different professionals because it requires data collection and analysis on multiple levels. The assessor will need to reach out to various types of professionals during the preparation and execution of the assessment with a view to collecting data pertaining to the three levels of analysis: individual; family, community and peer; and systemic.

Multi-stakeholder coordination and cooperation can present numerous challenges, especially in highly sensitive contexts related to interventions targeting armed and organized criminal groups, including those designated as terrorist groups. Gaps in coordination can have especially detrimental effects on the extent and validity of data collection and in terms of inappropriate uses or misinterpretations of assessment reports. Accordingly, specialized strategies aimed at fostering effective multi-stakeholder coordination are necessary preconditions for the appropriate implementation of the ecological framework.

CHECKLIST I.

KEY STRATEGIES FOR EFFECTIVE MULTI-STAKEHOLDER COORDINATION

During the elaboration of norms and regulations concerning the assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Laws, policies and procedures regulating the assessment process should clearly define confidentiality rules and information-sharing protocols <input type="checkbox"/> Laws, policies and procedures regulating the assessment process should clearly define rules for the request format and content, as well as record storage and access to assessment reports
During the formulation and receipt of the assessment request	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment request forms should be elaborated and shared among relevant agencies <input type="checkbox"/> Assessment receipt processes should be established and agreed across relevant agencies <input type="checkbox"/> The originator of the request and the potential assessor should ensure clear definitions and a shared understanding of the assessment purpose
During the preparation of the assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Multidisciplinary teams should be established with attention to culturally appropriate representation (unless contrary to the child's best interests) <input type="checkbox"/> Assessment plan forms/tables should be standardized
During data collection	<ul style="list-style-type: none"> <input type="checkbox"/> Processes to reach out to, consult with and request information from relevant experts should be standardized

During the elaboration and use of assessment reports

- ❑ Assessment report templates should be standardized
- ❑ Assessors should focus on clear language, define key terms and avoid jargon
- ❑ Professionals using the report should have an open channel of communication with the assessor to ask questions and request clarification
- ❑ Case-management approaches should be established to ensure coherent follow-up to the assessment recommendations and the implementation of subsequent interventions

6. Key elements

- Child assessment processes, in the context of child association with armed and organized criminal groups, including those designated as terrorist groups, should ultimately be aimed at promoting a child's rehabilitation and reintegration. These overarching goals should inform the understanding of the specific purposes of the assessment, which are dependent upon the individual situation of the child. Equally, they should guide the interpretations of the data collected during the process and the recommendations put forward.
- A resilience focus in psychosocial child assessments recognizes the context of adversity in which the child is situated and focuses on the identification, protection and promotion of strengths and protective factors to promote positive outcomes for the child.
- The ecological framework for psychosocial child assessment provides a structure for data collection and a method for data analysis that recognizes that children develop and evolve in different environments, which have the potential to influence resilience processes.
- Protective factors and vulnerability factors operate and interact at multiple levels and should be analysed in a holistic way.
- Multi-stakeholder coordination is necessary to address the situation of children associated with armed and organized criminal groups, including those designated as terrorist groups, as their circumstances will require a variety of expertise. Tailored strategies can support multi-stakeholder coordination at the various stages of the child assessment process.

CHAPTER II.

Understanding the key features of the Ecological framework for Resilience-focused child assessment

1. Introduction

As described in chapter I, adopting the ecological framework for child assessment means considering the rehabilitation and reintegration of the child to be the ultimate objective and adopting specific data collection and data analysis structures and methods. However, the ecological framework in and of itself is not enough to articulate the practices that assessors should adopt for the assessment and that should inform the elaboration of the assessment report.

Accordingly, chapter II provides an overview of multiple approaches that should be considered by practitioners throughout the assessment process. The approaches refer to *perspectives, methods, processes* and *practices* that contribute to the development and application of the ecological framework for child psychosocial assessment, in line with a resilience focus. The approaches do not define the goals of the assessment process but should significantly inform the way that the assessment is carried out and influence its final outcomes.

2. Objectives

Chapter II will help practitioners to:

- Match the proposed approaches with the specific aspects of the situation of children associated with armed and organized criminal groups, including those designated as terrorist groups
- Apply an understanding of child and adolescent developmental processes to the planning, conduct and outcomes of child assessment
- Identify strategies to develop culturally appropriate approaches to child assessment
- Identify, protect and foster strengths in a child, their social environment and their systemic environment through the assessment process and its outcomes
- Apply practices that recognize the impact of trauma and prevent secondary victimization and retraumatization during the assessment process
- Understand the implications of a child rights-based approach and promote practical strategies to ensure compliance with child rights during the assessment process

3. Addressing child association with armed and organized criminal groups, including those designated as terrorist groups

The situation of children associated with armed and organized criminal groups, including those designated as terrorist groups, raises numerous challenges for policymakers that regulate assessment processes, as well as for the practitioners who conduct them. Such challenges include the difficult experiences of the child, including the experience of violence and traumatic events, as well as the potential stigmatization of such children due to association, which exposes them to violations of their rights. Also challenging is the cross-cultural context in which many assessments take place.

The approaches outlined below have been selected as especially applicable to the situation of children associated with armed and organized criminal groups, including those designated as terrorist groups, and can help the assessor to overcome some of the recurring challenges and shortcomings in the treatment of such children. The following chapters will demonstrate the ways in which all of these approaches should inform the conduct of child assessments.

SELECTING RELEVANT APPROACHES FOR THE ASSESSMENT OF CHILDREN ASSOCIATED WITH ARMED AND ORGANIZED CRIMINAL GROUPS, INCLUDING THOSE DESIGNATED AS TERRORIST GROUPS

CHALLENGES	RELEVANT APPROACHES
Children are often regarded as mini-adults in the context of adult-centred assessments in which their specific needs and capacities are not taken into account.	Need for an approach informed by knowledge of child and adolescent development
Child association with these groups occurs all over the world, in different cultural and social contexts. These contexts have a significant impact on the child's interpersonal relationships and broader social ecosystem. Assessments may be performed by professionals who come from a different cultural background from that of the child, possibly limiting the effectiveness of the process and leading to a misinterpretation of data.	Need for a culturally sensitive and culturally appropriate approach
Most assessment processes are aimed at identifying and addressing the deficits of the child, leaving little space to identify, protect and reinforce the child's skills in order to achieve constructive and prosocial intervention.	Need for a strengths-based approach
Such children have often experienced prolonged and serious violence and may have experienced traumatic events.	Need for a trauma-informed approach
Children associated with these groups may be perceived as security threats, which can lead to overly punitive approaches from the justice system and a higher risk of violations of their rights.	Need for a child rights-based approach

4. Consideration of child and adolescent development

Children experience tremendous change between birth and 18 years of age. Throughout childhood and adolescence, children have different capacities from those of adults. Neuroscience research has confirmed that brain development continues well into a person's twenties.¹⁴ Accordingly, the way children are treated during these years, including in their different social contexts and the broader environment, can have a deep impact on their cognitive and social-emotional development. This needs to be considered during the assessment, especially as it may be conducted during an especially stressful time for the child, as well as throughout the interventions implemented following the assessment.

Due to their physical and psychological developmental processes, children have specific needs and require special protection to be provided by adults. Such needs form the basis for the international consensus concerning the specific rights of children.¹⁵ It is currently very difficult to find assessment tools appropriate for children, since most existing assessment models and tools are designed with adults in mind and do not account for the implications of the child and adolescent development process. This is especially true in contexts of heightened insecurity fostered by conflict, organized crime and terrorism, where assessment tools generally focus on risk.

Assessment processes that are informed by child and adolescent development recognize that it is a responsibility of the professionals involved in the assessment to understand the developmental level of the child and adapt their methods accordingly.

In practice, ecological assessments informed by child development are effective in:

- Taking into account that the cognitive capacities of the child evolve according to their developmental stage
- Acknowledging that children have specific needs, whose fulfilment is extremely relevant to their positive development
- Taking into account the impact that violence and trauma can have on the developmental processes of children, including affecting their ability to learn and their relational skills,¹⁶ contributing to dysregulated responses to stress, hindering the capacity of the brain to form and retain memories and causing neuroendocrinal and immune system dysfunctions¹⁷

5. Developing culturally sensitive and culturally appropriate approaches

Children who have been recruited by armed and organized criminal groups, including those designated as terrorist groups, may have crossed national borders as a result of their association or after exiting the groups. As a consequence, they may be assessed by professionals with a different cultural background from their own. This situation may arise as a result of a scarcity of qualified professionals able to conduct

¹⁴ Sarah J. Blakemore and Suparna Choudhury, "Development of the adolescent brain: implications for executive function and social cognition", *Journal of Child Psychology and Psychiatry*, vol. 47, Nos. 3–4 (March/April 2006), pp. 296–312; B.J. Casey, J.N. Giedd and K.M. Thomas, "Structural and functional brain development and its relation to cognitive development", *Biological Psychology*, vol. 54, Nos. 1–3, (October 2000), pp. 241–257; and Nathaniel R. Riggs and others, "Executive function and the promotion of social-emotional competence", *Journal of Applied Developmental Psychology*, vol. 27, No. 4 (August 2006), pp. 300–309.

¹⁵ The Convention on the Rights of the Child, which enjoys almost universal ratification, states, in its preamble, that children need particular care and that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding".

¹⁶ Joy D. Osofsky, "The impact of violence on children", *The future of children*, vol. 9, No. 3 (1999), pp. 33–49; and Susan D. Hillis, James A. Mercy and Janet R. Saul, "The enduring impact of violence against children", *Psychology, Health and Medicine*, vol. 22, No. 4 (March 2016), pp. 393–405.

¹⁷ Phyllis T. Stien and Joshua C. Kendall, *Psychological Trauma and the Developing Brain: Neurologically Based Interventions for Troubled Children* (New York, Routledge, 2003).

the assessment process in a given context, so that professionals are drawn from a different cultural context. In such situations, the role of culture should be carefully considered.

The term “culture” can be defined as “the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, that encompasses, not only art and literature, but lifestyles, ways of living together, value systems, traditions, and beliefs”.¹⁸

This definition of culture clearly shows its pervasiveness, as it affects values, beliefs, lifestyles and so on. The assessor’s cultural background can inform and shape the planning of the assessment and the collection and interpretation of data. Issues of bias have been clearly demonstrated, e.g. in the context of cross-cultural standardized tests to measure cognitive capacities, where cultural bias built into the tests has been shown affect the results of various groups.¹⁹

The ecological framework is geared towards taking stock of the specific cultural aspects that influence a child’s various environments. Under that framework, professionals who conduct assessments of children who originate from or live in a different cultural context from their own should adapt their approach to the cultural background of the child. It is the assessor’s responsibility to ensure that the child is not subjected to culturally inappropriate practices and interpretations. Developing culturally appropriate approaches to assessment involves three key stages:

- Strengthening an awareness of culture and reflexivity: Recognizing, on one hand, the power of culture in shaping personal beliefs and social dynamics and, on the other hand, making efforts to become cognizant of the ways in which one’s own culture has influenced one’s values, behaviours and perceptions of others²⁰
- Developing cultural sensitivity: Striving to understand someone else’s cultural experiences and practising resistance to judgment and defensive reactions²¹
- Integrating culturally appropriate approaches: Involving other professionals who share the cultural references of the child. As will be addressed in the manual, child assessment processes tend to be multi-stakeholder efforts. Whenever a cross-cultural dimension exists, it is important for the person planning and conducting the assessment to consult with professionals who have a better understanding of child’s culture to ensure that the approaches for collecting and interpreting information are culturally appropriate.

6. Identifying, protecting and reinforcing strengths and protective factors

Most assessment methods are deficit-based, meaning that they tend to focus on problems and risks. The shortcoming of such approaches is that they naturally lead practitioners to focus on the difficulties in the child’s life, which can result in overly negative perceptions. Such assessments can also fail to provide enough relevant information,²² leaving practitioners ill equipped to propose constructive strategies and interventions for rehabilitation and reintegration. Such approaches can be particularly

¹⁸ Universal Declaration on Cultural Diversity of the United Nations Educational, Scientific and Cultural Organization (UNESCO), adopted by the thirty-first session of the General Conference of UNESCO, held in Paris on 2 November 2001.

¹⁹ Alberto Luis Fernández and Jennifer Abe, “Bias in cross-cultural neuropsychological testing: problems and possible solutions”, *Culture and Brain*, vol. 6, No. 1 (May 2017), pp. 1–35, and Fons van de Vijver and Norbert K. Tanzer, “Bias and equivalence in cross-cultural assessment: an overview”, *European Review of Applied Psychology*, vol. 54, No. 2 (June 2004), pp. 119–135.

²⁰ Stan Houston, “Reflecting on habitus, field and capital: towards a culturally sensitive social work”, *Journal of Social Work*, vol. 2, No. 2 (August 2002).

²¹ Ibid.

²² Suzanne M. Rudolph and Michael H. “Empowering children and families through strength-based assessment”, *Reclaiming Children and Youth*, vol. 8, No. 4 (2000).

detrimental for children formerly associated with armed and organized criminal groups, including those designated as terrorist groups, which are perceived as threatening to society. Such children are often perceived as inherently problematic and are pathologized.

The present manual proposes an assessment model that identifies the positive characteristics of the child, emphasizes the aspects of the child's experience that can foster prosocial behaviour and positive relationships and focuses on the importance of strengths and protective factors. The resulting data will support the development of strategies and interventions for identifying, protecting and emphasizing such strengths and protective factors, which in turn will foster the rehabilitation and reintegration processes.

Adopting such an approach to child assessment does not mean that the problems the child faces are denied or ignored. It means recognizing that children are competent agents in their own lives and should be empowered through the recognition, protection and support given to their individual assets.²³ This approach supports positive change and is inherently conducive to rehabilitation and reintegration interventions. It can also be particularly effective in countering the negative impact of the stigma and rejection that are likely to affect this group of children.

STRENGTHS AND PROTECTIVE FACTOR-BASED APPROACH IN PRACTICE^a

- Children are resourceful and competent and have specific assets and strengths
- Children have the potential for positive change and can be motivated by the ways in which adults react to them
- To identify children's resources and strengths, it is necessary to investigate instances in which problems do NOT occur
- Listening to children's accounts and perceptions is necessary to identify their particular strengths
- Identifying situations in which children have adapted positively despite adversity can help to identify the skills and strengths they used
- Protective factors are not only individual, but also relational: positive relationships with significant adults are crucial for supporting change for the child
- Strengths and protective factors are unique and influenced by the socioeconomic, cultural and ethnic background, and acceptance, respect and value should be afforded to cultural differences

^a Erik K. Laursen, "Strength-based practice with children in trouble", *Reclaiming Children and Youth*, vol. 9, No. 2 (2000).

Adopting an approach that recognizes strengths and protective factors can be especially helpful in building the resilience of children, which can be critical for overcoming the negative outcomes of their association with armed and organized criminal groups, including those designated as terrorist groups.

At the same time, focusing on strengths-based approaches and on building the resilience of children does not mean placing the entire responsibility for rehabilitation and reintegration on the child. Rather, it is an approach that demands that practitioners identify and support interventions that sustain, preserve and reinforce a child's strengths and protective factors and, by extension, their resilience.

7. Applying trauma-informed care

Identifying and responding to children's vulnerabilities is also necessary for pursuing rehabilitation and reintegration effectively. By focusing on vulnerabilities, the ecological framework for child assessment identifies past and potential risks of violence and victimization of the child, whether they pertain to the individual experience of the child (experience of violence and trauma); their social units (potential

²³ Erik K. Laursen, "Strength-based practice with children in trouble", *Reclaiming Children and Youth*, vol. 9, No. 2 (2000).

for stigma and rejection) or systemic factors (denial of access to services, potential for secondary victimization at the hands of public authorities).

The manual describes assessment methods that integrate trauma-informed care with a view to preventing retraumatization and secondary victimization during the assessment process and to facilitate the referral of children who show symptoms of trauma to more appropriate trauma-specific screening services.

The experience of association of children with armed and organized criminal groups, including those designated as terrorist groups, generally entails prolonged and at times extreme violence. Children exiting such groups are likely to have experienced or witnessed traumatic events.

Traumatic events are those in which a person experiences or witnesses something very frightening and horrifying. Traumatic events may involve threats to life or physical and emotional integrity, such as sexual violence, torture or forced displacement of oneself or of others. They are accompanied by a sense of powerlessness and loss of control.²⁴

Exposure to trauma can lead to a set of complex and interrelated challenges for the practitioners tasked with assessing children formerly associated with armed and organized criminal groups, including those designated as terrorist groups, including the following:

- Children may have learned to associate adults with negative emotions and developed coping mechanisms built upon avoidance, mistrust and open hostility²⁵
- Girls and boys are likely to experience different types of traumatic events
- There is a lack of specialized practitioners capable of assessing symptoms of trauma, particularly in the contexts of insecurity in which children formerly associated with these groups often find themselves

In spite of a lack of specialized practitioners, trauma-informed approaches are critically important for ensuring that symptoms of trauma are identified in the context of the assessment. Such identification is necessary to enable the child to be directed towards a more accurate evaluation and potential diagnosis through referral mechanisms, when such services are available. It is useful here to introduce the distinction between trauma-informed care and trauma-specific treatment.

Trauma-informed care is an organizational approach that:²⁶

- Is based on the awareness and recognition of the extent of trauma-related experiences in the target population (and among providers)
- Is informed by the multiple consequences of trauma on the child's neurological, developmental and social characteristics
- Includes rules and practices to prevent secondary victimization
- Is aimed at supporting healing and recovery

Trauma-specific services, instead, include specialized clinical assessments and interventions aimed at directly addressing the effects of trauma on the individual. An especially common approach to post-traumatic stress disorder (PTSD) treatment is cognitive-behavioural therapy, which includes a number of diverse but related techniques, such as exposure therapy, stress inoculation training, cognitive processing therapy, cognitive therapy, relaxation training, dialectical behaviour therapy and acceptance,

²⁴ Office of the High Commissioner for Human Rights (OHCHR), "Chapter 12: trauma and self-care", in *Manual on Human Rights Monitoring* (Geneva, 2011), p. 5.

²⁵ Howard Bath, "The three pillars of trauma-informed care", *Reclaiming Children and Youth*, vol. 17, No. 3 (2008).

²⁶ Susan J. Ko and others, "Creating trauma-informed systems: child welfare, education, first responders, health care, juvenile justice", *Professional Psychology: Research and Practice*, vol. 39, No. 4 (2008), pp. 396–404, and Angela Sweeney and others, "A paradigm shift: relationships in trauma-informed mental health services", *BJPsych Advances*, vol. 24, No. 5 (August 2018), pp. 319–333.

and commitment therapy.²⁷ Trauma-specific services should be provided following an appropriate diagnosis only by specialized professionals, who are adequately trained in such practices and are not part of the psychosocial assessment process.

CHECKLIST 2.

KEY ELEMENTS FOR INTEGRATING A TRAUMA-INFORMED CARE APPROACH INTO THE ASSESSMENT PROCESS^a

- Appropriate ways to communicate and clarify for the child the objectives and process of the assessment
- Screening mechanisms for identifying trauma-related symptoms and determining whether the child has a history of trauma
- Clear plans for both negative and positive screening: in the case of positive screening, the assessment process should clearly indicate the next steps for referral to a more thorough assessment
- Adaptation of the physical environment in which the assessment takes place as well as of the assessor's attitude and language aimed at ensuring a sense of safety for the child throughout the process
- Professionals trained to recognize potential sensitivities in the responses of children and adapt their language to the needs of the child
- The collection of information related to trauma is limited to what is necessary to establish its existence and extent and to identify trauma-related symptoms while avoiding probing the details of traumatic experiences
- Feedback on the outcomes of the screening and assessment processes is conveyed to the child in an appropriate, uncomplicated way

^a United States of America, Substance Abuse and Mental Health Services Administration, *Trauma-Informed Care in Behavioral Health Services*, Treatment Improvement Protocol (TIP) Series, No. 57, HHS Publication No. (SMA) 13-4801 (Rockville, Maryland, 2014), chap. 2.

8. Ensuring a child rights-based assessment

A child rights-based approach recognizes children as rights holders. Childhood is a crucial period of growth and development, entitled to special care and assistance.²⁸

Normatively, a child rights-based approach builds upon the guiding principles and rights established in the Convention on the Rights of the Child. Currently enjoying almost universal ratification, the Convention expresses the universal consensus that children should enjoy special protection and are entitled specific rights.

Operationally, the child rights-based approach is aimed at promoting, protecting and fulfilling child rights by means of their appropriate integration into project objectives and outputs. It recognizes that child rights are interdependent and indivisible: children are entitled to enjoy all of their rights at all times.

Conducting assessments that are child rights-based means recognizing that children are entitled to safeguards and protection and that the responsibility of fulfilling their rights rests on society as a whole, and specifically on State institutions and authorities. In practice, child rights-based assessments integrate measures to operationalize the rights enumerated in the Convention on the Rights of the Child in the planning and conduct of the assessment and in the elaboration of the assessment report.

²⁷ Inès Dossa and Marie Hatem, "Cognitive-behavioral therapy versus other PTSD psychotherapies as treatment for women victims of war-related violence: a systematic review", *Scientific World Journal*, vol. 2012, art. No. 181847 (2012). See also, Edna B. Foa and others, eds., *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*, 2nd ed. (New York, Guilford Press, 2012).

²⁸ See the preamble to the Convention on the Rights of the Child.

In the context of child association with armed and organized criminal groups, including those designated as terrorist groups, children are often at increased risk of violations of their rights. In that context, a child rights-based approach will be especially geared towards: (a) promoting the rehabilitation and reintegration of children; (b) ensuring that children are protected from all forms of violence; (c) ensuring that assessment processes serve the child's best interests; and (d) ensuring that assessment processes foster the child's right to participate.

(a) Promoting the rehabilitation and reintegration of children as ultimate objectives

While identifying, understanding and complying with the specific purpose of the assessment is crucial to the effectiveness of the process (see part two), ultimately the process should be based on the recognition that children associated with armed and organized criminal groups, including those designated as terrorist groups, are primarily victims of violence and as such are entitled to assistance to achieve rehabilitation (recovery) and reintegration, in accordance with article 39 of the Convention.

(b) Ensuring that children are protected from all forms of violence

During the assessment process and during the implementation of follow-up interventions, practitioners are responsible for protecting children from violence, in accordance with article 19 of the Convention. The recruitment of children is a serious form of violence against them. Protecting children from violence therefore also means preventing rerecruitment.

“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”

Convention on the Rights of the Child (art. 19, para. 1)

- “1. Armed groups that are distinct from the armed forces of a State should not, under any circumstances, recruit or use in hostilities persons under the age of 18 years.
2. States Parties shall take all feasible measures to prevent such recruitment and use, including the adoption of legal measures necessary to prohibit and criminalize such practices.”

Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (art. 4, paras. 1 and 2)

Effective protection also entails taking into account the influence of gender on the ways that children are recruited and exploited by the groups, as well as on the forms of violence they may experience after leaving them. Research shows that girls and boys are recruited through different methods, and they may be exploited in specific roles that are highly influenced by gender.

Due to the situation of children associated with armed and organized criminal groups, including those designated as terrorist groups, professionals should be especially mindful of the risk of secondary victimization and retraumatization.

Secondary victimization refers to victimization that occurs not as a direct result of the criminal act but through the response of institutions and individuals to the victim.²⁹

²⁹ UNODC, *Handbook on Justice for Victims: On the use and application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*, (New York, 1999), p. 9.

Retraumatization refers to any experience, interaction or cognitive process that re-exposes an individual to or revisits their trauma.

Retraumatization occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously. This can be caused by stressors that are similar to the environment or circumstance of the original trauma, such as smell, physical space, lighting, imagery, memory or even a new relationship that mimics a previously traumatic one. It is also possible for people who have recovered from a traumatic event and PTSD symptoms to experience it. In light of its disruptive potential, it is especially important for professionals working with such children be trained on how to avoid retraumatization.

(c) Ensuring that assessment processes serve the child's best interests

The Committee on the Rights of the Child has defined the best interests of the child as a threefold concept, comprising “a right, a principle, and a rule of procedure”.³⁰

“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”

Convention on the Rights of the Child (art. 3, para. 1)

As a **substantive right**, the best-interests principle requires States to ensure that a child's best interests will be systematically assessed and taken into account as a primary consideration in all actions or decisions that concern them, in both the public and private spheres.³¹ This obligation applies to all professionals and services that work with or on behalf of children, including legislative, administrative and judicial bodies or institutions.

As a **fundamental, interpretative legal principle**, the best-interests concept operates to ensure that when more than one interpretation of a legal provision is available, the interpretation that most effectively serves the child's best interests should be chosen, and indicates that the Convention on the Rights of the Child and its Optional Protocols³² provide the framework for interpretation. In this light, serving the child's best interests also means supporting the child's right to receive support for rehabilitation and reintegration and taking all necessary measures to prevent re-recruitment.

Finally, as a **rule of procedure**, the best-interests principle establishes an obligation to demonstrate that the child's interests have been weighed against other considerations in any decision-making process concerning the child.³³

In the context of the ecological framework for child assessment, the best-interests principle as a rule of procedure should be appropriately reflected in the elaboration of the conclusions and recommendations of the assessment report (see chapter II). In practice, it requires professionals to show that the best interests of the child were the motivation for suggesting a preferred course of action.

³⁰ Committee on the Rights of the Child, general comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1), chap. I, para. 6.

³¹ Committee on the Rights of the Child, general comment No. 5 (2003) on general measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para. 6), chap. I, para. 12, and Committee on the Rights of the Child, general comment No. 14 (2013), chap. I, para. 1.

³² Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000) and Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000).

³³ UNICEF, *Implementation Handbook for the Convention on the Rights of the Child* (Geneva, 2007), p. 38.

CHECKLIST 3.**KEY ARGUMENTS TO ENSURE THAT THE REPORT'S RECOMMENDATIONS COMPLY WITH THE CHILD'S BEST INTERESTS**

- Is the proposed course of action conducive to protecting a child's physical and emotional safety, including from the risk of secondary victimization and re-traumatization?
- Does the proposed intervention include services that serve the ultimate objective of promoting the child's rehabilitation and reintegration?
- Does the proposed course of action preserve the child's family environment (unless doing so is against their best interests)?
- Does the proposed course of action identify, protect and reinforce the child's strengths and protective factors?
- Does the proposed intervention consider any form of deprivation of liberty of the child only as a last resort?

(d) Ensuring that assessment processes foster the child's right to participate

The right to be heard has crucial importance, as it recognizes that, while children may lack the full autonomy of an adult, they are holders of rights and entitled to due consideration in choices that affect them. Over time, the practice to foster the fulfilment of article 12 of the Convention has evolved to be conceptualized as "participation".³⁴

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law."

Convention on the Rights of the Child (art. 12, paras. 1 and 2)

Serving the child's right to be heard in practice means: *(a)* understanding the importance of the child's participation, in conjunction with the professional's obligation to consistently ensure that the child is protected; *(b)* creating the circumstances and conditions that will enable the child to express their views during the assessment process; *(c)* fostering mechanisms to facilitate the collection of the child's views and their appropriate reflection in the assessment's conclusion and report; and *(d)* developing or strengthening practices to provide feedback to child on the assessment process and subsequent interventions.

The exercise of the child's right to participate is essential for the purpose of conducting assessments that facilitate the process of rehabilitation and reintegration, since involving the child directly is conducive to building trust and fostering their personal involvement in the process. The following considerations can facilitate the professional evaluation of the appropriateness of meaningful child participation and the methods to apply it to the assessment process:

³⁴ Committee on the Rights of the Child, general comment No. 12 (2009) on the right of the child to be heard, chap. I, para. 3.

- **Preconditions for child participation:** Participation should never be an obligation for the child, but rather a choice.³⁵ This means that in cases in which participation may cause additional harm to the child, it is the responsibility of adult professionals to prevent the harm, including by deciding to avoid the option of participation when necessary, thereby fulfilling their obligation to protect the child. This is especially important for children associated with armed and organized criminal groups, including those designated as terrorist groups, who may be at higher risk for secondary victimization and retraumatization. Second, it means that children should be provided with the necessary information to make a decision about their own participation. Third, it means that, should the child decide to participate, they should be able to do so free from pressure.
- **Capacity of the child:** According to the Convention on the Rights of the Child, children should have the opportunity to be heard whenever they are “capable of forming their own views”. This should not be interpreted as introducing a specific age limit, but rather with the intent of guaranteeing a broad application of the child’s right to participate.³⁶
- **Promoting meaningful participation:** The participation of the child is a comprehensive process, which is not limited to listening to the child. Child participation requires an appropriate provision of information, followed by the opportunity to freely express views and finally an explanation of how those views have been given due weight.

CHECKLIST 4.

KEY STEPS FOR APPLYING THE CHILD’S RIGHT TO PARTICIPATE IN THE ASSESSMENT PROCESS^a

Preparation	<ul style="list-style-type: none"> <input type="checkbox"/> When planning the assessment, the professional considers the appropriateness of hearing from the child directly, weighing potential benefits and risks <input type="checkbox"/> If the basic conditions for the meaningful participation of the child are met, the professional ensures that the child receives relevant information about the assessment process and its consequences and is in a position to make an informed decision <input type="checkbox"/> The informed consent of the child and that of his/her representative is obtained <input type="checkbox"/> The professional who will conduct the assessment of the child is selected on the basis of appropriate training on child-sensitive communication
Interview	<ul style="list-style-type: none"> <input type="checkbox"/> The context of the interview is adapted to the child’s needs, with a view to facilitating the child’s free expression <input type="checkbox"/> The assessor conducts the interview in a way that is encouraging to the child, avoids bias and recognizes and mitigates the risk of secondary victimization
Information about the weight given to the views of the child (feedback)	<ul style="list-style-type: none"> <input type="checkbox"/> Practices should be developed to ensure that professionals make clear references to the views of the child, as appropriate, in the assessment report <input type="checkbox"/> Practices should be developed to ensure that children are systematically informed of how their views have been considered in the assessment process, including by sharing the assessment report with them
Complaints, remedies and redress	<ul style="list-style-type: none"> <input type="checkbox"/> Complaint mechanisms should be available and accessible to the child and their representatives as formal avenues for addressing complaints if the assessment process has violated their right to be heard

^aThe proposed steps are inspired by the work of the Committee on the Rights of the Child and have been adapted to the assessment process. (See Committee on the Rights of the Child, general comment No. 12 (2009) on the right of the child to be heard, chap. III, para. 2.)

³⁵ Ibid., chap. III, para. A.

³⁶ Ibid., chap. III, para. A.1.

9. Key elements

- Children are not adults and their cognition, emotions and behaviours are still developing and can be affected by violence and a lack of safety
- Assessors should recognize the influence of cultural values and behaviours and strive to develop culturally appropriate strategies and interpretations throughout the assessment process
- Assessors should understand and value children as competent actors in their own lives, capable of meaningful decisions and positive change, and are responsible for identifying and protecting the child's strengths through the assessment process
- Understanding the impact and potential presentation of trauma-related symptoms is crucial for assessors to correctly interpret the child's behaviour and to prevent retraumatization and secondary victimization during the assessment
- Child rights are specific to the circumstances and characteristics of childhood (including adolescence) and are indivisible, and assessors are responsible for upholding, respecting and fulfilling child rights throughout the assessment process

PART TWO

Step-by-step guidance
to the assessment process

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Introduction

Good assessment is key to effective intervention and better outcomes for children. Without it, practice is likely to lack focus and a clear sense of purpose; at worst, poor assessment may result in a vulnerable child's needs being overlooked or misunderstood, with serious consequences for their well-being.³⁷

The assessment process commences when a request for an assessment is made, and it ends once the assessment report has been shared with the child, their parents or legal guardian and the professional and/or agency that requested the assessment.

The success of an assessment depends in large part on the preparation undertaken by the practitioner, which allows for anticipating and addressing practical and procedural hurdles that may arise during the assessment process. Similarly, the potential for positive outcomes for the child are maximized when practitioners adopt the ecological framework in a coherent way, applying it to all steps of the assessment process.

It is important for practitioners to clearly understand the different steps in the assessment process, from the formulation and reception of the assessment request to the collection of data to the use of the assessment in practice when supporting professional judgment or decision-making. Good communication skills are not enough to ensure a good assessment. Practitioners also need to ensure the relevance of the data collected, which requires the assessment purpose to be clarified and the assessment tools chosen carefully.

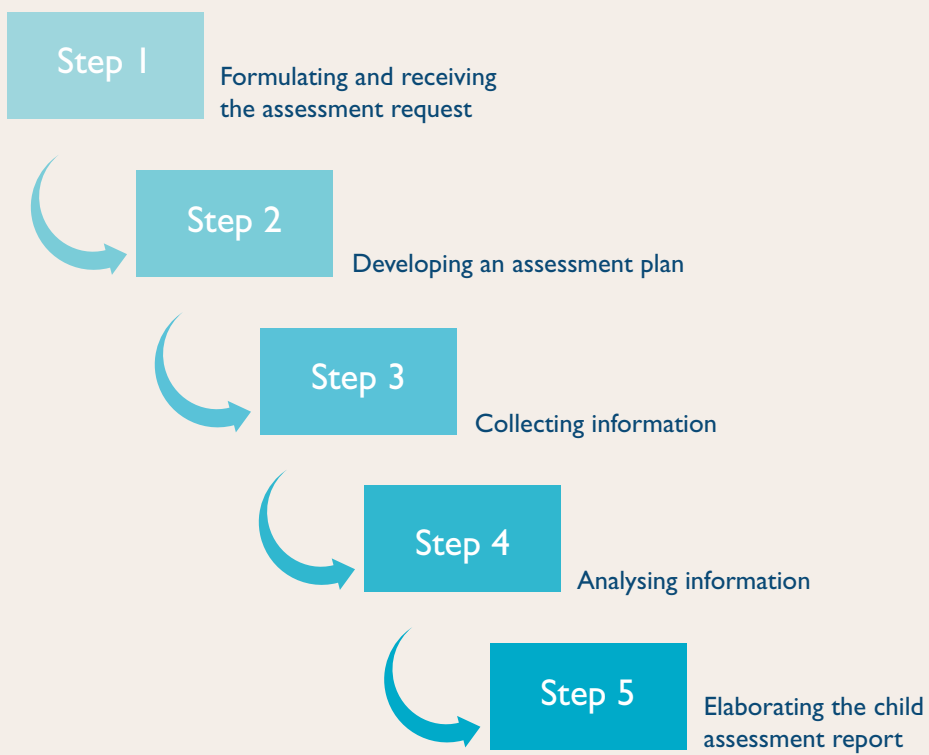
For this reason, following a clear assessment process contributes to successful intervention outcomes for children. Preparing the key steps is therefore crucial to the success of the assessment process. This also means that professionals need to keep the purpose of the assessment in mind in order to guide the different steps in a coherent direction.

Assessing a child in the context of association with organized criminal and armed groups does not entail merely an interview. It is a process. That process is accomplished through multidisciplinary efforts involving a wide range of professionals, including those who request the assessment, those who conduct it, those who share the information obtained and those who use the report. All actors involved need to share the same understanding of the purpose and process of the assessment.

Part two of the manual provides operational guidance on the key steps involved in conducting a psychosocial child assessment according to the ecological framework. It also presents strategies and tips to guide data analysis according to a resilience-focused model in the context of child association with armed and organized criminal groups, including those designated as terrorist groups. Chapter I provides guidance on the formulation of a comprehensive and standardized assessment request and on the steps to be undertaken following its receipt, with a focus on the clarification of the assessment purpose. Chapter II outlines the process of developing an assessment plan. Chapter III is focused on how to thoroughly collect information from multiple sources during an assessment. Chapter IV guides the practitioner through the key steps for organizing, analyzing and interpreting data. Finally, Chapter V provides guidance on the elaboration of a clear assessment report and includes strategies for sharing the report with the child, their parents or legal guardian and the professional and/or agency that requested it.

³⁷ Liz Brown, Sarah Moore and Danielle Turney, *Analysis and Critical Thinking in Assessment*, 2nd ed. (Dartington, United Kingdom of Great Britain and Northern Ireland, Research in Practice, 2014), p. 5.

FIGURE I. STEPS OF PSYCHOSOCIAL CHILD ASSESSMENT



CHAPTER I.

Request

1. Introduction

The first step in any assessment process is the formal request. This might be sent to the assessor's organization from a range of different agencies and institutions (and can also be a form of referral) and defines the purpose and time frame of the assessment process. It is essential that the request clearly define the purpose of the assessment in a way that is understood by the assessor and other professionals involved in its development and use. The following chapter provides operational guidance on the different steps involved in drafting and responding to the request and focuses specifically on the importance of clarifying the purpose of the assessment.

2. Objectives

The information presented in chapter I will help practitioners to:

- Draft a comprehensive, clear and standardized assessment request
- Formulate clear purposes and operational purposes in assessment requests
- Use clear language to communicate across and within different agencies
- Define the process to verify the request's compatibility with the organization's mandate
- Consider the requirements for conducting a child assessment
- Verify the qualifications and experience of the assessor
- Verify the agency mandate and the adequacy of its workforce before starting the child assessment

3. Preparing an assessment request/referral

(a) Who is involved: sending an assessment request/referral

In the context of child association with armed and organized criminal groups, including those designated as terrorist groups, the request/referral for an assessment may come from agencies or professionals across several sectors and disciplines, including justice, child protection, health, security and military, as well as agencies working in the areas of aid and development.

Agencies requesting an assessment may be domestic or international, and from the government or civil society sector. In practice, the professionals and institutions that may have the authority to formally request that an assessment be conducted should make the request in writing and clearly articulate the purpose of the assessment and the time frame available to undertake it.

In some cases, the request will be communicated in an assessment referral form sent from one service to another in the same agency or in another agency.

(b) Who is involved: receiving an assessment request/referral

Practitioners receiving a request for this type of assessment may be employees of the agency requesting the assessment, employees of another agency or external consultants. Practitioners (or agencies mandated for the assessment) should not begin the assessment process if they have not received a formal, clear request in writing, as the written request is the first step of the assessment. A simple oral request by phone or in person is not sufficient and should not be included as an option in assessment protocols, especially in a judicial context. Clear rules should also be established for professionals to keep confidential records of the assessment request for an established time frame, including at least the entire duration of the intervention concerning the child.

(c) Elaborating a complete assessment request

The assessment request should be comprehensive, clear and formal. This is especially important when the request is sent across different agencies, to avoid misunderstandings or gaps. In such situations, coordination is conducive to better outcomes for the rehabilitation and reintegration of children. Accordingly, policies, procedures or protocols designed to guide the assessment process should clearly define the requirements for the content and form of the assessment request, so that a standardized template can be developed.

Such policies, procedures or protocols should be created in multidisciplinary teams to establish consistency between several important aspects of the assessment process: *(a)* the purpose of the child assessment; *(b)* the requester's expectations regarding child assessment; *(c)* the feasibility of using specific tools and methodologies to assess children in some countries (e.g. regions in which psychosocial measurements have not been locally developed and validated) and contexts (e.g. post-conflict areas); and *(d)* the ultimate goal of fostering the rehabilitation and reintegration of children.

All professionals who either request or conduct assessments of children should follow the same policies, procedures and protocols. Where such guidance does not exist, cross-sectoral coordination meetings should be held to elaborate such guidance in a multidisciplinary manner to harmonize expectations for and the purposes of child assessment in the context of association with organized criminal and armed groups, including those designated as terrorist groups. Policies, procedures and protocols should be aimed at defining: *(a)* the process to elaborate and send the request; and *(b)* the content of the request.

A standardized request form should integrate all essential information (see table 1).³⁸ Professionals who request the assessment should complete the form and attach or forward any pertinent documentation (psychological and psychiatric reports, other relevant medical information, police report, victim statements and/or victim impact statements, etc.). To initiate the assessment process, the request form/referral form must be completed and sent to the agency in charge of conducting the assessment.

³⁸ For a description of key terms in the referral form, see Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, "Inter-agency referral form and guidance note" (Geneva, 2017).

TABLE I. CONTENT OF THE REQUEST FORM/REFERRAL FORM

COMPULSORY INFORMATION IN THE REQUEST/REFERRAL	Purpose and operational purpose(s) of the child assessment	Determine the main purpose and operational purpose(s), if any, of assessment. This could be expressed with a main question and operational question(s), if any (see part two, chap. I.D, table 2).
	Name, function, agency and contact details of the requester	The assessor needs the requester's contact information to be able to contact the requester for any clarification, observations and questions and to acknowledge receipt of the assessment request. The assessor should be able to physically locate the agency that requests the child assessment.
	Deadline/timeline	A realistic deadline and timeline for sharing the assessment report should be indicated.
	Child's first name and family name (and nickname, if any)	Sometimes children do not use their administrative first name (i.e. no one calls them by that first name, including their teachers, parents or other family members), so it is important to know the customary name of the child.
	Age	Can be written in a date-of-birth format (DD/MM/YYYY), or the exact age can be written in years or as an estimated age, if the information is not known by the child or/and legal guardian.
	Child's current location	Examples include the name of a specific camp or other facility or a physical street address; the assessor should be able to physically locate the child.
	Names and contact details of parents/legal guardian	As much information as possible should be shared regarding the parent's/legal guardian's contact details and how to contact them, e.g. they can be reached only by WhatsApp in the evening and the phone belongs to the whole family, so everyone can read the messages sent.
	Child has been informed of the assessment (Y/N)	If checking "no", explain why the child or legal guardian has not been informed of the referral. The assent of the child is important (see part two, chap. II.D).
	Parents/legal guardian have been informed of the assessment (Y/N)	If checking "no", explain why the parent/legal guardian has not been informed of the assessment. In some contexts, the informed consent of the parent/legal guardian is required for the conduct of the assessment (see part two, chap. II.D).
IMPORTANT INFORMATION TO SHARE WHEN AVAILABLE	Mental health interventions/care	Includes such interventions/care as individual, family or group counselling, psychotherapy and psychiatric medication or assessment
	Physical health interventions/care	Includes such interventions/care as a recent medical check-up, current prescriptions or surgery
	Protection support/services/assessment	Includes mine action and mine risk education and child protection, including from sexual and gender-based violence. Protection support/services also covers protection monitoring, specific services for persons with disabilities, sexual and gender-based violence victims, survivors of torture, targeted programmes for children associated with armed groups/forces, child labour and case management services for children and survivors of sexual and gender-based violence
	Family tracing services	Restoring family links, reunification services, best-interest assessment and alternative care for unaccompanied and separated children
	Legal assistance	Access to legal advice, including from paralegals and lawyers; housing, land and property issues; and documentation (e.g. identification cards and certificates for birth, death, marriage, divorce and educational qualifications)
	Nutrition	E.g. therapeutic feeding for severe and/or acute malnutrition
	Pertinent documentation, if any	Attach any pertinent documentation (psychological and psychiatric reports, other relevant medical information, police report, victim statements and/or victim impact statements, etc.)

4. Clarifying the purpose of an assessment

Psychosocial assessment is frequently one of the first steps for the demobilization, repatriation, diversion and handover/transfer of children or in the planning for reintegration during judicial processes, in the context of association with organized criminal and armed groups, including those designated as terrorist groups. Since they are the foundation of the proper rehabilitation and reintegration of children, it is important to be able to clearly answer the question: *What is the assessment for?*

The definition of the purpose(s) of the child assessment guides the conduct of the assessment, including the choice of tools, the process of analysing the information and the development of the conclusions and recommendations. The handbook *Analysis and Critical Thinking in Assessment* highlights the centrality of defining the purpose of the assessment:

Clarity about the reason an assessment is being undertaken is vital for directing the course of the assessment in general and deciding the relevant issues to focus on in particular... Being clear about the purpose of the assessment at this early stage enables practitioners to begin the process of analysis. By formulating initial ideas about what the key issues might be, practitioners can begin to reflect on what further information might be needed and to consider how conversations with [the child and his/her] extended family might be directed.³⁹

Main purpose and operational purposes

While the overall objective of the assessment should be to promote the rehabilitation and reintegration of the child, the process will have specific purposes that depend upon the individual situation of the child. The assessment request should include clear formulations of such specific purposes. To promote clarity, it is suggested that the main purpose and the operational purpose(s) be formulated with a main question and operational question(s).

Practitioners who receive the request should review it to ensure that they understand the intended purpose of the assessment. When they do not, they should consult with the agency/body sending the request to obtain clarification. Table 2 provides guidance on the formulation of clear purposes and operational purposes.

³⁹ Brown, Moore and Turney, *Analysis and Critical Thinking in Assessment*, p. 34.

TABLE 2. EXAMPLES OF THE MAIN PURPOSE AND OPERATIONAL PURPOSES OF A CHILD ASSESSMENT IN THE CONTEXT OF ASSOCIATION WITH ORGANIZED CRIMINAL AND ARMED GROUPS, INCLUDING THOSE DESIGNATED AS TERRORIST GROUPS

The examples are drawn from scenarios I and II (see part three of the manual).

ECOLOGICAL FRAMEWORK	TYPE OF ASSESSMENT	MAIN PURPOSE	MAIN QUESTION	OPERATIONAL PURPOSE(S)	OPERATIONAL QUESTION(S)	ULTIMATE OBJECTIVE: TO PROMOTE THE CHILD'S REHABILITATION AND REINTEGRATION
	Child pre-repatriation brief/field assessment	Preserve and foster the psychosocial well-being of Lina and Theo at all stages of repatriation	How can professionals safeguard and promote the psychosocial well-being of Lina and Theo at all stages of repatriation?	<ul style="list-style-type: none"> Prepare the logistical aspects of travel, taking into account the physical, psychological and social issues Identify the priority psychosocial actions to be taken for welcoming Lina and Theo to the country of citizenship Organize psychological preparedness through individual and parental sessions on the field and/or on board the military aircraft 	<ul style="list-style-type: none"> What are the most appropriate logistical arrangements to support Lina and Theo's psychosocial well-being during the repatriation journey? What are the priority psychosocial actions to be taken for welcoming Lina and Theo to the country of citizenship? How can the mother and/or the assessor provide efficient and relevant support to Lina and Theo prior to departure and during travel? 	
Child post-arrival assessment	Highlight what needs to be considered for the rehabilitation and reintegration plans, including psychosocial programmes for Lina and Theo	How can professionals facilitate and enhance the psychosocial well-being of Lina and Theo after their arrival in the country of citizenship during the three steps of psychosocial adaptation: reception; familiarization and transition; and consolidation?	<ul style="list-style-type: none"> Facilitate cooperation across different administrative levels and agencies regarding the adaptation phase Foster the children's positive engagement with society Compensate for the lack of formal education 	<ul style="list-style-type: none"> How can professionals facilitate cooperation across different administrative levels and agencies regarding the adaptation phase? How can empathy be reinforced, social learning encouraged, a sense of belonging generated and an alternative identity offered to the children? What measures can compensate for the lack of formal education? 		

5. Managing expectations regarding the assessment process

To avoid misunderstanding or frustration regarding the content of the assessment report, professionals who request a child assessment in the context of association with armed and organized criminal groups, including those designated as terrorist groups, should have realistic expectations regarding the assessment.

(a) Timeline and deadline

The collection of information can take time, including to access archival records, contact relevant experts and organize interviews. Practitioners also require time to carefully analyse all the data collected in order to write a report. While practitioners should do their best in terms of time management, realistic deadlines should be set and included in the request.

(b) Level of accuracy

Given the extremely complex nature of this type of assessment and the dynamic contexts in which it takes place, there may be limitations to the accuracy of the information collected, which can influence the outcomes of the analysis. Such limitations should be understood by those who request the assessment and appropriately reflected by the assessor in the report.

(c) Assessment tools are not prescriptive

Professionals need to be aware that the tools for child assessment proposed in the present manual are not prescriptive, i.e. they will not tell the user exactly what course of action should be taken with a child nor do they provide scores that are automatically associated with certain courses of action. Instead, they are designed to provide information to guide the decisions that affect the child.

The proposed tools integrate various approaches: strength-based, trauma-informed, child rights-based and child development approaches, all of which inform the use of the ecological framework. None of the approaches is designed to mandate specific action, but rather to provide research-grounded information to enhance the decision-making process.

In other words, when determining the purpose of the assessment, professionals should consider what information, recommendations and conclusion are methodologically and ethically attainable in a specific context (e.g. a post-conflict zone). At the same time, assessment requesters are not always aware of the ethical and methodological issues faced by assessors. In that case, the assessor should explain the issues and, in some circumstances, help the requesters to reformulate the purpose and operational purposes of the assessment (see part two, chap. I.D, table 2).

6. Checking the mandate of the organization and its ability to conduct the assessment

When receiving an assessment request, professionals are responsible for verifying that they have the mandate to receive it and that the assessment can be conducted. This depends upon two key elements: the expertise of the assessor and the mandate of the agency/institution with which they are affiliated.

(a) Capacity and qualifications of the assessor

Assessors should consider if they have the necessary experience and training to adequately undertake the assessment.

(i) Knowledge about the local context, geopolitical situation and legal implications

Assessors should have received specialized training and instructions for conducting assessments of children in the context of association with armed and organized criminal groups, including terrorist groups. They should be knowledgeable about the local context and geopolitical situation, including regarding the legal implications of the child assessment. They should also receive information and training concerning the rights of children in order to facilitate the integration of a child rights-based approach into their assessment practices.

(ii) Knowledge in the field of psychopathology and qualifications in mental health

Although a psychosocial assessment is not intended to establish a diagnosis, if the assessment requires an understanding of the origin of mental disorders, how they develop and/or their symptoms, the assessor needs to have knowledge in the field of psychopathology and qualifications in mental health. For instance, if the instrument used refers to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition, Text Revision) (DSM-5), assessors should have adequate knowledge and experience of its use. The other reference commonly used to understand mental-health conditions is the International Classification of Diseases, Eleventh Revision (ICD-11).⁴⁰ This classification provides a common language that allows health professionals to share standardized information across the world.

If the identification of the mental-health status of the child is relevant to the assessment, the assessor should have the relevant university qualifications that allow them to use specialized mental-health measurements. Assessors should also consider the restrictions of use, if any, for each measurement tool before using it. Such restrictions are usually clearly indicated in the instructions for the use of the tool.

In other words, some types of assessment, such as those assessing trauma in children, require specific knowledge and qualifications, such as a certificate of specialization in the field of mental health.

For example, the Clinician-Administered PTSD [post-traumatic stress disorder] Scale for *DSM-5* Child/Adolescent version (CAPS-CA-5)⁴¹ is intended for use by qualified health professionals with advanced graduate training in psychodiagnostic assessment. Moreover, there is a three-course curriculum that offers clinicians a comprehensive review of the CAPS-CA-5 measures and its administration. Through the use of the simulator, clinicians learn how to administer and score the Clinician-Administered PTSD Scale for *DSM-5*.

(b) Checking that the purpose of the assessment matches the agency's mandate

Before accepting the assessment request, the agency with which the assessor is affiliated should verify that the mandate of their institution is compatible with the purpose of the assessment requested. In cases in which the purpose of the assessment does not match the agency's mandate, the professional who receives the request should inform his/her agency, and the agency should explain to the requester why it is not possible to assess the child as requested.

(c) Checking that the agency has the resources to conduct the child assessment

Each agency has its own resource limitations (e.g. human resources, staff competence, technology). Upon receipt of the request, agencies should identify the performance requirements and the knowledge, skills and abilities needed by its workforce to implement the child assessment. In other words, a professional with specific qualifications should not undertake an assessment of a type that does not correspond to those qualifications.

⁴⁰ ICD-11 is the eleventh edition of a global categorization system for physical and mental illnesses published by the World Health Organization. Available at www.who.int/standards/classifications/classification-of-diseases.

⁴¹ Available at www.ptsd.va.gov.

For example, it is not the work of psychosocial professionals to conduct investigative interviews to determine any alleged prior criminal conduct of the child. If the security sector authorities need information regarding such alleged involvement, that information should be obtained exclusively by an investigative team, whether made up of law enforcement officers who should have training in child forensic interviewing or who are psychologists by background and who have been trained in investigation techniques. In this regard, a psychosocial interview is different from an investigative interview.

In addition, practitioners should consider whether they have a perceived or actual conflict of interest in undertaking the assessment. If there is a conflict of interest, the practitioner should disclose it in writing to the professional and/or agency that made the assessment request and consider whether it would be appropriate to refer the assessment to another practitioner.

7. Acknowledging the assessment request

After verifying that the mandate and staff qualifications of their agency are appropriate for conducting the child assessment, the assessor slated to conduct the assessment should formally acknowledge receipt of the assessment request in writing.

If the request contains insufficient information about the assessment's purpose for the assessor to proceed with confidence, the assessor should contact the requesting professional and/or agency and seek additional information. As explained previously, it is essential that the requesting professional and/or agency and the assessor share a common understanding of the assessment's purpose.

If the professionals of the agency receiving the assessment request lack the necessary experience and training to conduct the assessment, the agency should either refer the assessment to an external, more qualified professional or seek that professional's guidance and support. If the agency's mandate does not allow it to fulfil the assessment purpose, they should refer the assessment to a more appropriate agency.

Two possibilities are then open:

- The purpose of the assessment is redesigned in collaboration with the assessor, who can guide the requester in developing the new purpose(s) of the assessment;
- The requester has a clear understanding of the objectives of the assessment, but was not clear as to which agency had the qualifications and mandate to conduct it. In such a case, the assessor who received the request may be able to advise the requester on a referral to a more appropriate agency.

8. Key elements

- A pre-requirement for conducting the assessment is the receipt of a duly completed, formal, written request
- A formal request form or referral form for a psychosocial assessment of a child in the context of association with armed and organized criminal groups, including those designated as terrorist groups, is essential for coordination across agencies and sectors
- Protocols guiding the child assessment process should be well defined
- Psychosocial assessment tools should not prescribe legal decisions
- Psychosocial tools inform decision-making
- Ensuring that assessment protocols meet the best interests of the child is crucial to promoting their rehabilitation and reintegration

- Some types of assessment require specific knowledge and qualifications, e.g. a certificate of specialization in the field of mental health
- Practitioners should have received specialized training and instruction for conducting assessments of children in the context of association with armed and organized criminal groups, including terrorist groups

CHAPTER II.

Assessment plan

1. Introduction

Planning for the assessment is a crucial step that will have considerable influence on the effectiveness of the assessment process and the validity of its outcomes. Indeed, gathering information requires careful planning.⁴² Preparing a plan for the assessment process enables practitioners to identify challenges in advance and therefore be better prepared to tackle them. In the context of children associated with armed and organized criminal groups, including terrorist groups, challenges can be related to security (e.g. operating in a conflict zone), the lack of availability of psychosocial services (e.g. in post-conflict areas or remote areas) and legal aspects (e.g. difficulty in identifying the legal guardian). To support assessors in planning the assessment, chapter II will cover: (a) planning in relation to the child; (b) planning in relation to the context; and (c) planning for the use of the appropriate tools.

2. Objectives

The information provided in chapter II will help practitioners to:

- Understand that the preparation, process and outcome of child assessment are inextricably linked⁴³
- Consider various elements to adapt the conduct of the assessment to the individual circumstances and needs of the child
- Clarify the need for informed consent
- Develop strategies for mapping existing services that can be relevant to the child's rehabilitation and reintegration
- Develop a toolkit for child psychosocial assessment
- Enhance the capacity of practitioners to participate in the creation and modification of assessment tools

⁴² United Kingdom, National Assembly for Wales, Home Office, *Framework for the Assessment of Children in Need and Their Families* (London, Stationery Office, 2001), p. 43.

⁴³ Jan Horwath, ed., *The Child's World: Assessing Children in Need* (London, Jessica Kingsley Publishers, 2001).

- Integrate the cultural aspect when using or adapting existing assessment tools
- Elaborate and use an assessment plan table

3. Planning for the individual situation and needs of the child in view of the assessment

The ecological framework of child assessment focuses primarily on the perspective of the child. For this to be meaningful, the specific circumstances and needs of the child need to be considered during assessment preparation. Collecting information on and from the child through interviews can be an especially sensitive endeavour. When interviews are involved, assessors should be especially careful of the potential for secondary victimization. This can be especially true for children who have spent time with armed and organized criminal groups, including terrorist groups, as they are likely to have been exposed to violence and trauma. Accordingly, it is suggested to start planning the assessment by conducting a detailed review of all available written material that concerns the child to identify their situation and needs.

The information obtained from such a review is likely to set the tone for the entire assessment process. For example, planning contact with the child in advance can help practitioners to adapt the interview setting to the age, cultural sensitivities and possible disabilities of the child. In addition, adapting the meeting location for a child with additional support needs will allow the child to feel safer and more comfortable, mitigating the risk of secondary victimization during the assessment. Such planning for the individual circumstances and needs of the child lays the ground for a child rights-based and trauma-informed assessment process.

(a) Safety

The safety of the child should always be the paramount consideration of practitioners. While the assessor is responsible for preventing harm during or as a result of the assessment process, ensuring the protection of the child is the work of a multidisciplinary team. In some contexts, law enforcement professionals or security actors may be responsible for carrying out a safety risk assessment to identify specific needs for assistance and protection. In such a case, the preparation for the logistics of the psychosocial assessment should be carried out in accordance with the recommendation of the safety risk assessment in order to prevent intimidation, threats or harm to the child and ensure that appropriate conditions are in place to guarantee the child's safety. Communication between professionals who conduct the safety risk assessment and practitioners who conduct the psychosocial assessment is essential. During the preparation phase, the different practitioners need to discuss the safety needs of the child.

(b) Age of the child

When it comes to identifying the child's age, practitioners may face situations in which identity documents are not available and the child and/or the family do not know the exact age of the child. This can entail two different concerns:

- Lack of certainty about whether the individual is a child or an adult
- Lack of certainty about the exact age of the individual, but certainty that he/she has not reached the age of 18 years

These different circumstances should be afforded a different level of priority. Establishing whether the individual is a child is a fundamental concern, as children are meant to enjoy specific rights and safeguards and an enhanced level of protection. Ensuring that a child is recognized as such can have a direct impact on the services and types of support that will be available to them. According to the Committee

on the Rights of the Child, in cases in which there is doubt as to whether the individual is below the age of 18 years and birth certificates cannot be retrieved the authority should accept all documentation that can prove age, such as notification of birth, extracts from birth registries, baptismal or equivalent documents or school reports. Documents should be considered genuine unless there is proof to the contrary.⁴⁴ In the absence of other documents, practitioners should try to determine the child's age on the basis of the child's own statements or those of other members of the family. Where uncertainty persists, the individual shall be considered to be a child. In a United Nations Children's Fund (UNICEF) Working Paper, Terry Smith and Laura Brownlees advise that medical age assessment practices should be avoided, as it "is important to recognize that the assessment of age is not an exact science. It is a process within which there will always be an inherent margin of error and a child's exact age cannot be established through medical or other physical examinations."⁴⁵

When there is uncertainty about the exact age of the individual, but it is determined that the individual is a child, age is a less pressing concern. While establishing the child's age can help to gauge their developmental level – information that is useful for the assessment of cognitive abilities and attention capacities, for instance – such personal characteristics can be considerably influenced by environment, including cultural factors. Moreover, threats or experiences of violence can have a deep impact on the child's development. Accordingly, it is advised to avoid drawing clear conclusions about a child's developmental level from their chronological age. Where the age of the child is difficult to obtain, it is suggested that the assessor indicate an approximate age and illustrate clearly in the final report the limitations that prevent a clear conclusion in the matter.

(c) Cultural considerations

The assessor should take all reasonable steps to address the child's needs relating to their cultural background and ensure that the assessment process is respectful of and responsive to the child's cultural preferences. To accomplish this, the assessor should reflect on their own cultural background and any personal assumptions, values, stereotypes or biases they may explicitly or implicitly hold or portray. Such awareness is a key step in developing cultural sensitivity (see part one, chap. II).

To develop culturally appropriate practices, it is also advisable to ask the child directly about their personal preferences.

(d) Language

Wherever possible, all communication and information exchanged should be in the mother tongue of the child and their parents/legal guardian.⁴⁶ If the child speaks only a language that is not understood by the practitioner, an interpreter should be engaged. Interpretation services should be obtained only from suitably qualified organizations or individuals who do not have any perceived or actual conflicts of interest. It is also important to ensure that the interpreter is trained to work with children. In addition, the assessor should meet with the interpreter before the first interview to share the assessment tools, interview methodology and key vocabulary. The preparatory meeting will allow the interpreter to ask questions and to prepare for the interview in advance. It will also help the interview to run smoothly and facilitate the child's participation.

If a suitable interpreter is not available, assessors should postpone the interview with the child. Interviews that have been inaccurately or only partially interpreted, or that have been interpreted by a person with a conflict of interest, are unreliable and should not inform the practitioner's assessment of the child.

⁴⁴ Committee on the Rights of the Child, general comment No. 24 (2019) on children's rights in the child justice system, para. 33.

⁴⁵ Terry Smith and Laura Brownlees, "Age assessment: a technical note", UNICEF Working Paper (UNICEF), New York, 2012), p. 18.

⁴⁶ Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (the Paris Principles), para. 7.21.4.

(e) Children living with a disability, including mental illness

Practitioners should take all reasonable steps to ensure that a child living with disability, including mental illness, is able to participate in an assessment comfortably. Practitioners should be careful not to overestimate or underestimate the impact of the disability, including mental illness, on the child's life and capabilities.

CHECKLIST 5.

KEY QUESTIONS IN PLANNING FOR THE NEEDS AND SITUATION OF THE CHILD

Answering the following questions before collecting information will help the practitioner to create a safe environment by adapting certain aspects of the assessment to the specificity of the child:

- Is information on a potential disability of the child available?
- Could the assessment interview put the child at risk (e.g. child's environment is violent, and some people would not want the child to talk about it)?
- Is it safe for the child to come to the interview location (e.g. rebel-controlled territories)?
- How can I promote a sense of safety in all interactions with the child and their family?
- How can cultural variability^a be taken into account? How would it affect the perception of sensitive topics?
- What are the concrete and contextual obstacles to meeting with the child and/or the family (e.g. the family lives far from where the assessment takes place)?
- Do I know certain cultural specificities concerning the child (e.g. food, greetings)?
- How could the seating arrangements reflect the needs of the child?
- In addition to providing drinking water; will it be necessary to provide a snack?
- What is the child's native language? Does the child speak another language? Do we need an interpreter? How do we express emotions in the child's mother tongue?
- Can I estimate, on the basis of available information, the child's approximate ability to concentrate for an assessment session?

^a Cassandra Kiesel and others, *Trauma-Informed Assessment with Children and Adolescents: Strategies to Support Clinicians* (Washington D.C., American Psychological Association, 2021), chap. 2.

4. Clarifying the need for consent and assent for conducting the assessment

Depending upon the context of the child assessment, a parent's or legal guardian's written consent may be necessary. It is important for the practitioner to know clearly if there is a need for the consent of the parents or legal guardian. In some legal contexts, the assessment process may be mandatory and not require consent from the parents or legal guardian. In such a case, it is still necessary to explain to them the context, the policies of confidentiality and the purpose of the assessment, as well as to seek their views regarding the assessment.

If informed consent is necessary, the parents or legal guardian of the child can consent to an assessment only after they have been provided with accurate and relevant information about the assessment and they demonstrate an informed understanding of the benefits and risks of the process.

Moreover, practitioners should seek the informed consent of the child. In certain contexts, since consent may be given only by individuals who have reached the legal age of consent, the term “assent” can be used to refer to child’s opinion and view. The goal of gaining a child’s assent to participate in an assessment process is to share basic information with the child as well to solicit their views and questions regarding the assessment at a level that the child can understand. In the context of judicial proceedings, obtaining the child’s assent may help to encourage their participation in the proceedings and promote a more collaborative and effective relationship between the child and the professionals. As part of the process of obtaining assent, the confidentiality policies should be explicitly clarified to the child.

In other words, during assessment interviews with children, providing clear information to the child so that they will understand the services to be provided, the nature of the process and its expected outcomes, as well as the assessor’s role and their own role is of crucial importance. The assessor should also encourage the child to share any concerns, doubts or questions they may have and actively listen to the child’s point of view.

5. Planning for a context-relevant assessment

The ecological framework recognizes that the environment of the child is highly significant in determining the relevant rehabilitation and reintegration processes. This is especially true when considering the services available to the child, which could foster or hinder their rehabilitation and reintegration. The planning step is an opportunity to research and map services and potential obstacles that could affect the situation and environment of the child.

(a) Mapping services for psychosocial support

It is useful to initiate a mapping of psychosocial services and institutions in order to obtain a clear idea of who does what and when and where in the geographical area of the child. Mapping psychosocial and practical support services will contribute to providing appropriate and realistic recommendations in the assessment report.

A useful mapping tool has been developed by IASC for mental health and psychosocial support programming during and following an emergency, entitled *Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activities Codes*.⁴⁷ This practical tool could be used as the basis for creating a mapping tool for child assessments.

Depending upon the context of the child psychosocial assessment (see part three), mapping could answer the following questions:

- Are life-skills programmes for children in place (e.g. empathy, self-esteem, problem solving, social relationships, stress management)?
- Are parent awareness programmes in place (e.g. positive parenting, psychoeducation)?
- What vocational trainings services are available for teenagers?
- What educational services are available (e.g. primary and secondary education free of charge)?
- What mental-health services are available?
- What physical-health services are available?

⁴⁷ Available at <https://www.mhpss.net/toolkit/emergency/resource/who-is-where-when-doing-what-4ws-in-mental-health-and-psycho-social-support-mhpss-manual-with-activity-codes>.

(b) Mapping the legal and administrative framework, barriers and aid

In the context of child association with armed and organized criminal groups, including terrorist groups, practitioners should have a clear understanding of the legal status of the child. This is necessary to ensure that they are aware of the specific rights the child is entitled to, whether those rights include access to specific services or aids, and whether the child's legal status constitutes a barrier to accessing certain forms of support. Being aware of the potential judicial consequences of the use of the assessment report will allow practitioners to consider carefully what information should be included in the report.

FOCUS BOX 2.

CHILDREN'S RIGHTS AS VICTIMS

UNODC recognizes that any child associated with armed and organized criminal groups, including terrorist groups, should be **considered and treated primarily as a victim**, on the basis of international law.^a This means that there is a need to protect, respect and fulfil all **their rights as victims**, including access to justice, regardless of alleged involvement in criminal offences as offenders. It is extremely important to ensure that efforts are made to prevent **the secondary victimization** of these children throughout their contact with national authorities.^b

^a For a comprehensive overview of internal legal instruments that prohibit the recruitment of children, see part one, chap. I.

^b Article 19 of the Convention on the Rights of the Child includes a broad-ranging obligation for Member States to protect children from all forms of violence. This includes violence that results from institutional and professionals' responses to the child victim. For further analysis, see part one, chap. II.7 and 8.

Depending upon the context of the child psychosocial assessment (see chap. III), mapping the legal and administrative framework could answer the following questions:

- What is the primary and secondary legislation related to juvenile justice?
- What legal provisions regulate custodial sentences for children, if any?
- What legal provisions regulate alternatives to the deprivation of liberty for children?
- What legal provisions detail the child's right to rehabilitation and reintegration? Do they mention specific services?
- What legal provisions and policies regulate the confidentiality of information concerning children?
- What are the legal and administrative barriers to the child's accessing relevant services?
- What legal and administrative support services are available? Who provides such services? Where and when can they be accessed?

If the child psychosocial assessment is conducted in the context of judicial proceedings, both interdisciplinary and multidisciplinary approaches should play key roles in the planning and conducting of the assessment.

Interdisciplinary approach: This approach combines two or more academic disciplines into one activity. For example, a clinical psychologist who assesses a child in the context of witness protection will use forensic psychology, which can be defined as the interaction of the practice or study of psychology and the law. Forensic psychology involves the study of human behaviour as it applies to the law and is used to describe the evaluation and assessment of individuals within a judicial context.

Multidisciplinary approach: This approach involves "drawing appropriately from multiple disciplines to explore problems outside of normal boundaries and reach solutions based on a new

understanding of complex situations”.⁴⁸ For example, a clinical psychologist assessing a child in the context of witness protection may receive the mapping of the relevant legal framework from lawyers who work in the same institution. Moreover, the psychologist may ask the lawyers legal questions concerning the status of the child witness (e.g. possibility of self-incrimination). The psychologist may also ask the lawyers questions about data protection in relation to the psychosocial assessment report and to the information shared during interviews. This is essential information to know since the assessor must clearly explain the policies of confidentiality to the child and the parents before collecting data during interviews.

6. Selecting appropriate assessment tools and clarifying the methodology

The term “assessment tool” is used here quite broadly to include any instrument employed for collecting and synthesizing factors/information, such as standardized and non-standardized tests, questionnaires, observation tables, checklists and rating scales. The choice of the tool should reflect the approaches selected by the practitioner (see part one) and be adapted to the context and purposes of the assessment. In other words, the tools used should reflect and/or be adapted to the approaches that were outlined as informing the ecological framework for the assessment. The tools should be: (a) informed by child development; (b) culturally appropriate; (c) trauma-informed; (d) strengths-informed and (e) child rights-based.

Following the approaches selected in the manual will ensure that the data collected enables recommendations and a conclusion that support positive behaviours and outcomes for children. In this regard, the assessor will select tools that enable a prospective focus (into the future) on facilitating positive behaviours (e.g. engagement in prosocial activities) and positive outcomes (e.g. educational attainment, employment), rather than primarily a retrospective focus on negative behaviours (e.g. offending) and outcomes (e.g. exposure to risk).⁴⁹

(a) Three categories of tools

It is possible to classify assessment tools into three categories:

Category I: Brief instruments

Brief instruments should be quick to administer and easy to use. Sometimes, depending upon the context, brief assessment instruments are referred to as “screening instruments”.

An example is the Child Psychosocial Distress Screener (CPDS) which is “a multi-source instrument that assesses non-specific child psychosocial distress and the likelihood of need for psychosocial treatment. The instrument is developed as a primary screener in complex emergencies (especially low- and middle-income settings), for children between 8 and 14 years old. We recommend the instrument for assessing indication for secondary preventive group-based psychosocial interventions. Development of the CPDS followed a culturally grounded approach. The CPDS uses broad questions, and focuses on domains of distress, resilience and school-functioning.”⁵⁰

⁴⁸ NHS England, “MDT development: working toward an effective multidisciplinary/multiagency team” (January 2014).

⁴⁹ Stephen Case and Ann Browning, *Child First Justice: The Research Evidence-Base* (Loughborough, United Kingdom, Loughborough University, 2021), p. 11.

⁵⁰ M.J.D. Jordans and others, “The child psychosocial distress screener (CPDS)” (n.p., HealthNet TPO, 2010).

Category 2: Comprehensive instruments

Comprehensive instruments take longer to administer. These instruments can sometimes be useful in reassessment (e.g. a progress follow-up six months after the initial assessment).

An example is the Childhood War Trauma Questionnaire (CWTQ),⁵¹ which “was designed to measure the nature of children’s war-related experiences... The CWTQ exists in two versions: CWTQ-A and CWTQ-C. The CWTQ-A is designed to be administered to parents/caretakers and inquiries about the experiences of children between the ages of 3 and 16 years. The CWTQ-C is designed to be administered directly to children between the ages of 10 and 16 years. Both the CWTQ-A and the CWTQ-C can be administered either as a questionnaire or as a semi-structured interview. We strongly recommend that the interview format is used especially with children and adolescents. This proved to yield more reliable data”.⁵²

Category 3: Specialized instruments

Specialized instruments are usually used to assess specific domains, such as substance dependency and mental-health disorders, or populations. To be used, these instruments require specific qualifications and training.

An example is the Child PTSD Symptom Scale for DSM-5 (CPSS-5).⁵³ “The CPSS-5 is used to measure posttraumatic stress disorder diagnosis and severity in the past month in children aged eight to 18. It contains a trauma screening to assess history of Criterion A traumatic experiences in order to identify an index trauma as well as a 27-item semi-structured interview that includes 20 items assessing DSM-5 PTSD symptoms and 7 items assessing impairment of endorsed symptoms on daily functioning.”⁵⁴

(b) Building a toolkit

In the present manual, a toolkit is defined as a compendium of relevant instruments, including measurements, psychometric tests, inventories, rating scales, observation grids, standardized and non-standardized tests, questionnaires and checklists. Building a toolkit is an essential step in the assessment process, which can be facilitated thanks to existing work to compile such materials.⁵⁵

Assessors also need to consider the purpose of the assessment, the particularity of the situation and the needs of the child, the timeline and their own professional qualifications and experience when they select child assessment tools. As explained previously, some instruments should be administered only by interviewers who are clinicians or have a specific professional degree. For other tools, interviewers need to have received detailed training prior to administration.

The integration of evidence-based instruments in the toolkit is another essential aspect of the trauma-informed approach. If information about trauma will be collected during interviews with the child, practitioners are encouraged to select reliable and valid tools for identifying trauma symptoms,⁵⁶ rather than rely on clinical insights and experiences (even though the latter are of great value in

⁵¹ Macksoud, “Childhood war trauma questionnaire”, Project on Children and War, Center for the Study of Human Rights, Columbia University (New York, 1988).

⁵² Children and War Foundation, “Childhood war trauma questionnaire”. Available at www.childrenandwar.org.

⁵³ Edna B. Foa and others, “Psychometrics of the child PTSD symptom scale for DSM-5 for trauma-exposed children and adolescents”, *Journal of Clinical Child and Adolescent Psychology*, vol. 47, No. 1 (August 2017), pp. 38–46.

⁵⁴ International Society for Traumatic Stress Studies, Clinical resources, Child trauma assessments, “Child PTSD symptom scale for DSM-5 (CPSS-5)”. Available at <https://istss.org>.

⁵⁵ Sarah Robinson, Jana Metzler and Alastair Ager, *A Compendium of Tools for the Assessment of the Mental Health and Psychosocial Wellbeing of Children in the Context of Humanitarian Emergencies* (New York, Columbia University, Columbia Group for Children in Adversity and Child Protection in Crisis Network, 2014).

⁵⁶ Cassandra Kisiel and others, *Trauma-Informed Assessment with Children and Adolescents: Strategies to Support Clinicians* (Washington D.C., American Psychological Association, 2021), pp. 26–27.

psychosocial assessment). The assessment process can be particularly challenging in countries and regions in which no scientific research on trauma assessment tools has been conducted. Furthermore, in the context of psychosocial assessment, collecting information on symptoms of psychological trauma is not aimed at producing a diagnosis.

(c) Age-specific informational materials

Establishing effective communication through the use of age-specific information materials is critical to the assessment process. Age-specific informational materials are those that are adapted to children's needs. Children need to understand the context and the purpose of the assessment, including the rules of confidentiality. Each context has its own particularity and complexity (see chap. III). Booklets or factsheets can be provided and explained to children in the presence of a parent/legal guardian. Such materials all have similar content but use age-appropriate language and communication styles. "Booklets for younger children are highly pictorial and use puzzles and games to engage the child's interest, while booklets for older children use fewer and more realistic images or diagrams and give information in greater detail."⁵⁷ Looking for, choosing and developing such materials are activities that should be included in the assessment plan.

(d) Validity of tool for cross-cultural constructs

When professionals develop new assessment measures and/or adapt existing measures to local contexts, it is important to consider cultural elements so that indicators reflect local expressions and beliefs relating to the psychosocial aspect, especially mental health. "Psychometric testing is crucial before utilizing any measure of mental health with a certain population, due to possible cultural variations in interpreting meaning."⁵⁸

Some tools have cultural, economic and geographical biases built into them of which users should be aware when working with diverse populations. This is why it is not enough to merely translate tools from the original language into the local language. The risks of underestimating cultural influence are significant. For instance, in the field of mental health, the misuse of standardized tests among children from different countries can cause significant damage and lead to misdiagnosis, overdiagnosis and underdiagnosis.⁵⁹ Considerable criticism has been levelled and inaccuracies measured in the case of cross-cultural tests of cognitive abilities.⁶⁰

Moreover, professionals and organizations need to be conscious that developing new assessment measures and/or adapting existing measures to local contexts require an investment of time and human resources.

(i) Use of restandardized instruments

"Most standardized tests originate from a European and [North] American worldview that permeates procedural norms in the development of such instruments." A common approach to decreasing such bias is restandardization. "Restandardization is a complex process that includes the collection of norms from samples that are more representative of the population at large. It can lead researchers to make

⁵⁷ European Union Agency for Fundamental Rights, *Child-Friendly Justice: Perspectives and Experiences of Professionals on Children's Participation in Civil and Criminal Judicial Proceedings in 10 EU Member States* (Luxembourg, Publications Office of the European Union, 2015), p. 70.

⁵⁸ Jihad Makhoul and others, "Development and validation of the Arab youth mental health scale", *Community Mental Health Journal*, vol. 47, No. 3 (2011), pp. 331.

⁵⁹ Pamela A. Hays, *Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors* (Washington D.C., American Psychological Association, 2001).

⁶⁰ Alberto Luis Fernández and Jennifer Abe, "Bias in cross-cultural neuropsychological testing: problems and possible solutions", *Cult and Brain*, vol. 6, No. 1 (April 2018), pp. 1–35; and Fons van de Vijver and Norbert K. Tanzer, "Bias and equivalence in cross-cultural assessment: an overview", *European Review of Applied Psychology*, vol. 54, No. 2 (June 2004), pp. 119–135.

changes in the original test, including deletion or modification of items that are found to be invalid across cultures and the addition of items that are cross-culturally valid.”⁶¹

The adapted tests should be piloted and undergo a validation process at all new sites before data collection begins for a child assessment, especially as many questions in certain tools are context specific. In addition, interviewers should employ a clear methodology when administering the tests so that consistency is maintained.

(ii) Developing new culturally appropriate tests

Developing new tests that emanate from the context in which the child is assessed involves considering all the specificities of the child’s situation (e.g. landscapes in which the child lives, the climate and seasons of the region in which the child lives, language and dialect spoken by the child, hobbies and games that the child knows, access to the child’s school, common food). For example, the Panga Munthu Test (PMT)⁶² was developed to provide a more accurate and culturally appropriate assessment of intelligence for children in Zambia.

(iii) Translating from the original language into local language(s)

The translation is an important stage in adapting existing tools. For example, the guidance for translation for the CPDS is clear. “Final versions should first be translated from English into the local language(s); back-translated using several bi-lingual professionals; reviewed by a bi-lingual mental health specialist; undergo a blind back-translation by a psychologist who is unexposed to the original version; go through a comparison of the back-translated version with the original English version; and finally, administered via a test-run in a school.”⁶³

The CPDS is an assessment tool that aids in the preliminary detection and determination of the level of psychosocial distress, and any potential need for specialized services and/or treatment, in children. According to a study on the cultural adaptation, validation and local development of the CPDS for use in Burundi,⁶⁴ an initial set of eight items was developed, based on clinical experience and a literature review, assessing traumatic and current distress, protective factors and academic functioning. These items were translated into Kirundi, reviewed and blindly back-translated.

(iv) Method for collecting a random sample of response data from a community

There are a few tools that can help to develop new assessment measures and/or adapt existing measures to local contexts, for example, brief ethnographic interviewing,⁶⁵ which is focused on the psychosocial well-being of children, with a special focus on mental health. “The brief interviewing technique can be used as a method for collecting a random sample of response data from a community which can be used, along with other available sources of information, when creating program evaluation indicators (e.g. identifying local idioms of distress).”⁶⁶ Although there is no requirement for the number of people who should be interviewed, it is recommended that at least 150 to 250 responses for each subpopulation be collected.

⁶¹ Pamela A. Hays, “Putting culture to the test: considerations with standardized testing”, in *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy*, Pamela A. Hays, 2nd ed. (Washington, D.C., American Psychological Association, 2008), pp. 129–151.

⁶² Ravinder Kathuria and Robert Serpell, “Standardization of the Panga Muntu test: a nonverbal cognitive test developed in Zambia”, *Journal of Negro Education*, vol. 67, No. 3 (June 1998), pp. 228–241.

⁶³ Robinson, Metzler and Ager, *A Compendium of Tools*, p. 14.

⁶⁴ Mark J. Jordans and others, “Development and validation of the child psychosocial distress screener in Burundi”, *American Journal of Orthopsychiatry*, vol. 78, No. 3 (July 2008), pp. 290–299.

⁶⁵ Paul Bolton and Alice M. Tang, “Using ethnographic methods in the selection of post-disaster, mental health interventions”, *Prehospital and Disaster Medicine*, vol. 19, No. 1 (March 2004), pp. 97–101.

⁶⁶ Jon Hubbard, “Manual on brief ethnographic interviewing: understanding an issue, problem or idea from a local perspective” (Saint Paul, Minnesota, United States of America, The Center for Victims of Torture, n.d.).

(v) Example of development and validation of scale

The Arab Youth Mental Health (AYMH) scale is a 21-item tool used to assess common mental-health disorders in children aged 10–14 years. The process of developing the AYMH scale included five phases: reviewing existing scales; rating of the scales by the researchers and community members; soliciting youth input; seeking expert opinion; and testing for psychometric properties.⁶⁷

(vi) Example of cross-cultural construct validity

The CPDS (introduced above) is a screening tool for assessing psychosocial distress among war-affected children. A study has been conducted with children in four countries: Burundi, Indonesia, Sri Lanka and the Sudan. The study “demonstrates the cross-cultural construct validity of the CPDS in different conflict-affected countries. Robustness of a common 3-factor structure of the CPDS within different samples refers to the validity of the instrument to assess the same underlying theoretical construct, albeit with different manifestations in different settings.”⁶⁸

(e) Tools designed for adults

(i) Not originally designed for children

There are two main issues regarding the use of tools originally designed for adults:

- Some tools originally designed for adults have been used with children
- Some tools designed for adults have simply been adapted to be used with children

The use of tools developed for adults but widely used with children as well as the simple adaptation of an adult tool to a child tool demonstrate the need to revalue the place of the child in psychosocial evaluation. Such tools fail to account for the specificities of child development and can lead to incorrect interpretations and conclusions. The present manual considers the use on children of tools designed for adults to be highly inappropriate.

(ii) Participate in the criminalization of adolescent behaviour

In the context of justice for children, many tools used by justice authorities are derived from approaches and tools used in adult criminal justice systems. This practice is counter-productive and contributes to the criminalization of normal behaviour during adolescence. By criminalizing certain behaviours of adolescents through the use of these tools, professionals absolve adults and society from responsibility for children despite their clear obligations to protect and care for them. It is therefore important for the choice and creation of assessment tools for this specific population to be framed by what is normal for children and adolescents, rather than what is abnormal in adults, so that judicial responses contribute to positive youth justice. The Positive Youth Justice (PYJ) approach, which was developed in the United Kingdom, “deproblematizes and normalizes offending by children and young people, viewing it as an everyday behaviour requiring supportive and appropriate responses. In other words, PYJ doesn’t treat youth crime as a new or growing problem, so doesn’t introduce methods that sustain and exacerbate it.”⁶⁹

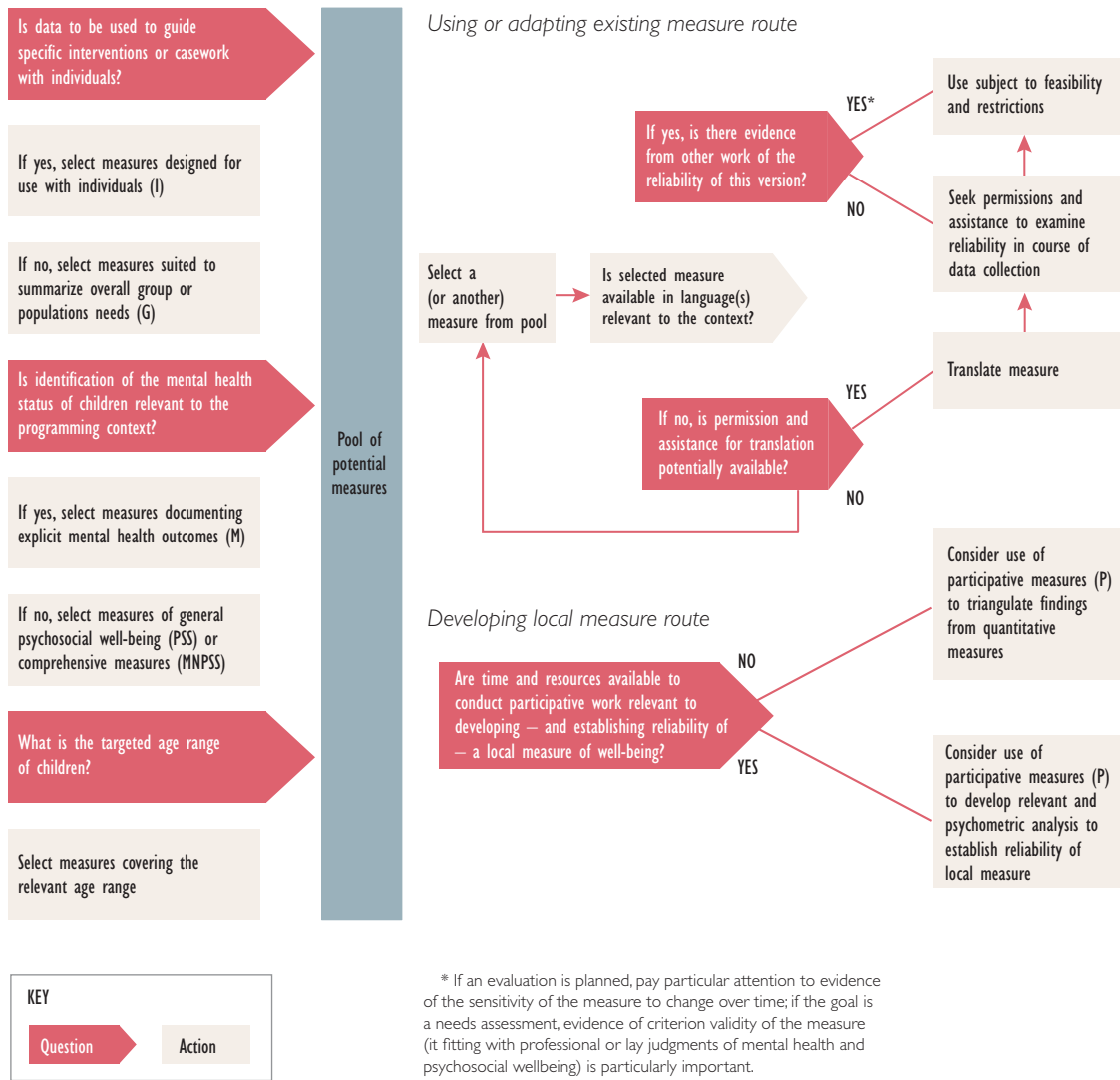
⁶⁷ Makhoul and others, “Development and validation of the Arab youth mental health scale”.

⁶⁸ M.J.D. Jordans and others, “Screening for psychosocial distress amongst war-affected children: cross-cultural construct validity of the CPDS”, *Journal of Child Psychology and Psychiatry*, vol. 50, No. 4 (April 2009), p. 518.

⁶⁹ Steve Case, “Positive youth justice: solving the youth crime ‘problem’ with children first solutions”, Children and Young People’s Centre for Justice, 3 November 2016.

(f) Decision-making guide for the selection of measures⁷⁰

FIGURE II.



⁷⁰ Robinson, Metzler and Ager, *A Compendium of Tools*.

(g) Clarify the methodology

The methodology should be clarified before data collection starts. In some cases, practitioners will need to be trained in the use of specific tools in order to be consistent when administering them.

At the same time, it is important to balance “the need for accuracy and consistency in the assessment approach with the need for flexibility based on the specific context”.⁷¹ In other words, practitioners will adapt their methodology each time, including their behaviour, to the specificity of the child. This is consistent with a trauma-informed approach and the primary objective of preventing secondary victimization.

CHECKLIST 6.

KEY QUESTIONS FOR CLARIFYING THE METHODOLOGY^a

- Where will the assessment take place?
- Who will undertake the assessment and what resources are needed?
- Who in the family will be included and how will they be involved (remembering absent or live-out family members, extended family and others significant to the child)?
- In what groupings will the child and family members be seen and in what order?
- How can the families be contacted?
- How can the appointment be arranged with the child?
- Are there communication issues? If so, what are the specific communication needs and how will they be met?
- What methods of collecting information will be used? Which questionnaires and scales will be used?
- What information is already available?
- What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?
- Is family consent necessary? If yes, how will family members' consent be obtained?
- What are the rules of confidentiality?
- How can the report be shared with the child and parents/legal guardian?
- What is the timeline for conducting the assessment and elaborating the report?
- How will information be recorded?
- How will the information be analysed and who will be involved?

^a United Kingdom, National Assembly for Wales, Home Office, *Framework for the Assessment of Children in Need and Their Families* (London, Stationery Office, 2001), p. 43.

7. Elaborating an assessment plan table

Practitioners should develop a written assessment plan in the form of a table (see below) that addresses the purpose(s) of the assessment and outlines the activities the practitioner intends to undertake. This assessment table can be updated and modified throughout the assessment process.

⁷¹ Kisiel and others, *Trauma-Informed Assessment with Children and Adolescents*, chap. 3, p. 34.

TABLE 3. ASSESSMENT TABLE

Child's name:	Last name and first name	Child's date of birth and age:	Day/month/year and years and month(s)	Child's sex:	Boy or girl
Requester:	Last name and first name	Date of request:	Day/month/year	Deadline:	Day/month/year
Main question (main purpose of the assessment)					
Operational questions (operational purposes of the assessment)					
Disability of child or parent/legal guardian:	E.g. vision disability, hearing disability, cognitive or learning disabilities, mobility impairments	What does this mean in terms of adaptation for assessment?	E.g. the child has a leg injury and has great difficulty moving around, which means that the interview room will have to be on the ground floor or in a place where there is an elevator		
Cultural and logistical aspects (any cultural or logistical considerations that may affect on the child and parents/legal guardian's ability to be interviewed)	Language	Need an interpreter? If yes, should a gender be preferred?			
	Religion	E.g. be aware of important religious holidays for the child and parents and take them into account when planning interviews			
	Customs (holidays, clothing, greetings, typical rituals, settings)	E.g. the child and parents would probably be more comfortable if everyone sat on the ground on a mat during the psychosocial interview			
	Games and leisure	Know some traditional games that the child is likely to know (e.g. a traditional card game)			
	Food	In some situations, be prepared that the children or parents/legal guardian will not have eaten before the interview. It is therefore important in such cases to offer, in addition to water, a snack that they will be able to eat.			
	Location	E.g. potential issues locating and accessing parent/legal guardian			
Need for consent from parents/legal guardians	Yes or no	If yes, how?	When to ask? To whom exactly? And how to ask for it?		

Available psychosocial services	Inventory of the programmes and treatment services currently available for children in the community (in line with the mapping of non-governmental organizations and psychosocial facilities)/ rehabilitation and reintegration psychosocial services	Available legal and administrative services	Inventory of the legal framework and legal support services
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METHODOLOGY

Written records and how to access them:	E.g. who holds the records, physical location of the records, the ability to locate the records in a collection or archive, the willingness of the holder of the records to make them available, and the language in which the records are written	Tools for collecting the records:	E.g. request form
Information directly from professionals:	Name and contact details of professionals, information regarding confidentiality	Tools for collecting information from professionals:	E.g. questionnaire
How many interview sessions for the child?	Number of session(s) and duration	Tools for collecting information from the child:	Any instruments for collecting and synthesizing factors/ information, e.g. questionnaires, observation tables, checklists, rating scales.
How many interview sessions for the parents/legal guardian?	Number of session(s) and duration	Tools for collecting information from the parents/legal guardian:	Any instruments for collecting and synthesizing factors/ information, e.g. questionnaires, observation tables, checklists, rating scales.

8. Key elements

- Plan for the collection of information carefully
- Include the review of existing written records in the assessment plan
- Create a safe environment when interviewing children and family/legal guardian
- Use interdisciplinary and multidisciplinary approaches
- Integrate evidence-based tools and processes
- Test pilot tools prior to administration in any new country and/or cultural context to ensure the local relevance of each questionnaire item
- Be aware and informed of the legal context of the assessment and status of the child
- Take into account the investment of time and human resources needed when developing new assessment measures and/or adapting existing measures to local contexts
- Counterbalance the need for accuracy and consistency in the assessment approach with the need for flexibility based on the specific context
- Provide age-specific informational materials

CHAPTER III.

Information collection

1. Introduction

Chapter III provides guidance on how to translate the ecological framework for child assessment into action during data collection by focusing on three key levels: individual, social and systemic. It clarifies what information should be collected, how and from what sources, and provides tips on data storage and record keeping.

2. Objectives

The information presented in chapter III will help practitioners to:

- Have an overview of what psychosocial data should be collected according to the ecological framework
- Guide the collection of information from existing written records
- Clarify formal processes to regulate data collection from other professionals/agencies
- Identify and mitigate potential barriers to the family's participation in the interview
- Adapt the interview room to the needs and requirements of the child and the family
- Explain the assessment process to children and parents/legal guardian
- Raise awareness of the potential for self-incrimination during the psychosocial assessment
- Understand the relevance of the use of semi-structured interviews in this context
- Raise awareness regarding data storage

3. Collecting data according to the ecological framework

As set out in part one, the ecological framework for assessing children associated with armed and organized criminal groups, including terrorist groups, requires practitioners to collect three levels of information about the child:

- **Individual:** the physical health and mental health of the child
- **Social:** psychosocial information regarding the child's relationship with family, peer groups, communities and schools
- **Systemic:** psychosocial aspects and impacts of laws, policies and practices, legal status of the child and opportunities for the child to access relevant services to support rehabilitation and reintegration

At all of these levels, psychosocial data about the child is gathered using a multi-informant approach, meaning that information is gathered not just from the child concerned but also from their parents, caregivers or legal guardians and other significant adults in their lives.

(a) Individual level

At the individual level, practitioners collect information on the child's mental and physical health. There is a strong relationship between mental and physical health, and physical-health problems are often associated with mental-health problems.⁷² Nevertheless, to facilitate data collection and also to provide relevant and practical recommendations regarding the health of the child in the psychosocial assessment, it is recommended to distinguish, when collecting information, between mental health and physical health.

(i) Mental-health information

Mental health can be defined as “a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium”.⁷³

In the context of the psychosocial assessment of children associated with armed and organized criminal groups, including terrorist groups, it is important to clarify that collecting information about the child's mental health does not mean diagnosing a mental illness. Psychosocial assessments differ from mental-health assessments, as the former do not involve diagnosis. This also means that mental-health recommendations in the psychosocial report should not include psychiatric drug prescriptions (even if the assessor is qualified to prescribe drugs). If the practitioner assesses the need for a mental-health assessment during the psychosocial assessment, the psychosocial report could include a recommendation that the child be referred to a psychiatrist or psychologist for that specific purpose.

⁷² Faculty of Public Health, “Relationship with physical health and healthy lifestyles”. Available at www.fph.org.uk.

⁷³ Silvana Galderisi and others, “Toward a new definition of mental health”, *World Psychiatry*, vol. 14, No. 2 (June 2105), pp. 231–233.

However, in the context of a psychosocial assessment, the assessor may collect data concerning previous mental health diagnoses made by other professionals (for example, when collecting a document from a psychiatrist who diagnoses a child with post-traumatic stress disorder). In such instances, the assessor must pay attention to three points:

- “It has been recognized that the prevalence of posttraumatic stress disorder (PTSD) in very young children depends on the diagnostic criteria”,⁷⁴ i.e. from the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) or DSM-5.
- Misdiagnosis or unintended overdiagnosis “can occur due to use of heuristics, disregarding differential causes of observed behaviour, misleading endorsement of symptoms by caregivers, or differential interpretation of diagnostic criteria by examiners.”⁷⁵
- “In the field of Global Mental health, there are challenges to assessing and determining levels of mental health problems as oftentimes areas affected by humanitarian disasters do not have readily available validated tools for screening mental health problems and providing reliable and valid psychometric properties making it possible to assess program effectiveness.”⁷⁶

Moreover, when the child is assessed in the context of justice proceedings, other elements have been found to influence mental-health assessment interpretations:

- “Over- and mis-diagnosis of [children] if screens and assessments are administered or interpreted by improperly trained personnel [e.g. non-mental health professionals].”⁷⁷
- “Screening and assessment can cause a ‘net-widening effect’ whereby [children] exhibiting symptoms, or who have a diagnosis, enter and are kept in [the] justice system longer because the system can more quickly obtain behavioral services for them.”⁷⁸
- “Another risk is that juvenile court actors use results from instruments to make critical decisions about the [child] with instruments that are not designed for such a purpose.”⁷⁹

It is important to underline that mental-health issues are highly complex and can be assessed only by licensed mental-health professionals, for example when the mental-health status needs to be included in the psychosocial assessment. Nevertheless, practitioners who conduct the psychosocial assessment and who are not licensed mental-health professionals, such as social workers, still need to know how to use the psychological assessment data collected from some documents (e.g. from a psychological assessment report). They will also identify information concerning the behaviour and feelings of the child as well as indicate in the report the need for referral to a mental-health professional, if necessary.

To do so, practitioners should be aware of the common signs of mental-health issues in adolescents.

⁷⁴ Mira Vasileva and others, “Posttraumatic stress disorder in very young children: diagnostic agreement between ICD-11 and DSM-5”, *Journal of Traumatic Stress*, vol. 31, No. 4 (August 2018).

⁷⁵ Eva Charlotte Merten and others, “Overdiagnosis of mental disorders in children and adolescents (in developed countries)”, *Child and Adolescent Psychiatry and Mental Health*, vol. 11, No. 5 (January 2017).

⁷⁶ Theresa S. Betancourt and others, “The intergenerational impact of war on mental health and psychosocial wellbeing: lessons from the longitudinal study of war-affected youth in Sierra Leone”, *Conflict and Health*, vol. 14, No. 62 (September 2020).

⁷⁷ Lourdes M. Rosado and Riya Saha Shah, *Protecting Youth from Self-Incrimination when Undergoing Screening, Assessment and Treatment within the Juvenile Justice System*, (Philadelphia, Juvenile Law Center, 2007).

⁷⁸ Ibid.

⁷⁹ Ibid.

CHECKLIST 7.

POTENTIAL SIGNS OF MENTAL-HEALTH ISSUES IN ADOLESCENTS^a (THE LIST IS NOT INTENDED TO BE EXHAUSTIVE)

- Excessive worrying or fear
- Feeling excessively sad or low
- Confused thinking or problems with concentrating and learning
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Avoiding friends and social activities
- Difficulty understanding or relating to other people
- Difficulty sleeping
- Lack of appetite
- Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that do not exist in objective reality)
- Inability to perceive changes in one’s own feelings, behaviour or personality (“lack of insight” or anosognosia)
- Overuse of such substances as alcohol or drugs
- Multiple physical ailments without obvious causes (headaches, stomachaches, vague and ongoing “aches and pains”)
- Thinking about suicide

^a United States, National Alliance on Mental Illness, About mental illness, “Warning signs and symptoms”. Available at www.nami.org.

Because young children are still learning how to identify and talk about thoughts and emotions, their most obvious symptoms are behavioural. Symptoms in young children may include the following:

- Changes in school performance
- Excessive worry or anxiety, for instance fighting to avoid bed or school
- Hyperactive behaviour
- Frequent nightmares
- Frequent disobedience or aggression
- Frequent temper tantrums

In a nutshell, collecting information about a child’s mental health for a psychosocial assessment in the context of association with armed and organized criminal groups, including terrorist groups, means:

- Determining if the child has received or is receiving mental-health support and/or treatment, by whom, for how long and what type of treatment (type of psychotherapy and/or psychiatric medication)
- Collecting any written records about the mental-health status of the child (e.g. psychiatric report with a diagnosis)
- Identifying information concerning the behaviour and feelings of the child

- In some types of psychosocial assessment, and exclusively when the assessor is a licensed mental-health professional, when assessing the mental-health status of the child and/or identifying symptoms and signs of mental illness, practitioners should keep in mind that “children and adolescents may express symptoms of mental disorders differently from adults.”⁸⁰

(ii) Physical-health information

Physical suffering, difficulties and illnesses may be more noticeable than mental ones. The violence experienced by children associated with armed and organized criminal groups, including terrorist groups, can have an impact on their physical health. For example, such children can be observed to have:

- Physical injuries
- Unintended pregnancies, induced abortions, gynaecological problems
- Sexually transmitted infections,⁸¹ including HIV⁸²
- Permanent physical disability
- Long-term physical illness

Gathering data about a child’s physical health for a psychosocial assessment is different from conducting a physical-health assessment. Therefore, assessors will not perform a medical check-up or diagnose physical illness. Nevertheless, they can refer children for a medical check-up, if they detect a need for further medical examination.

Collecting information about a child’s physical health for a psychosocial assessment in the context of association with armed and organized criminal groups, including terrorist groups, means:

- Identifying whether the child has received or is receiving intervention and/or treatment from physical-health service providers and if so, by which service, for how long and what type of intervention and/or treatment (e.g. medical check-up, vaccinations, nutritional interventions, surgery, blood tests, X-rays, treatment of infectious diseases, control of chronic diseases and/or prescription medication).
- Collecting any written records about the physical-health status of the child (e.g. physical-health diagnosis).
- Identifying information concerning complaints/observations from the child or parents/legal guardian regarding the physical health of the child or any observations made during interviews or shared by professionals (e.g. headaches, dental problems, skin problems, enuresis, stomach problems, eye problems, hearing problems, gynaecological or urological issues).

(b) Social level: Family, peers and community

In the present manual, it is suggested that the social level include the different environments in which the child experiences meaningful social relationships and bonds, such as the family, peer groups, the classroom or school environment, the workplace, the neighbourhood and the community. When collecting information about the child in these different environments, contextual factors that can contribute to overall stability or may engender vulnerabilities are also relevant, such as the financial situation and housing of the family and other social aspects.⁸³ When assessing the various environments, it is important to consider the following:

⁸⁰ Merten and others, “Overdiagnosis of mental disorders”.

⁸¹ Raphael Kabangwa Senga and Prosper Mukobelwa Lutala, “High prevalence of syphilis among demobilized child soldiers in Eastern Congo: a cross-sectional study”, *Conflict and Health*, vol. 5, No. 16 (September 2011).

⁸² Sarah Uppard, “Child soldiers and children associated with the fighting forces”, *Medicine, Conflict and Survival*, vol. 19, No. 2 (2003), pp. 121–127.

⁸³ G. Ragesh, Ameer Hamza and Sajitha Kvn, “Guideline for social work assessment in mental health settings”, *International Journal of Research and Scientific Innovation*, vol. II, No. X (October 2015).

- **Family:** interpersonal relationship strengths and issues, family members' role structure and functioning, support within the family and support to the family from others, parenting strengths and issues, supervision (if medication or treatment is administered by family members), primary caregiver, major strengths and needs of family members, presence of physical or mental health issues or substance abuse in any family members, presence of domestic violence (nature, duration, by whom and to whom), influential person/persons in the family other than persons living in the family, caregivers' sources of income, source of income of the adolescent, if applicable, family standard of living, family financial issues, housing situation
- **Neighbourhood and friends:** support from neighbourhood, discrimination and violence from neighbours, social relationship with neighbours, number of friends and relationship with them, support from friends, hobbies and interests shared with friend group, social activities in the neighbourhood, such as volunteering, community service or charity work
- **Work/employment (for adolescents of working age):** nature and hours of work, payment and leave structure, duration of work in the workplace and previous workplaces, occupational health hazards, if any, attitude and relationship with colleagues and higher officials, issues at workplace, any threat to job, policy of employers and its effect on the adolescent
- **School:** Regularity in attending class, performance, attitude and relationship with classmates and teachers, academic difficulties and strengths, positive aspects and difficulties regarding the behaviour of the child, school environment
- **Hobbies and interests:** sports, running, reading, staying informed, cooking, dancing, singing, writing, playing music, painting
- **Community relationships:** social stigma, religious/cultural issues, acculturation difficulties

(c) Systemic level

By recognizing that affording children their rights, including the right to rehabilitation and reintegration, is the responsibility of the State, the ecological framework also recognizes that the opportunities of children to achieve rehabilitation and reintegration are significantly affected by the broader context in which they live. This means the sociopolitical context that the child belongs to, determined by norms, including social norms, laws and policies, politics and socioeconomic circumstances that have an impact on the services that children can access in a meaningful way. This includes the consideration of:

- **Mental- and physical-health services:** whether the services are available and accessible to the child and family (e.g. free of charge)
- **Demobilization/release support:** whether there are programmes or policies aimed at encouraging exit from armed and organized criminal groups, including terrorist groups, that provide support during the transition (and may or may not include pardon/amnesty)
- **Reintegration services:** whether the services are available and accessible by the child (type of services, costs)
- **Legal issues and protection services:** whether there is an impending case, child status, institutionalization of the child, possibilities of legal protection from violence/abuse, any other legal issues/concerns
- **Educational opportunities:** whether schools or other educational opportunities are available and accessible by the child (e.g. free of charge)
- **Other services:** whether government rules, welfare policies and programmes can be used to help the child and family

4. Collecting data from existing written records

Existing written records can be an important source of information about the child as well as family members. They may be sourced from numerous organizations or agencies, including schools, child protection and other welfare agencies, health services, justice agencies, residential services, other practitioners and civil society organizations.

(a) Information-sharing across services

Assessors should consider the multiple written records available, including assessment reports. It is important to avoid an overlap across assessments and to minimize over-assessing the child and their family. Several cross-sectoral coordination strategies can be established to facilitate sharing information across different agencies, e.g. using common tools to collect information, such as common questionnaires.

(b) Confidentiality aspect

Practitioners should consider whether they need permission from the proper authority to access, collect or disclose any written material. This may include authorization by a court or informed consent from a parent or legal guardian of the child. Written records are often brought by the parents/legal guardian, who can directly share their views regarding the use of the records, e.g. allowing or denying the making of a copy to be kept in the child's file.

(c) Access a written record

Before meeting a professional who can provide information about the child or prior to interviewing the family, the assessor should explain which documents they are likely to need for the assessment. For example, it is important to tell parents to bring medical records or school reports with them, if relevant. Sometimes, the family comes from far away, where they do not have adequate Internet access, so assessors will not have many opportunities to obtain certain written materials. It is therefore essential to formulate such requests clearly and in advance.

(d) Precautions

When parents/legal guardian or children share written records with assessors, the assessors should not keep originals of the written records but rather request permission to make copies or take a photograph or simply take notes on the records.

Practitioners should be aware that information contained in written records may be inaccurate, incomplete or out of date. Practitioners should treat all written records with caution and seek to validate the accuracy of the information through appropriate triangulation, seeking out additional sources, before relying on the information to form a conclusion. Other sources that may be used to validate information include written records held by other organizations, direct observations by the assessors and information collected by the practitioner from interviews.

5. Collecting the views of professionals in contact with the child

Assessors may need to meet with professionals who are working with or have worked with the child. This may include child protection officers, health professionals, social workers, police and other justice professionals who are governmental, security, non-governmental or civilian actors.

(a) Formal process

Although professionals can communicate with each other verbally to ask for clarifications or to organize meetings, for example, information gathering is a formal process that is carried out through written communication. All the information collected by the assessors from professionals must be formally exchanged via a document to guarantee the accuracy and origin of the information exchanged. To facilitate the collection of information, it is advisable to use specific templates for the different professional sectors.

(b) Sharing accurate information

It is extremely important that professionals share only accurate information. When they are in possession of specific information, they should clearly state so. Assessors can help to ensure the accuracy of information from other professionals by clarifying this formal process in advance.

(c) Neutral stance

Assessors should be aware that information provided by a specialist about the child may be incomplete, inaccurate or out of date or reflect a bias or frame of reference on the part of the professional or the organization for which the specialist works. Practitioners should take a neutral stance on information provided by a specialist and consider the information as simply another perspective on the child.

(d) Coordination of strategic objectives between actors

It is important for governmental, security, non-governmental and civilian actors to work effectively together to share information about the child. “Because of the unique role they play in conflict and post-conflict environments, security sector actors have access to information that humanitarian organizations do not – and vice versa”.⁸⁴ Multi-stakeholder coordination mechanisms provide great support to information exchange.

6. Collecting information through interviews with children and parents/legal guardians

Interviews with children and family members can be especially sensitive and should be accurately prepared for and conducted with care. Assessors should enter the interview process mindful of the potential impact of violence on the children and their families and take all necessary steps to adapt the interview context to their circumstances, paying special attention to safety needs.

⁸⁴ Shelly Whitman and others, *Child Soldiers: A Handbook for Security Sector Actors*, (Halifax, Canada, The Roméo Dallaire Child Soldiers Initiative, Centre for Foreign Policy Studies, Dalhousie University, 2012), p. 17.

(a) Barriers to family participation in the interview

It is important to identify any barriers that can hinder family participation in an interview. This organizational aspect should be including in the assessment plan (see chap. II, step 2, Developing an assessment plan). The barriers could be diverse:

- Family members are displaced (including parents and legal guardian)
- Family members do not have money to pay travel expenses or do not know how to get to the interview location (in this case is it possible to reimburse travel expenses or help to arrange transport to the interview sites)
- It is not possible for the assessor to travel to the family to meet them due to logistical or security reasons
- It is not secure for the family to travel to the interview location
- It is not secure for the family to be in contact with the child or the agency in charge of the assessment
- The parents have not seen their child for very long time or the children do not remember much about their family
- The parents do not want to be in contact with their children
- The parents are unwilling to participate in interviews

CASE STUDIES

UNDERSTANDING THE IMPACT OF VIOLENCE AND ASSOCIATION WITH ARMED AND ORGANIZED CRIMINAL GROUPS, INCLUDING THOSE DESIGNATED AS TERRORIST GROUPS, ON FAMILY BONDS

"I can't go home.... at the border, the [militia] can report you. They take pictures of you [crossing the border]... and keep the recordings... I had two friends who crossed the border and they both got killed [by FARC-EP], so I was scared... It has been very hard because I spent three years without seeing my mother and I wanted to be with her... to be with my family... [The programme] arranged a meeting with my family in [place]... They paid for my mother to come [from Venezuela] with my two brothers, an uncle and a cousin. We ate really good food, remembering when we were all at home. But it was hard. I hadn't seen her in so long and I knew that [after that visit] she was going to be far away from me again and we were not going to see each [other – Ed.] for a long time.' (Male)".⁹



"I escaped from the [guerrillas] and [my family] never saw me again... I don't know anything about my family... When I was in the programme in Bogota, my mom called... She told me that [the guerrillas] had killed my brother. I continued communicating with her by phone at that time. Then one day during a phone call, my mom said 'I can't call you again' and I said 'Why?'" She said 'because [the guerrillas] are threatening me, I can't call you again'. It has been 8 years that I've had no information." (Female).



^a Myriam Denov and Ines Marchaud, "I can't go home': forced migration and displacement following demobilisation—the complexity of reintegrating former child soldiers in Colombia", *Intervention*, vol. 12, No. 3 (2014), pp. 331–343.

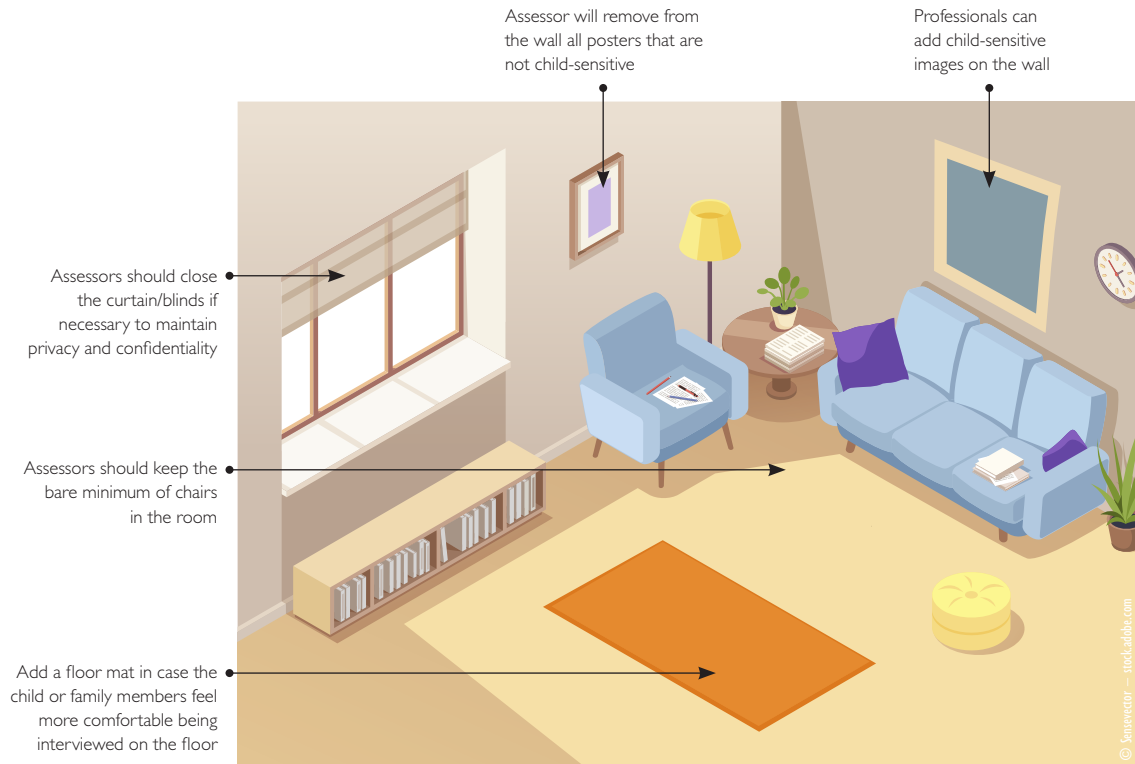
(b) Adapting settings for interviews

(i) Child's right to privacy

It is very important to preserve the privacy of children during interactions with them. This means that the children should be able to talk with the assessor during the individual assessment interviews without being observed, listened to or disturbed by other people, including family members, the legal guardian, peers, guards, investigators or any other professional. In certain cases, only lawyers may be present and possibly a support person, if the child asks for them.

(ii) Choice and preparation of the interview location

As far as possible, practitioners should choose a place in which children and family members are safe and in which they feel safe, comfortable and able to communicate freely. The assessor should prepare the room by removing unnecessary chairs, keeping the furniture and decoration to a strict minimum, removing from the wall all posters that are not child-sensitive and adding a mat to the floor in case the child or family members feel more comfortable sitting on the floor. Planning the interview location for a child is particularly important. The arrangements should reflect the needs of the child to mitigate the risk of retraumatization and secondary victimization during interviews.



(c) Building rapport

Professionals should do their best to establish positive channels of communication with the child and the parents/legal guardian. Positive communication “can be defined as an interaction based on positive emotions, aimed at mutual understanding and satisfying for all the parties involved. Positive communication is constructive, effective, supportive and coloured with good emotions.”⁸⁵

Taking the time to build rapport will help the child and parents/legal guardian to bring valuable information to the surface. Professionals should use active listening and aim to develop a good working alliance when communicating with them. They should be honest, empathetic and congruent. They will exhibit unconditional positive regard⁸⁶ towards the child and the parents/legal guardian, grounded in basic acceptance and support regardless of what the child or parents/legal guardian say or do. These concepts are key to the person-centred approach,⁸⁷ in which the person (in this case the child or the parent/legal guardian) is placed at the centre of the assessment process and treated respectfully and with dignity as an individual who needs privacy and has rights.

Moreover, in conducting the interview, practitioners should be alert to any cultural considerations that may have an impact on the success of the interview and the comfort of the participants. Factors that may need to be considered include differences between the gender, age, country of origin, religion or language of the assessor and the child and their family members.

In addition, the child may have a history of trauma and may be distrustful or fearful of unfamiliar people, including the assessor. Practitioners should be skilled in trauma-informed practice and be aware

⁸⁵ Olga Arkadyevan Leontovich, “Positive communication: definition and constituent features”, *Science Journal of Volgograd State University* (Вестник Волгоградского государственного университета), Serie No. 2, Linguistics, vol. 13, No. 5 (2014).

⁸⁶ Unconditional positive regard, a concept initially developed by Stanley Standal in 1954, later expanded and popularized by the humanistic psychologist Carl Rogers in 1956, is the basic acceptance and support of a person regardless of what the person says or does. Cf. Carl R. Rogers, *Client-centered Therapy: Its Current Practice, Implications and Theory* (Boston, Houghton Mifflin, 1951).

⁸⁷ Carl R. Rogers, *On Becoming a Person: A Therapist's View of Psychotherapy*, 2nd ed. (New York, Houghton Mifflin, 1995).

that building rapport and trust with the child may take considerable time or may never be fully achieved, given the circumstances of the child.

(d) Clarifying the assessment process for the child and parents/legal guardian

Children and their parents/legal guardian should receive a clear, detailed explanation of the assessment process, including the interview portion. The explanation should contain information on:

- Purpose(s) of the assessment
- Professionals/agencies that will be contacted to collect information
- Privacy rules
- Confidentiality and disclosure rules
- Potential for self-incrimination, if any
- Assessment process (request, collection of information, report, recommendations and the conclusion)
- Interviews (duration, location, etc.)
- Contact details of the assessor or a focal point from the agency

Explaining the purpose of the assessment helps to promote the active participation of the child and their parents/legal guardian during the entire process. One way to check if the child and their parents/legal guardian have understood the purpose(s) of the assessment is simply to obtain feedback from them directly, by asking them to explain what they understood the purpose of the assessment to be.⁸⁸

Clarifying the purpose and process of the assessment also helps to manage the expectations of the child or their parents/legal guardian and to explain that certain things cannot be delivered. Assessors should be honest with the child and their parents/legal guardian about why they are conducting an assessment and what they are able to deliver.⁸⁹

(e) Potential for self-incrimination when undergoing psychosocial assessment

Innovative ways of responding to children alleged to have committed offences are continually being developed. They include the use of new physical- and mental-health or psychosocial assessments (including screening) that often are aimed at supporting the prosocial development of the child. Nevertheless, the potential risks for such children should be considered.

In fact, when such assessments are “inserted at different stages of the juvenile court process, the potential arises for [children] to make statements or provide information that could be used to adjudicate them delinquent or convict them in adult criminal court and to impose more severe and restrictive dispositions and sentences. . . Many screening and assessment instruments designed for use with [children] can elicit self-incriminating information by asking questions of [children] about a variety of illegal activities including drug use, assaultive behaviors and weapons possession. . . Without appropriate legal safeguards, this information can be used against the [children] in court to find them guilty of an offense or enhance their punishment”.⁹⁰

Assessors should therefore make informed use of the psychosocial assessment tools to ensure that they serve the purpose of the best interests of the child without favouring or leading towards a more punitive response from the justice system. For example, when assessments are used to inform the diversion

⁸⁸ Brown, Moore and Turney, *Analysis and Critical Thinking in Assessment*, p. 36.

⁸⁹ UNICEF, “Guidelines for assessments using the UNICEF OLS [Operation Lifeline Sudan] Child Protection Tool”, available at <https://pdf4pro.com/amp/cdn/unicef-child-protection-assessment-tool-75d229.pdf>.

⁹⁰ Rosado and Saha Shah, *Protecting Youth from Self-Incrimination*, p. iii.

process, they should be geared towards promoting the child's rehabilitation and reintegration, for example by providing decisions-makers with information on the protective factors to maintain when taking decisions. In other words, the information in the psychosocial assessment report should not be used to justify a harsher sentence, nor to block opportunities to enter a diversion programme (for example, if the child explains to the practitioner that she/he uses illicit drugs, this information should not be used to block the child from participating in a diversion programme).

SELF-INCRIMINATION: NEED FOR NATIONAL ACTION TO PROTECT CHILDREN'S RIGHTS

In the context of child psychosocial assessment, the risk of self-incrimination poses especially serious challenges for the appropriate use of the report. This risk should be tackled through appropriate legislation, policies and procedures that regulate such scenarios.

Laws should be enacted to protect children from the use of any self-incriminating information that they provide during psychosocial assessments (including screenings) in subsequent judicial proceedings.^a Statutes or court rules should specify that any self-incriminating information, including statements gathered from a child who participates in a psychosocial assessment (including screening) as part of the juvenile justice process, cannot be used against the child to either make a finding of guilt or to enhance punishment.^b

^a As set out in article 40, paragraph 2 (iv), of the Convention on the Rights of the Child, children have the right not to be compelled to give testimony or to confess guilt. See also "Mental health screening and self-incrimination", a resource packet assembled by the Juvenile Law Center, based on research at the National Center for Mental Health and Juvenile Justice, in September 2016.

^b Rosado and Saha Shah, *Protecting Youth from Self-Incrimination*.

(f) Categories of interviews and use of semi-structured interviews⁹¹

Interviews with the child and parents/legal guardian are essential components of a psychosocial assessment and provide an opportunity to further explore information about the child and the parents/legal guardians gathered from other sources.

Interview protocols can be classified under three categories: unstructured, fully structured and semi-structured interviews.

(i) Unstructured interviews

Due to the importance and complexity of psychosocial assessments in the context of child association with armed and organized criminal groups, including terrorist groups, unstructured interviews are not recommended. In such interviews, practitioners "are entirely responsible for asking whatever questions they decide... The amount and specific kind of information gathered during [unstructured interviews] are largely determined by the [practitioner]'s theoretical model (e.g. psychoanalytic, behavioural), view of psychopathology, training, knowledge base, and interpersonal style. As a consequence, one can imagine the kind of inconsistency and variability in an interview from one [practitioner] to another."⁹²

⁹¹ Sara Giancesello, "The use of mixed methods: an analysis of research on child soldiers' mental health", Innovative Research Methods website, 5 October 2021.

⁹² Daniel L. Segal and others, "Structured and semistructured interviews", in *Clinician's Handbook of Adult Behavioral Assessment*, Michel Hersen, ed. (Boston, Massachusetts, Elsevier Academic Press, 2006), p. 122.

(ii) Structured interviews: fully structured and semi-structured

Structured interviews are divided into two types: fully structured and semi-structured. “In a fully structured interview, questions are asked verbatim to the respondent in a specific predetermined order; the wording of probes used to follow up on initial questions is specified; and interviewers are not to deviate from this format. In contrast, in a semi-structured interview, although initial questions are specified and are typically asked verbatim, the interviewer has considerable latitude to follow up on responses”.⁹³ In the context of the psychosocial assessment of children associated with armed and organized criminal groups, including terrorist groups, it is recommended to use a semi-structured interview methodology.

(iii) Tools for semi-structured interviews

Some tools have been created for semi-structured interviews, including the Posttraumatic Stress Interview for Children (KID-PIN),⁹⁴ a psychometric instrument for screening PTSD symptoms in children and teenagers (8–16 years) and applicable for post-conflict settings in the Middle East, such as Iraq and the Syrian Arab Republic. The KID-PIN, which is available in Arabic and Kurdish, takes into account local cultural expressions of symptoms and can be used by clinicians as well as trained paraprofessionals.

Other tools, such as questionnaires and checklists, can be developed before the interviews to enable the collection of qualitative data. Such tools will be designed specifically for the context of the psychosocial assessment (see checklist used in part three).

In the context of a child associated with organized criminal and armed groups, including terrorist groups, the use of standardized assessment measures, which are typically administered through fully structured interviews, may also be included in semi-structured interviews to allow the practitioner to adjust the instruments to the situation to avoid the retraumatization or revictimization of the child (see part two, chap. II.4).

7. Information management

Assessors are legally and ethically responsible for the management of all information in their possession, including information collected from written records and interviews. In the context of children associated with armed and criminal groups, including those designated as terrorist groups, such information can be especially sensitive and may expose children to risks of violence if handled incorrectly. Accordingly, assessors should be aware of and comply with all relevant information management requirements, including national or international legislative obligations, agency policies and procedures, and professional or best-practice standards.

(a) Data storage

Practitioners should take reasonable steps to protect information in their possession from loss, unauthorized access and misuse. Reasonable steps include keeping information in locked filing cabinets and password-protected digital files. Information should never be left where an unauthorized person may have access to it.

⁹³ Anne E. Mueller and Daniel L. Segal, “Structured versus semistructured versus unstructured interviews”, in *The Encyclopedia of Clinical Psychology*, Robin L. Cautin and Scott O. Lilienfeld, eds. (Chichester, West Sussex, United Kingdom, and Hoboken, New Jersey, John Wiley & Sons, 2015).

⁹⁴ Hawkar Ibrahim, Claudia Catani and Frank Neuner, “The posttraumatic stress interview for children (KID-PIN): development and validation of a semi-structured interview of PTSD symptoms among displaced children in the Middle East”, *PeerJ*, 15 December 2021.

When undertaking an assessment, practitioners should inform participants of the methods and timeline for information storage, access rules and limitations, the methods and the timeline for the destruction of the files.

Information should be destroyed or amended only in accordance with relevant national or international legislative obligations, agency policies and procedures, and professional or best-practice standards.

(b) Disclosure and confidentiality

If an assessor is asked by an individual or organization to disclose information related to the assessment process, they should first verify that the person making the request has the proper authority to access it. If not, the assessor should decline the request.

When disclosing information, assessors should use their professional judgment about whether all the information should be disclosed. They should not disclose any information that is likely to cause unreasonable distress to the child.

In some circumstances, assessors may be authorized to disclose information if they become aware that a serious crime has been or is about to be committed, or if a person is at imminent risk of serious harm.

8. Key elements

- Psychosocial data concerning children is gathered using a multi-informant approach
- In the ecological framework of child assessment, psychosocial information is collected at three levels: individual, social and systemic
- Mental-health issues are complex and can be assessed only by licensed mental-health professionals
- It is important to avoid the overlap and duplication of assessments and minimize over-assessing the child and families
- Multi-stakeholder coordination among governmental, security, non-governmental and civilian actors is required share information about the child effectively
- It is important to identify any barriers preventing the family from participating in an interview
- Children should be able to speak with the assessor during the individual assessment interviews without being observed, overheard or disturbed by others
- Professionals should use active listening and build a working alliance when communicating with children and their families; professionals should be honest, empathetic and congruent and exhibit unconditional positive regard
- Children and parents/legal guardian need to receive clear and detailed explanations about the assessment process, including the interview portion
- The use of the semi-structured interview methodology is recommended when assessing children in the context of association with armed and organized criminal groups, including terrorist groups
- Laws should be enacted to protect children from the use of any self-incriminating information provided by them during psychosocial assessments (including screenings) in subsequent judicial proceedings

CHAPTER IV.

Data analysis

1. Introduction

Data analysis is a step in the assessment process that typically involves multiple activities, including organizing, cleaning, understanding and interpreting the data collected. These activities are essential for arriving at relevant conclusions and therefore to answer the main question of the assessment (see part two, chap. I.D). Chapter IV provides strategies and tips for the appropriate interpretation of the data, proposes categories for organizing the information collected and puts forward assessment models to guide interpretation.

2. Objectives

The information shared in chapter IV will help to:

- Clearly organize the data analysis phase by identifying the multiple activities involved
- Identify practical strategies to guide data analysis in a culturally appropriate way
- Organize data according to the three levels of the ecological framework
- Identify and apply clear categories to group the data, thereby setting the basis for comprehensive analysis
- Understand the connection between the purposes of the assessment and the positive outcomes for the child using the resilience-focused model
- Raise awareness of the limitations and drawbacks of a predictive model of child assessment in the context of children associated with armed and organized criminal groups, including terrorist groups

3. Elaborating clear strategies for data analysis

(a) Key steps of data analysis

To promote a coherent approach to the multiple activities involved in data analysis and to reduce the challenges that can arise when processing the collected material, assessors should take the following key steps:

- Organize the data collected according to different levels and categories using tailored tables (see “Categories”, below)
- Clean up the tables in which the data is grouped by eliminating duplicate information, deleting information that is not useful and highlighting information that may be inaccurate
- Consider the congruence and consistency of all information collected, taking into account the assessor’s observations, with a view to enhancing the validity of the analysis, as the child, their family and different professionals may have provided different accounts and interpretations of the child’s situation
- Involve other professionals in the review of the results of the assessor’s analysis. Since information can be interpreted in various ways, it may provide insight to seek the views of other colleagues. Group discussion of data can lead to better understanding and often provides alternate perspectives that can be helpful.
- Ensure a clear, logical connection between the questions and tools used to collect the data and the methods of analysis and interpretation employed, to reduce the risk of misinterpretation⁹⁵

(b) Cross-cultural challenges and culturally appropriate strategies

If practitioners have a significantly different culture from that of the child and their family, the issue of cross-cultural data interpretation should be taken into account. The interpretation of data is always influenced by the assessor’s cultural framework. If they fail to consider cultural variations, they are likely to face challenges in understanding their findings and may arrive at inaccurate interpretations, which can lead to inappropriate and/or ineffective recommendations. In such cases, culturally sensitive and culturally appropriate approaches should be integrated at each stage of the data analysis process (see part one, chap. 1).

The goal is always to operate according to the languages, norms and metaphors used by the child being assessed, rather than imposing the models, meanings and values of the assessor. Assessors must reflect on their own cultural filters; work with a team that includes professionals who share the cultural background of the child; and engage the child directly to better understand their values, attribution of meaning and general cultural landscape.

In the case of a language barrier, assessors should stay in touch with the interpreter and/or translator to ask potential follow-up questions when interpreting the collected data, as the interpreter and/or translator will be able to contextualize a sentence or a word according to the culture of the child and the family.

(c) Physical- and mental-health considerations

Assessors are likely to have gathered information from other practitioners on the physical and mental health of the child during the data collection process and by consulting written records. However, it

⁹⁵ C. Mary Schooling and Heidi E. Jones, “Clarifying questions about ‘risk factors’: predictors versus explanation”, *Emerging Themes in Epidemiology*, vol. 15, No. 10 (2018).

is worth recalling that the assessment processes explored in the present manual cannot be used for the purposes of clinical diagnosis. This means that the assessor should not focus on determining whether the pattern of the child's symptoms is consistent with the diagnostic criteria for a specific mental disorder. Instead, when conducting the data analysis, the assessor should use information provided by medical and mental-health professionals to provide further context to the other data collected and to determine if specialized referrals are needed.

In this context, it is strongly suggested that assessors, when analysing this type of data, rely upon the appropriate terminology to describe symptoms, meaning that they should use terms aligned with an established classification system, such as DSM-5 or ICD-11.

4. Organizing data

Problems with assessments often occur at the stage of moving from collecting data to synthesizing, analysing and evaluating data and drawing conclusions. Organizing the data according to different levels and categories helps to solve this problem. When practitioners organize data, they are already beginning the analysis, as they distinguish between different aspects of the data collected from different sources (child, parents, professionals, agencies). To support this stage, it is suggested to use multiple axes for data organization, referring to “levels” and “categories”. The term “levels” is used to refer to the organization of the information collected according to the ecological framework, which integrates an analysis of multiple psychosocial components. The term “categories” is used to refer to the second stage of data organization, which is aimed at the identification of protective factors, vulnerability factors, strengths and vulnerabilities.

(a) Organizing according to levels: the ecological framework

Following the ecological framework for child assessment (see chap. I), the data collected by assessors through written material, interviews, and consultations with other professionals can be organized into three levels:

- Individual level
- Family, peer and community level
- Systemic level

These different levels identify the multilayered ecosystems in which the child lives and develops and that, in turn, have the potential to affect rehabilitation and reintegration interventions. The ecological framework will help practitioners to consider multilevel recommendations and interventions to support the development of better outcomes for children and therefore for society. When resources are directed to family and community acceptance and access to school and health services is optimized, children can achieve more-positive outcomes, even in the face of extreme hardship.

Even when children face extreme hardship arising from their association with armed and organized criminal groups, including terrorist groups, when they access comprehensive support and targeted interventions that help them to rebuild or develop their positive strengths, they can be successfully rehabilitated and reintegrated.⁹⁶

⁹⁶ Theresa S. Betancourt and others, “Interventions for children affected by war: an ecological perspective on psychosocial support and mental health care”, *Harvard Review of Psychiatry*, vol. 21, No. 2 (March/April 2013).

TABLE 4. LEVELS OF THE ECOLOGICAL FRAMEWORK TO INCORPORATE WHEN GROUPING DATA

FIRST LEVEL	Child
SECOND LEVEL	Family, peers and community
THIRD LEVEL	Systemic (political and cultural)

(i) Integrating psychosocial components into the ecological framework

The three key components of psychosocial assessments (psychological and physical health and social aspects) should be integrated within the three levels of analysis foreseen by the ecological framework (see table 5). As explained previously, since the term “psychosocial” does not have a common definition within the international community, the three components presented in the present manual are suggestions (see part two, chap. III.C).

TABLE 5. INTEGRATING THE PSYCHOSOCIAL COMPONENTS INTO THE ECOLOGICAL FRAMEWORK

ECOLOGICAL FRAMEWORK	CHILD LEVEL	Psychological health	Child's behaviour; thought processes, concentration, mood and affect, intellectual functioning, life satisfaction, vitality/energy, autonomy, personal goals, emotions and thoughts	ULTIMATE OBJECTIVE: TO PROMOTE THE CHILD'S REHABILITATION AND REINTEGRATION
		Physical health	Child's general physical health, physical health for daily activities, medical appointments over the past two years, pregnancy, eye, ear and oral health, gynaecological and urologic health, sleep	
	FAMILY, PEER AND COMMUNITY LEVEL	Psychological health	Child's feeling of safety at home and school and in the community	
		Physical health	Child's physical safety at home and school and in the community	
		Social aspect	<ul style="list-style-type: none"> • Child's personal interests (sports, hobbies, games) • Child's relationships with friends, peers and groups • Child's relationships with family • Caregiver parenting skills • Family structure • Financial situation and accommodation • Neighbourhood and friends • Work/employment (for adolescents of working age) • School: Regularity in attending class, performance, attitude and relationship with classmates and teachers; academic difficulties and strengths; positive aspects and difficulties regarding the child's behaviour; school environment. • Stigmatization 	
	SYSTEMIC LEVEL	Psychological health	Mental-health services and access (types of services, costs, psychiatric hospitals)	
		Physical health	Physical-health services and access (general practitioners, hospital, clinics, types of services, costs)	

(ii) Categories: protective factors and vulnerability factors/strengths and vulnerabilities

As explained previously (see part one, chap. I), within the ecological framework for psychosocial assessment, the present manual follows a resilience-focused model. Accordingly, assessors must organize the psychosocial data (mental health, physical health and the social aspect) by identifying the following categories: protective factors and vulnerability factors/strengths and vulnerabilities.

FOCUS BOX 3.

NEED FOR CONSENSUS AND CONSISTENCY REGARDING TERMINOLOGY FOR CHILD ASSESSMENT

Consensus and consistency are needed among professionals around key terms used when assessing children, such as protective factors, risk factors, vulnerability factors, vulnerabilities and strengths. It is problematic that some of these terms are used interchangeably in varied and inconsistent ways.

"It would be useful to strive for greater congruence between the intuitive connotations of central terms and the patterns to which they are used to refer. [For example,] the terms "protective" and "vulnerability" process might be used [in resilience models] when overall effects on at-risk children's adjustment are positive versus negative in direction, respectively."^a

Furthermore, following the resilience-focused assessment model, the term "risk factor" is not used as a category in the present manual.

A risk factor can be defined as an attribute that **increases the probability of a negative outcome**.

The risk-factor concept is a concept of **probability, not of causality**, meaning that **risk conditions are not necessarily linked to negative outcomes**.^b

Example of a risk factor regarding violence against children: "Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect, but they may or may not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect."^c

^a Suniya S. Luthar; Dante Cicchetti and Bronwyn Becker; "The construct of resilience: a critical evaluation and guidelines for future work", *Child Development*, vol. 71, No. 3 (May/June 2000), pp. 543–562.

^b Katrin Scala and Thomas Bruckner; "Beating the odds: an approach to the topic of resilience in children and adolescents", *Neuropsychiatrie*, vol. 28, No. 4 (November 2014).

^c Centers for Disease Control and Prevention, Injury, violence and safety, Injury prevention and control, Child abuse and neglect prevention, "Risk and protective factors". Available at www.cdc.gov (last reviewed on 6 April 2022).

What is a protective factor?

Protective factors can be defined as individual and environmental attributes associated with positive adjustment and development throughout the course of life-threatening conditions and cultural situations.⁹⁷

When categorizing protective factors, assessors should keep in mind that they are to be identified not only at the individual level, but also at the social and systemic levels.

- **Example of a protective factor at the child level:** The child has developed effective coping mechanisms to deal with stressful situations.

⁹⁷ Shane J. Lopez, Jennifer Teramoto Pedrotti and C.R. Snyder, *Positive Psychology: The Scientific and Practical Explorations of Human Strengths*, 4th ed. (Thousand Oaks, California, Sage Publications, 2019).

- Example of a protective factor at the family, peer and community level: The child's older sibling has expressed strong affection towards the child and proposed to involve them in the older sibling's sport as part of the reintegration process.
- Example of a protective factor at the systemic level: The child has accessed long-term and specialized reintegration support.

What is a strength?

A strength is a resource or capacity that children can use to achieve positive outcomes. Strengths are areas of the child's life that enhance their ability to become effective members of society.

“Strengths are the personal and social capital that support [child] resilience and ability to cope at times of uncertainty; protecting [him/her] from psychological harm, and thereby allowing [him/her] to ‘flourish’”.⁹⁸

In other words, strengths are always personal to the child and they are always protective factors. Conversely, protective factors are broader than strengths, as they may involve elements that are external to the child (e.g. at the systemic level). To simplify the analysis, the assessor may want to categorize strengths and protective factors together, as both categories are relevant to pursuing the resilience process and ultimately foster rehabilitation and reintegration. Nonetheless, emphasizing the notion of strengths is important because it favours the identification of the child's skills and personal resources, even in adverse circumstances. Focusing on strengths also allows assessors to better identify opportunities for child participation and involvement in the proposed decisions.

- Example of a strength at the child level: The child has developed effective coping mechanisms to deal with stressful situations.
- Example of a strength at the family, peer and community level: The child has expressed strong affection towards their older sibling and the wish to play sports together.

What are vulnerability factors?

Vulnerability factors are “determinants that render a child less resistant against detrimental influences and increase its risk of developing [a negative outcome] as a consequence”.⁹⁹

When categorizing vulnerability factors, assessors should keep in mind that they are to be identified not only at the child level, but also at the social and systemic levels.

- Example of a vulnerability factor at the child level: The child experiences frequent nightmares.
- Example of a vulnerability factor at the family, peer and community level: The child's family is facing economic hardship and will not be able to afford specialized health care.
- Example of a vulnerability factor at the systemic level: The child lives in a remote area and has difficulty accessing educational services.

⁹⁸ Steve Trenoweth, “Strengths and mental health”, in *Psychosocial Assessment in Mental Health*, Steve Trenoweth and Nicola Moone, eds. (London, Sage Publications, 2017), p. 165.

⁹⁹ Katrin Scala and Thomas Bruckner, “Beating the odds: an approach to the topic of resilience in children and adolescents”, *Neuropsychiatrie*, vol. 28, No. 4 (November 2014).

The concepts of risk and vulnerability factors are different. As mentioned above, a risk factor refers to the probability of a negative outcome for the child and/or society taking place in the future. A vulnerability factor refers to a situation that the child is in that could increase the likelihood of a negative outcome, but it also lays the groundwork for addressing such factors constructively.

Vulnerability factors are:

- **Multidimensional** (e.g. physical health; mental health; social aspects, including economic condition; institutional aspect)
- **Dynamic** (vulnerability changes over time; it is not a static condition)
- **Scale dependent** (vulnerability can be expressed at different scales, from human to household to community to country resolution)
- **Situation/location specific** (each situation/location might need its own approach)¹⁰⁰

In the scope of the present manual, vulnerability factors concerning children may include existing conditions that are exacerbated by the effects of association with armed and organized criminal groups, including terrorist groups.

While vulnerability factors can also be external to the child (dependent upon the social context at the systemic level), vulnerabilities are always personal. To simplify the process of analysis, assessors can categorize vulnerabilities and vulnerability factors together, as both can be associated with a lower capacity to resist the adverse context. Nonetheless, focusing on vulnerabilities can allow assessors to better identify the child's perceptions, fears and perspectives. Feeling that their personal vulnerabilities are considered and addressed can support the child's engagement with the rehabilitation and reintegration process.

TABLE 6. CATEGORIES OF PROTECTIVE FACTORS, VULNERABILITY FACTORS, STRENGTHS AND VULNERABILITIES FOR CHILD ASSESSMENT

Ecological framework: <ul style="list-style-type: none"> • Individual level • Family, peer and community level • Systemic level 	Categories for grouping data:	Resilience-focused model	Ultimate objective: Foster rehabilitation and reintegration
		Protective factors and strengths	
		Vulnerabilities	

5. Interpreting data through a resilience-focused model

Applying a resilience-focused model to data analysis

The present manual uses the term “resilience” to define “a dynamic process encompassing positive adaptation within the context of significant adversity”.¹⁰¹ Using a resilience-focused model of child assessment entails focusing on reinforcing those elements in the child's situation and environment that can support the resilience process, meaning that they can sustain positive outcomes in the life of the child.

¹⁰⁰ Caribbean Disaster Emergency Management Agency, Caribbean Handbook on Risk Management, Methodology Book, 5.3. Available at www.cdema.org/virtuallibrary.

¹⁰¹ Suniya S. Luthar, Dante Cicchetti and Bronwyn Becker, “The construct of resilience: a critical evaluation and guidelines for future work”, *Child Development*, vol. 71, No. 3 (May/June 2000), pp. 543–562.

Using a resilience-focused model has direct implications for data analysis and specifically for data interpretation. Notably, the use of a resilience-focused model in child assessment calls for:

- Identifying the “context of adversity” of the child as well as the risks of negative outcomes for the rehabilitation and reintegration process that derive from that context
- Clearly defining the expected positive outcomes for the child associated with the resilience process
- Focusing on identifying, protecting and reinforcing protective factors and strengths when interpreting data, with a view to achieving positive outcomes

Step 1: Identifying the context of adversity

When using a resilience model for assessment (see part one, chap. I), practitioners first establish the components of a high-risk environment for the child (which might be very different from a high-risk environment for an adult). This means identifying the immutable factors that pertain to the situation of the child and characterize it as adverse. Next, the assessor identifies the various risks of negative outcomes for the rehabilitation and reintegration process that derive from the adverse context.

Example:

Identification of adversity: In the context of repatriation, children may become separated from their parents upon arrival in the country of residency.

Identification of risk for the rehabilitation/reintegration process: The abrupt separation from the parent can cause shock, retraumatization and feelings of injustice in the child.

Step 2: Defining a positive outcome

“The study of resilience provides information on conditions under which established risk factors are not associated with negative outcomes...Broadly defined, resilience refers to the process through which positive outcomes are achieved in the context of adversity”.¹⁰²

Having understood the context of adversity and having clarified its potential negative impact (through the identification of risks), the practitioner should move on to defining the positive outcome(s) for children.

The ultimate positive outcome is the rehabilitation and reintegration of the child. More specific positive outcomes can be related to improved school engagement, prosocial behaviour, community participation, positive peer-group activity and the cultivation of aspirations and hopes for the future. Moreover, resilience-focused interventions should be focused on enhancing resilience at all three ecological levels: individual, social and systemic.¹⁰³

Throughout the data analysis phase, assessors should keep in mind that the positive outcomes that they have defined should guide data interpretation.

Example:

Identification of positive outcomes: The child has coping mechanisms to sustain the stress and suffering caused by separation from the parent.

¹⁰² Ella Vanderbilt-Adriance and Daniel S. Shaw, “Protective factors and the development of resilience in the context of neighborhood disadvantage”, *Journal of Abnormal Child Psychology*, vol. 36, No. 6 (August 2008).

¹⁰³ Yanping Jiang, “Evaluating impacts of a multilevel resilience-based psychosocial intervention on mental health of children affected by parental HIV in China”, Doctoral thesis, University of South Carolina, 2019.

Step 3: Data interpretation with a focus on resilience

When interpreting data using the resilience-focused model, the focus of the assessor is not on the “context of adversity”, but rather on fostering the positive outcomes.

To foster the positive outcomes, assessors should pay special attention to the identification of protective factors and strengths. Such identification can enable the assessor to propose strategies aimed at protecting and reinforcing the elements that are especially conducive to the positive outcomes.

In interpreting the data, assessors should also pay attention to the vulnerability factors and the vulnerabilities to enable the development of strategies aimed at addressing them, with a view to mitigating the potential for negative outcomes during the rehabilitation and reintegration process.

6. Key elements

- Data analysis involves multiple activities
- In a cross-cultural situation, it is necessary to apply cultural knowledge when interpreting assessment findings
- The ecological framework will help practitioners to consider multilevel recommendations
- The terms “protective factors”, “risk factors”, “vulnerability factors”, “vulnerabilities” and “strengths” cannot be used interchangeably
- Risk-factor categories do not apply to all assessment models
- The predictive and preventive models of assessment are not recommended when the assessment is done in the context of children in conflict with the law
- With the resilience model, psychosocial interventions should lead to better outcomes in school engagement, prosocial behaviour, community participation, positive peer-group activity and aspirations for the future

CHAPTER V.

Assessment report

1. Introduction

The assessment report is a document that presents information collected during the child assessment process in an organized format; the conclusions of the assessor; and the recommendations that will serve as basis for the future treatment of the child. It is a crucial document both for the assessor and for the other professionals who will use it as basis for further decision-making concerning the child. For this reason, it is essential that the report be clear, follow a standardized format, abide by confidentiality rules and be child rights-based. Chapter V provides operational guidance on how to draft a comprehensive and standardized report; how to share the report; and how to consult, interpret and otherwise use the report.

2. Objectives

The information presented in chapter V will:

- Identify the key components of an assessment report and explain how to develop a comprehensive standardized report template
- Provide strategies for maximizing clarity and answering the assessor's questions when writing the report
- Identify and demonstrate the application of strategies to report effectively on protective factors and strengths
- Demonstrate how to elaborate clear recommendations for referrals
- Explain the ways in which report writing can contribute to risks of secondary victimization and identify strategies to mitigate them
- Identify and demonstrate the application of strategies to ensure that the report complies with child rights
- Provide tips for preventing the misuse of the report in the context of judicial proceedings
- Demonstrate how to foster multi-stakeholder coordination through shared rules and processes to access, consult and use the report

3. Writing the assessment report

(a) Understanding the purpose of the report and other documents used by the assessor

The assessment report is the final document produced in the context of the assessment process and it is designed to: (a) provide an effective summary of the data collected on the child and its analysis; (b) guide the decisions that will determine the treatment of the child (according to the assessment purposes); and (c) provide an account of the methodology and sources of the assessor and clarify the potential limitations of the report.

It is important to make the distinction between the report and other documents that the assessor will use in the course of the assessment process.

(i) Assessor notes

These are confidential, personal documents used by the assessor throughout the assessment process to keep records of important information, formulate an initial hypothesis and keep track of potential questions to be answered. These notes will support the drafting of the report, but they will remain confidential and will not be entirely included in the report.

(ii) Tools

These are instruments for collecting information, and include scoring sheets, questionnaires, checklists and tests. They serve the process of data analysis but are not to be included in their entirety in the assessment report. Instead, the assessor may choose to report some key information emerging from the tools administered, in the context of the summary of findings.

The use of a standardized report template can support the assessor to ensure that the report is comprehensive and conducive to the objectives outlined above. It can also increase clarity, thus proving helpful to the professionals who read and use the report.

(b) Developing a standardized report form

- The psychosocial child assessment report contains relevant, selected information collected during the assessment as well as the conclusion and recommendations that may result. The content of the report will address the purpose(s) of the psychosocial assessment. Therefore a standard form will not be universal, as it will require adaptations depending upon the purpose of the assessment and the type of recommendations being sought.
- It is also important, when developing a standardized form, to take into account the specific needs of the professionals who will use the report or especially relevant information. For these reasons, the present manual does not provide an example of a standardized form. Instead, the template shown in table 7, below, can be used by assessors as a guide to key components of the assessment report, which should be adapted according to the context, needs and specific purposes of the assessment.

TABLE 7. SAMPLE STANDARDIZED REPORT TEMPLATE

REPORT TITLE (INCLUDING REFERENCE NUMBER IF APPROPRIATE)	
<p>CONFIDENTIALITY STATUS</p> <p><i>(to be marked on each page)</i></p>	
<p>REQUESTING AGENCY:</p> <ul style="list-style-type: none"> • Name • Address • Contact details • Contact information for the professional sending the request (unless confidential for security reasons) <p>REQUEST:</p> <ul style="list-style-type: none"> • Date the request was sent • Date the request was acknowledged 	<p>CHILD:</p> <ul style="list-style-type: none"> • Full Name • Sex • Date of birth (if available) • Age (in years and months at the time of writing the report) • Contact details • Nationality • Languages spoken <p>PARENTS/LEGAL GUARDIAN:</p> <ul style="list-style-type: none"> • Full name • Address and contact details • Relationship to the child
<p>ASSESSOR:</p> <ul style="list-style-type: none"> • Full Name • Title • Contact details 	<p>INFORMATION ON CONSENT:</p> <ul style="list-style-type: none"> • How and when assent was sought from the child • How and when consent was sought from the parents/legal guardian
<p>ASSESSMENT PURPOSE</p> <ul style="list-style-type: none"> • Briefly outlines the main purpose and operational purposes of the assessment 	
<p>ASSESSMENT CONTEXT AND PROCESS</p> <ul style="list-style-type: none"> • Summarizes the assessment process, including context 	
<p>CHILD'S HISTORY</p> <ul style="list-style-type: none"> • Describes relevant information on the background and situation of the child 	
<p>PSYCHOSOCIAL COMPONENTS</p> <ul style="list-style-type: none"> • Summarizes the findings of the assessment process according to the ecological framework 	
<p>RECOMMENDATIONS</p> <ul style="list-style-type: none"> • Provide clear, measurable suggestions for follow-up intervention concerning the child, identifying relevant stakeholders, and serves as the basis for the referral processes 	
<p>CONCLUSION</p> <ul style="list-style-type: none"> • Responds to the purpose of the assessment according to the professional judgment of the assessor 	

(i) Compiling the personal details of the child and the parents/legal guardian

The safety of the child should always be the key concern of professionals working with children associated with armed and organized criminal groups, including terrorist groups. Regulations relating to the assessment report should include strict confidentiality rules for cases in which the disclosure of information concerning the child may put them at risk. This includes the possibility of anonymizing the name and contact details of the child and legal guardian, for instance by replacing them with a code.

When compiling the personal information concerning the child, it is also important to make the distinction between sex and gender. While the two are sometimes used interchangeably, this is incorrect. The World Health Organization describes “sex” as characteristics that are biologically defined, whereas “gender” is based on socially constructed features. In the personal details of the report, the sex of the child should appear, not the gender.

(ii) Compiling the assessment purpose

The assessor should include the purpose and operational purposes of the assessment in language that is objective and concise and accurately reflects the understanding of the requesting agency. It is essential that the requesting agency and the practitioner undertaking the assessment share a common understanding of the purpose of the assessment (see part one, chap. II).

(iii) Drafting the assessment context and process

The report form includes a brief account of the assessment context and process, including the relevant interviews. The assessor should provide clarity on the main aspects of the process, rather than compile a detailed description of each step, interview and consideration. Assessors should rely on their discretion and professionalism when drafting this section. For example, it is not necessary to list all the tools that have been administered during the assessment. Nevertheless, it could be important to account for any limitations, when they have had an impact on a specific aspect of the assessment. Limitations may include the time required to complete the assessment, security or privacy issues, language barriers and/or the inability of the parents/legal guardian to participate due to distance or a safety issue.

(iv) Drafting the child’s history

The information included in this section will vary depending upon the individual circumstances of the child. It may include information about the child’s birth family and upbringing, family composition, education, places they have lived, significant achievements and previous interests and hobbies. Information identified in this section should be relevant to the purpose of the assessment and should assist the person relying on the assessment report to develop a clear picture of the child’s world.

(v) Drafting the psychosocial components

This section should summarize the main findings of the assessment in relation to the psychosocial components. To enhance the clarity and consistency of approach, the present manual suggests presenting these findings according to the ecological framework (see figure III).

FIGURE III. SAMPLE TEMPLATE FOR DRAFTING THE MAIN ASSESSMENT FINDINGS ACCORDING TO THE ECOLOGICAL FRAMEWORK

PSYCHOSOCIAL COMPONENTS	
A. MENTAL HEALTH ASPECT	
❖ Child level	_____

❖ Community, peers and family level	_____

❖ Systemic level	_____

B. PHYSICAL HEALTH ASPECT	
❖ Child level	_____

❖ Community, peers and family level	_____

❖ Systemic level	_____

C. SOCIAL ASPECT	
❖ Child level	_____

❖ Community, peers and family level	_____

❖ Systemic level	_____

(vi) Drafting the recommendations

The recommendations set out the advice of the assessor on the most appropriate course of action for the child, in line with the purpose of the assessment. Essentially, the recommendations:

- Outline the necessary follow-up for a more thorough assessment of the child (for example, by suggesting referral for thorough trauma assessment)

- Propose psychosocial interventions appropriate for the child at the three levels of the ecological framework

To foster clarity and enable follow-up on the recommendations, the report should specify who is responsible for implementing each recommendation, as well as the recommended timeline for implementation. Any recommendation that is time critical should clearly be marked as such to facilitate cross-sectoral coordination and follow-up. Recommendations should also be objectively measurable and it should be relatively simple to know when a recommendation has been implemented.

To increase the validity of the recommendations, the assessor may:

- Seek input from the child and/or parents/legal guardian and other individuals affected by a recommendation to establish whether the recommendation is supported by the child and parents/legal guardian. If the child or parents/legal guardian indicate that they will not comply with the recommendation, practitioners may choose to amend the recommendation.
- Establish whether the recommendation is realistic. If a recommendation is not realistic, practitioners may choose to amend the recommendation, indicating what would have been the best option and why it is not possible to implement it. For example, if the practitioner determines that the child would benefit from cognitive behavioural therapy¹⁰⁴ but there are no mental-health professionals who can provide this type of therapy, she/he can write “Although it would have been preferable for Jeremy to benefit from cognitive behavioural therapy to treat his symptoms of trauma, no such service is accessible to teenagers. Therefore, it is recommended that Jeremy be referred to the non-governmental organization XX to receive psychological support”.

Most importantly, the assessor should recognize the responsibility that comes with drafting recommendations and the influence that they may have on the child’s life. For this reason, it is suggested that the assessor follow the guidance below when elaborating the recommendations:

- Recommendations should be drafted in a way that clarifies the connection between the recommended course of action, the main purpose of the assessment and the ultimate objective of promoting rehabilitation and reintegration.
- Recommendations should be focused on highlighting protective factors and strengths by indicating clear pathways that lead to their preservation and reinforcement. Protective factors and strengths contribute to the health and well-being of children, and therefore improve their chances of becoming healthy and productive adults. For example, a child who is doing well in school and who has positive relationships with peers and teachers should continue to attend the same school, and this should be listed as a recommendation.
- Recommendations should be underpinned by child rights. For instance, when a recommendation is aimed at supporting close family relationships, it should be highlighted that such support is a right of the child, enshrined in article 8 of the Convention on the Rights of the Child (and relevant national legislation). If an intervention is deemed necessary to protect the child from violence, abuse and neglect, article 19 of the Convention should be explicitly referenced. The mapping of the relevant legal framework can support the assessor in this effort (see part two, chap. II).
- When a recommendation is strongly supported by the child, the report should highlight the ways in which that support will contribute to the participation of the child in the rehabilitation and reintegration process, which may contribute to better outcomes.
- When recommendations are aimed at preventing the secondary victimization of the child, that should be clearly expressed and prioritized.

¹⁰⁴ Gérard Lopez, Louis Jehel and Aurore Séguin-Sabouraud, *Traiter les psychotraumatismes*, Les ateliers du Praticien (Malakoff, France, Dunod, 2016).

The existence of clear laws, policies and procedures regarding child psychosocial assessment in the context of association with armed and organized criminal groups, including terrorist groups, can help to ensure that the recommendations are not ignored.

(vii) Drafting the conclusion

Practitioners will use their professional judgment to formulate their conclusion. Professional judgment refers to the thought process (professional reasoning) that allows professionals to arrive at a conclusion based upon objective and subjective information about a child.

The conclusion answers the main question, which derives from the main purpose of the assessment. It also summarizes the answers to the operational questions, which derive from the operational purposes (see chap. II, table 2).

(c) Answers to practical questions

(i) Who writes the report?

The assessor who conducts the assessment writes and signs the assessment report. In some cases, the report is reviewed by peers with the appropriate psychosocial qualifications to provide another perspective or advice. The assessor decides whether to take the feedback into account, since the assessor alone is responsible for the final report.

(ii) What writing style should be chosen?

Assessors need to keep in mind that parents, as well as children with the ability and maturity to read, should be able to read the assessment report and understand the content according to their need for understanding. Accordingly, sentences should be succinct, concise and, to the extent possible, free of jargon.¹⁰⁵ Technical terms should be used only when necessary and defined appropriately. The assessor should not use emotive or subjective language and should avoid using terms with multiple or ambiguous meanings.

(iii) Should the report include multiple accounts of events?

The report should reflect the various perceptions and accounts of events by the child, parents/legal guardian and various professionals. The multiple accounts are essential for providing an overall understanding of the situation so that the most appropriate recommendations for children and their families can be established. It can be challenging to articulate the different points of view in the report¹⁰⁶ while maintaining a non-judgmental attitude and positive regard.¹⁰⁷

It is important to clarify who provided the information. For example, the report could read: “the mother explains that her daughter doesn’t like going to school”. This example clearly signals that the information did not come from the child.

(iv) Why is it important to be aware of the impact of the report?

Assessment reports can have very serious implications for the future trajectory of a child’s life and practitioners must take their responsibility seriously. The reports are likely to influence other professionals’ perception and judgments about the child and therefore crucial decision-making concerning the child’s future. When it comes to the situation of children associated with armed and organized criminal groups,

¹⁰⁵ Brown, Moore and Turney, *Analysis and Critical Thinking in Assessment*, pp. 28–32.

¹⁰⁶ *Ibid.*, p. 34.

¹⁰⁷ John M. Winslade, “From being non-judgmental to deconstructing normalising judgement”, *British Journal of Guidance and Counselling*, vol. 41, No. 5 (March 2013).

including terrorist groups, the reports may be used to guide extremely sensitive decisions and interventions, fraught with complications relating to security considerations and the personal circumstances of the child. Reports should be written with due consideration to accuracy and potential implications and with a view to ensuring their compliance with child rights as a primary consideration.

(v) What is the link between the content of report and the risk of secondary victimization?

When writing the report, the practitioner should keep in mind that the assessed child as well as their parents/legal guardian will read it. They should formulate sentences and choose words that describe the child and their family with care to mitigate the risk of causing harm.

- The report should not contain irrelevant personal judgments (e.g. the child's mother is nice) or criticism based on the personal experience and background of the assessor (e.g. the parents provide a good education to their child because it is the same that I give to my children).
- Practitioners should consider the impact of the words used with children, especially for children who are victims of violence. Indeed, practitioners should keep in mind that some parents/legal guardians may not appreciate that the child spoke openly with the assessor. Therefore, the assessor should choose carefully what information to include in the report, especially regarding information disclosed by the child regarding the family (e.g. violence by a parent, consumption of drugs) to avoid punishment or violence against the child by the parent/legal guardian. Practitioners should consider whether the words they choose reflect rehabilitation and reintegration objectives.

4. Sharing the assessment report

(a) General information

(i) Documents not attached to the report and/or confidential/not disclosable

Such tools as scoring sheets or filled-out tools (checklists, questionnaires, tests, etc.) should not be included in reports. Assessors can choose to share the scores of certain items of the instruments. The score of an item should be shared only if it is relevant to promoting the child's rehabilitation and reintegration.

The assessor's notes should never be attached to the report nor should they be disclosed during justice proceedings to judges, law enforcement officials or prosecutors.

The assessment report should be classified as a confidential document, disclosable exclusively to certain authorities. Each page of the report should be numbered and marked as confidential, and the report should not be shared unless authority has been granted to do so.

(ii) Translation

If an assessment report needs to be translated into another language, translation services should be sought from suitably qualified organizations or individuals who are independent of the assessment process and who have no perceived or actual conflicts of interest in relation to the assessment.

(b) Sharing the report with different audiences

(i) With the agency/professional that requested the assessment

A full copy of the assessment report should be provided to the agency/professional that made the assessment request, and the assessor should be available to answer any questions regarding the assessment process and/or report. It is preferable to share the written report along with oral explanations (e.g. during a meeting) with the requesting agency/professional.

The requesting agency/professional should be aware that the report is confidential, should be stored securely and should not be distributed without appropriate authority.

(ii) With children and parents/legal guardian

A copy of the report should be shared with the child and/or the parents/legal guardian.

Before providing the report, the assessor should meet with the child and parents/legal guardian to orally introduce the report. During this meeting, the practitioner should explain the content of the report and invite the child and/or the parents/legal guardian to ask questions about it. After the meeting, a copy of the report should be shared with the child and/or the parents/legal guardian.

In certain circumstances (e.g. security reasons), it may be preferable to exclusively describe the content of the report orally and to refrain from providing a copy of the report to the child or the parents/legal guardian. For example, some families face the dilemma of wanting to be involved in their child's life, but fear repercussions from the community, militia, government army or organized criminal and armed groups. For security reasons, those in witness protection programmes should not be given documents relating to the investigation or trial in which their child is involved.

5. Reading and using the assessment report

According to the overarching objectives of the assessment process, all decisions linked to the assessment are taken in view of promoting the child's rehabilitation and reintegration. This entails fostering the child's psychosocial development into young adulthood, including their physical and mental health, facilitating their recovery from harm and violence and supporting their prosocial behaviour and their becoming constructive citizens. It is important that this objective be accurately reflected in the report and shared and understood by the different professionals who will use the report.

(a) Clarifying information from the report

If professionals need clarification when reading the report, they should contact the assessor, with a view to ensuring that the report is interpreted correctly and in the appropriate context.

(b) Decision makers' scope of discretion

In exercising their discretionary power, decision makers should take the assessment report into account to guide their decision-making. As mentioned, the recommendations and conclusion of the reports are not prescriptive. However, while discretion is necessary, it is also extremely important that decision makers not underestimate or discount the assessment report findings, as they derive from an in-depth and multifaceted analysis of the situation of the child. This is especially true in the context of the ecological framework for child assessment, which promotes a holistic process of data collection and analysis that informs the development of comprehensive recommendations.

However, the exercise of discretion should not detract from accountability. In this light, it is especially important for decision makers, who take decisions that affect the lives of children, to be specially trained and qualified, including specifically on the situation and experiences of children associated with armed and organized criminal groups, including terrorist groups.

(c) Protective factors

In the report, decision makers can find information about the protective factors and strengths of the child. In making use of the report, supporting, protecting and reinforcing protective factors and strengths should be a primary consideration.

Decisions makers should always remember that a child should not be subjected to any punishment that would cause physical or psychological injury. Decisions that hinder protective factors and strengths have the potential to cause harm and should be avoided or modified. For instance, even if a child needs strong supervision, the decision maker should ensure that the child's protective factors, as indicated in the psychosocial report, will be preserved (e.g. by ensuring regular, close contact with the parents). Solutions need to be found that respect the need for supervision while ensuring full compliance with the right of the child to survival and development and to have their best interests considered as a priority.

The need to preserve protective factors and strengths is especially relevant in relation to decisions that involve placement in any kind of institution, particularly where this involves the deprivation of liberty. Any form of deprivation of liberty is likely to have a negative impact on the protective factors and strengths of the child, hindering considerably the rehabilitation and reintegration process. Accordingly, any form of deprivation of liberty should be considered only as a measure of last resort, and for the shortest appropriate period of time.¹⁰⁸

(d) Making referrals according to the recommendations

Referrals should be made within the framework of clear policies and procedures, so that the referral's implementation is efficient and can be monitored. The successful implementation of cross-sectoral referrals means that actors follow clear steps coordinated by mechanisms. Standard operating procedures should specify whether the assessor implements the recommendation for a referral directly or whether another professional from the agency for which the assessor works will implement it.

CHECKLIST 8.

KEY STEPS FOR A SUCCESSFUL REFERRAL^a

When including a referral in the report recommendations:

1. Identify who is in charge of the implementation of the referral
2. Identify the problem: what does the child and/or parents/legal guardian need?
3. Identify which organization or agency can meet the need
4. Contact the service provider to confirm eligibility
5. Include the referral in the recommendation portion of the report

After sharing the report with the child and/or parents/legal guardian or the agency that requested the assessment:

6. Explain the recommended referral to the child and/or parents/legal guardian
7. Document consent, if necessary
8. Make the referral via a formal document

After the referral of the child and/or the parents/legal guardian:

9. The professional in charge of follow-up should check with the child and/or parents/legal guardian and the receiving agency to ensure that the referral was successful. That professional can exchange information with the receiving agency, if necessary, where the consent of the child and/or parents/legal guardian allows for this.

^a IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, "Inter-agency referral form and guidance note" (Geneva, 2017).

¹⁰⁸ Convention on the Rights of the Child, art. 37.

Three copies of the referral form should be printed: one copy each for the receiving agency, the child/parents/legal guardian and the referring agency (see figure IV).

As with the report, it may be preferable for security reasons not to share a copy of the referral with the family.

FIGURE IV. SAMPLE REFERRAL FORM

Referring Agency copy		<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent	Date of Referral (DD/MM/YY):
Referring Agency				
Agency / Org:		Contact:		
Phone:		E-mail:		
Location:				
Receiving Agency				
Agency / Org:		Contact (if known):		
Phone:		E-mail:		
Location:				
Client Information				
Name:		Phone:		
Address:		Age:		
Sex:		Nationality:		
Language:		ID Number:		
If Client Is a Minor (under 18 years)				
Name of primary caregiver:		Relationship to child:		
Contact information for caregiver:		Is child separated or unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain)				
Background Information/Reason for Referral: (problem description, duration, frequency, etc.) and Services Already Provided				
Has the client been informed of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain below)		Has the client been referred to any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below)		
Services Requested				
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Protection Support/ Services	<input type="checkbox"/> Shelter		
<input type="checkbox"/> Psychological Interventions	<input type="checkbox"/> Community Centre/ Social Services	<input type="checkbox"/> Material Assistance		
<input type="checkbox"/> Physical Health Care	<input type="checkbox"/> Family Tracing Services	<input type="checkbox"/> Nutrition		
<input type="checkbox"/> Physical Rehabilitation	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Financial Assistance		
<input type="checkbox"/> Psychosocial Activities	<input type="checkbox"/> Education			
Please explain any requested services:				
Consent to Release Information (Read with client/ caregiver and answer any questions before s/he signs below)				
I, _____ (client name), understand that the purpose of the referral and of disclosing this information to _____ (receiving agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, _____ (referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.				
Signature of Responsible Party:				
(Client or Caregiver if a minor). Date (DD/MM/YY):				
Details of Referral				
Any contact or other restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below)				
Referral delivered via: <input type="checkbox"/> Phone (emergency only) <input type="checkbox"/> E-mail <input type="checkbox"/> Electronically (e.g., App or database) <input type="checkbox"/> In Person				
Follow-up expected via: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> In Person. By date (DD/MM/YY):				
Information agencies agree to exchange in follow up:				
Name and signature of recipient:		Date received (DD/MM/YY):		

(e) Precautions to take when using the assessment report

Assessment reports are drafted for specific purposes and should be used in line with those purposes. In light of the sensitivity of the issues being addressed, especially in the context of child association with armed and organized criminal groups, including terrorist groups, it is especially important to clearly define what uses of the report are not permitted.

Psychosocial assessment reports should not be used:

- To determine the level of the child's involvement with the groups, nor to measure so-called "radicalization" processes
- To determine the criminal responsibility of the child
- To determine the credibility or reliability of the child
- To diagnose the child with a mental-health disorder or to assess substance-abuse issues
- To predict future criminal behaviour

Such limitations should be reflected in the laws, policies and procedures regulating the assessment conduct and use.

6. Key elements

- Practitioners who conduct assessments should also be responsible for writing and signing the assessment reports
- Practitioners should consider the impact on the child of the words used in the report
- Practitioners should use language that is succinct, concise and free of jargon, when possible
- Practitioners should prepare a report that clearly, concisely and accurately addresses the purpose of the assessment
- Practitioners should clarify the source of information included in the report
- Practitioners should not include personal judgments in the report
- Practitioners should draft recommendations that will contribute to preserving any protective factors and strengths of the child throughout the judicial process and/or psychosocial services process
- Practitioners should not include scoring sheets or filled-out tools (checklists, questionnaires, tests, etc.) in reports
- It is necessary to ensure that psychosocial assessment reports are not used against the child in determining their criminal responsibility

PART THREE

Implementation scenarios

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Introduction

The ecological framework provides practitioners with an integrative approach for assessing children. Under that framework, effective psychosocial interventions involve not only working with the child, but also the systems that facilitate social functioning, including the child's family, neighbourhood, community and other critical social systems.¹⁰⁹

To facilitate understanding of how to implement the ecological framework and the resilience-focused model, part III of the manual proposes five scenarios for which psychosocial assessments could be used with children associated with armed and organized criminal groups, including those designated as terrorist groups.

The five scenarios follow a similar structure. The context of the assessment is first defined and the child's story presented. Then the reader is guided through the following steps:

- First step: Request
 - Identifying the context of adversity
 - Identifying the purpose and purposes of the assessment
- Second step: Assessment plan
 - Examples of assessment plans
- Fourth step: Data analysis
 - Filled-in templates grouping categories by psychosocial components within the ecological framework
- Fifth step: Assessment report
 - Resilience-focused recommendations

¹⁰⁹ John T. Pardeck, "An ecological approach for social work practice", *The Journal of Sociology and Social Welfare*, vol. 15, No. 2, art. 11 (May 1988).

FIRST STEP OF THE RESILIENCE-FOCUSED MODEL WORK ON THE REQUEST

ESTABLISHING THE CONTEXT OF ADVERSITY		DEFINING THE POSITIVE OUTCOMES	
The first step in preparing the psychosocial assessment is to work on the request. To do this, the professional needs to establish the context of adversity (the high-risk environment) and the risk (the possible negative outcome for the child).		After establishing the context of adversity and the risk, the professional will define the positive outcome by identifying the objective of the assessment and therefore understanding the expectations concerning the assessment (in the case of children associated with armed and organized criminal groups, including terrorist groups, the goal of the assessment is always the rehabilitation and reintegration of the child).	
MAIN CONTEXT OF ADVERSITY (risk environment) and MAIN RISK (main possible negative outcome for the child)	SUBCONTEXTS OF ADVERSITY (risk environments) and SUBRISKS (possible negative operational outcomes for the child)	MAIN POSITIVE OUTCOME (main purpose)	POSITIVE OPERATIONAL OUTCOMES (operational purposes)

The five scenarios are based on real events that occurred in different places around the world. The children that figure within them are girls and boys between the ages of 5 and 17 years. They speak different languages, come from different cultures and countries and have faced different threats to their future. The ultimate goal of the psychosocial assessment for these five children is their rehabilitation and reintegration by means of fostering their healthy development, a result that is also crucial to the future of the societies in which they live.

The first scenario concerns the repatriation of a child associated with a group designated as terrorist group from a camp in Middle East to her native country in Europe during a humanitarian operation. The second scenario focuses on the adaptation phase of a child associated with a group designated as terrorist group who has been repatriated from a rehabilitation centre in Middle East to his native country in Europe. The third scenario involves a child during a handover protocol in the Lake Chad basin region. The fourth scenario relates to a diversion measure for a child used in illicit drug trafficking in the Asia-Pacific region. The fifth scenario tells the story of a child deprived of liberty in Latin America after her association with a gang.



2. Lina and Theo's story (part one)

Lina and Theo are sister and brother. Lina is a five-year-old girl who has been detained in a camp. Theo is a 17-year-old boy who has been detained in a rehabilitation centre. Their mother, Audrey, left her European country in 2016 with Theo, then aged 11 years, to join a terrorist group. Audrey was a single mother.

As soon as Audrey joined the terrorist group, she married. She gave birth in 2017 to Lina. Her husband, a foreign terrorist fighter, died a year after Lina was born.

In March 2019, Audrey and her two children were taken prisoner when one of the last strongholds of the terrorist group fell. Theo was aged 14 years and Lina 2 years. They were subsequently transferred to a camp. In the camp, people are deprived of their liberty.

In the camp, it is difficult to access basic services, including health care and hospital care, legal aid and protection, education and daily necessities, including food.

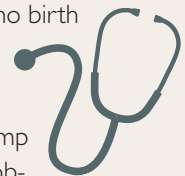


The camp is makeshift and locked. It is constructed of unstable tent-like structures that collapse in high winds and are regularly flooded by rain or sewage. There is almost no access to hygiene, the limited drinking water is often contaminated, mounds of garbage litter the ground and diseases, including viral infections, are rampant. Audrey's parents are in regular contact by phone with Audrey, Theo and Lina in the camp. As grandparents, they feel that it is essential to keep in touch with their grandchildren. During one phone call, Theo asked his grandparents: "Are you coming to get us?" and "Grandma, do you still have my Harry Potter pyjamas?"

In 2021, Theo was transferred to a rehabilitation centre after soldiers separated him from his mother, considering him too old to remain with her. Today, at 17 years of age, he is about to cross the threshold into adulthood. At 18, he will likely be transferred to an adult prison. Therefore, his repatriation is extremely urgent.

A medical check-up performed by an NGO has recently shown that Lina has severe growth delay, probably due to intestinal parasites and diarrhoeal disease. Since she was born in a conflict zone, there is no birth registration or other identity documents for Lina. She is fluent in Arabic and French. Her mother and grandparents communicate with her in French. She learned Arabic in the camp.

Information regarding Theo's physical and psychological condition dates from his last day in the camp with his mother and sister. At that time, he was recovering from tuberculosis. He also had skin problems and untreated war wounds. He apparently also suffered from psychological trauma and often cried during the night. The separation from his mother was very painful; his mother and sister were screaming and crying when Theo was taken away. He has had no direct contact with his mother since he left. His mother was able to send him a letter a few months ago through the International Committee of the Red Cross. He speaks French very well since it is his mother tongue. He also learned Arabic.



Humanitarian operation

The humanitarian operation is the context in which the repatriation process takes place. It entails three stages:

Stage 1: identification of the children

Stage 2: negotiations and establishing conditions for evacuation

Stage 3: repatriation.

Stage 1 of three stages of the humanitarian operation is aimed at identifying and documenting the children in the camp and the rehabilitation centre. It is carried out by officials of the country that is repatriating its citizens.

Lina and Theo have been identified.

Stage 2 consists of negotiations between government authorities and the establishing of conditions for evacuation.

Officials of the State of which the family holds citizenship meet the officials of the area in which the camp and the rehabilitation centre are located to organize the repatriation. A few weeks before, an official from the family's country of citizenship visited the camp to ask Audrey for consent to repatriate her children with her. Such consent involves the humanitarian operation as a whole as well as the integration of Lina and Theo into the rehabilitation and reintegration programme upon their arrival in Europe. By giving her consent, Audrey is also consenting to the child pre-repatriation brief field assessment for Lina and Theo.

The preparation then begins, focusing on establishing the conditions for the evacuation of Lina and Audrey from the camp, as well as the evacuation of Theo from the rehabilitation centre.

The child pre-repatriation brief field assessment is part of the stage 2 of the humanitarian operation and will be carried out by a mental health professional from the family's European country of citizenship, who will serve as the assessor for Lina and Theo. The assessor will conduct the brief field assessment remotely. The assessor will then travel to meet Audrey and Lina in the camp as well as Theo in the rehabilitation centre.

3. Establishing the context of adversity: high-risk environments

Following the model of resilience-based assessment, the first step in preparing the child pre-repatriation brief field assessment for Lina and Theo is to establish the context of adversity. This means identifying the circumstances that have placed children in a high-risk environment and the negative outcomes that may result for the overall objectives of rehabilitation and reintegration.

(a) Main context of adversity

In scenario 1, a decision about repatriation has been made. Accordingly, when defining the context of adversity, assessors should focus on the risk of the negative outcomes inherent in the repatriation process itself. During the humanitarian operation, Lina and Theo will experience adversity and their psychosocial well-being may be negatively affected.

TABLE 1. ESTABLISHING THE MAIN CONTEXT OF ADVERSITY AND NEGATIVE OUTCOMES

MAIN CONTEXT OF ADVERSITY (RISK ENVIRONMENT)	MAIN RISK (MAIN NEGATIVE OUTCOME FOR CHILDREN)
Context of repatriation	Repatriation entails the risk that, during the process, the physical and psychological health of the child may be negatively affected

(b) Subcontexts of adversity

Defining the subcontexts of adversity means identifying each adversity associated with repatriation as well as the potential negative outcomes for the child.

TABLE 2. ESTABLISHING THE SUBCONTEXTS OF ADVERSITY AND THE NEGATIVE OPERATIONAL OUTCOMES

SUBCONTEXTS OF ADVERSITY (RISK ENVIRONMENTS)	SUBRISKS (NEGATIVE OPERATIONAL OUTCOMES FOR CHILDREN)
<ul style="list-style-type: none"> • It is a humanitarian operation in an extremely dangerous security situation • The evacuation is a delicate operation carried out by the military • The evacuation as well as the flight will last several hours • The children will be immediately separated from their mother upon their arrival in Europe 	<ul style="list-style-type: none"> • The children can be retraumatized by the arrival of the soldiers who will take them from their tents. • The children may not understand that the military is there to help them • Children can suffer from extreme distress or other psychological difficulties during repatriation • Children can die during travel due physical health conditions • The children may suffer from the separation from their mother upon their arrival in Europe • The children may be shocked to see their mother detained by the police upon arrival at the airport

4. Defining the positive outcomes of the child pre-repatriation field brief assessment**(a) Use of “adversities” and “risks” in the child pre-repatriation brief field assessment**

Defining the positive outcome means clarifying the specific purpose of the child pre-repatriation brief field assessment and thus understanding the expectations related to the assessment.

FOCUS BOX 4.**USE OF “ADVERSITIES” AND “RISKS” IN THE CONDUCT OF THE CHILD PRE-REPATRIATION BRIEF FIELD ASSESSMENT.**

In the context of the child pre-repatriation brief field assessment, the assessor analyses the context of the child, focusing in part on adversities and potential risks. The goal of the analysis is not to estimate the likelihood of negative outcomes, but rather to identify strengths and protective factors that can reduce the potential impact of the adversities and build resilience.

In a nutshell:

- Child assessment in repatriation contexts should not be aimed at estimating the likelihood of an adverse situation occurring during the repatriation process
- The child pre-repatriation brief field assessment is aimed at supporting States to conduct repatriation in a way that is conducive to positive outcomes, including the following:
 - The repatriation of the children was a successful humanitarian operation
 - When the children land in their country of citizenship, their physical and psychological condition is no worse than before the humanitarian operation
 - The psychosocial state of the children was maintained or even enhanced throughout all the stages of the humanitarian operation

(b) Defining the main positive outcome/main purpose

As explained in part two, chapter 1, the main purpose and the operational purpose(s) can be formulated with a main question and operational question(s). They render explicit the goal of the assessment process.

In the situation of the child pre-repatriation brief field assessment for Lina and Theo, the main purpose could be to preserve and foster their psychosocial well-being at all the stages of the repatriation.

To facilitate the elaboration of recommendations and conclusions, the purpose can be turned into a question: How can professionals safeguard and promote the psychosocial well-being of Lina and Theo at all stages of the repatriation?

(c) Defining the operational purposes and positive operational outcomes

Identifying operational purposes can help the assessor to clarify the various elements that need to be in place for the main purpose to be met. This step is crucial for guiding the development of tailored, practical and realistic recommendations and conclusions for Lina and Theo’s assessment report.

TABLE 3. DEFINING OPERATIONAL PURPOSES IN THE CONTEXT OF PREPARING REPATRIATION

DEFINE OPERATIONAL PURPOSES/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF ASSESSMENT AND ELABORATION OF RECOMMENDATIONS
Prepare the logistical aspect of travel, taking into account the physical, psychological and social issues	What are the most appropriate logistical arrangements to support Lina and Theo's psychosocial well-being during the repatriation journey?
Be prepared to provide mental health interventions during the repatriation journey	How can a mental health professional provide efficient and relevant psychological support to Lina and Theo if they experience extreme distress or other psychological difficulties during their repatriation journey?
Be prepared to provide physical health interventions during the repatriation journey	How can a physical health professional provide efficient and relevant physical health support to Lina and Theo, if necessary, during their repatriation journey?
Organize psychological preparedness through individual and parental sessions in the field and/or during the flight	How can the mother and/or the assessor provide efficient and relevant support to Lina and Theo prior to departure and during travel?
Identify the priority psychosocial actions to be taken for welcoming Lina and Theo to the country of citizenship	What priority psychosocial actions should be taken to welcome Lina and Theo to the country of citizenship?
Prepare the first clinical session in the field for reintegration	How can the psychologist provide efficient and relevant psychological support to Lina and Theo in the field?

5. Identifying a professional to conduct the child pre-repatriation brief field assessment

In the context of repatriation, the child pre-repatriation brief field assessment is conducted by a mental health professional based in the family's country of citizenship, who will undertake a trip to the camps.

For reasons of practicality and continuity of care, the practitioner who conducts the assessment of Lina and Theo will also be responsible for delivering the preparedness and psychological support sessions in the field. It is for this reason that the practitioner conducting the assessment should be a mental health professional with training in appropriate principles and techniques to provide psychological aid in emergency situations and/or psychological support to facilitate smooth interactions during the interview.

This assessor should have experience and qualification in three domains:

- **Assessment:** Psychosocial assessment with expertise in psychopathology and psychotraumatology
- **Psychological support:** Psychological aid in emergency situations with the ability to respond to extreme distress
- **Childhood and adolescence:** Child and adolescent psychosocial development and child and adolescent interviewing techniques

It is recommended that the same practitioner travel back to the country of citizenship with the family and remain in charge of providing support during travel. Upon arrival, it is preferable for the care of the children to be transferred to a different mental health professional to avoid creating a negative association between the camp and the psychosocial care centre.

6. Practical guidance to preparing the child pre-repatriation brief field assessment plan for Lina and Theo

(a) Pre-repatriation brief field assessment

The child pre-repatriation brief field assessment is not a comprehensive assessment. Therefore, when selecting the tools to assess the three psychosocial components (physical health, mental health and social aspect), practitioners should select and/or develop instruments for the toolkit that are quick to administer and analyse and easy to use in uncomfortable settings.

(b) Clear understanding of the humanitarian operation

The practitioner should have a clear understanding of the humanitarian operation, including all stages of the repatriation process. This information is necessary for clearly defining the operational purposes of the assessment process and for collecting the relevant data.

In dangerous security situations, the assessor should work in strict coordination with the security officers involved in the operation to understand what can be done and said without compromising the safety of the overall operation. In this regard, multi-stakeholder cooperation is essential to preserving the safety of the children. Moreover, special technological or logistical measures, such as encryption systems, should be used in cooperation with security officers when collecting and storing any written records and sharing information.

Familiarity with the humanitarian operation will enable the practitioner to provide appropriate preparedness session(s) to children.

(c) Psychological preparedness session

Psychological preparedness sessions in the context of repatriation are aimed at helping children to reduce and/or manage fears connected with the humanitarian operation and, in Lina and Theo's case, to cope better during separation from their mother. The content of the sessions will depend upon the individual child and the fears or concerns that the assessor has identified. The assessor may, for example, share calming techniques in case the child has anxiety attacks during travel.

To reduce anxiety and fears, it is especially important to ensure that the child receives appropriate information on the following:

- What has happened (the initial stages of the humanitarian operation)
- What will happen (what they should expect during travel and upon arrival)

For Lina and Theo, the assessor may want to rely upon comics and images to help the child to positively visualize the different stages of the operation.

(d) Where should the interview be held?

Conducting interviews in a refugee camp and in a rehabilitation centre requires finding a place in which privacy and confidentiality can be respected when interviewing the mother and children. This is an essential part of the work, and it might not be the easiest, which is why this aspect cannot be underestimated when preparing for the mission. The interview should be conducted in a location that provides the highest possible level of privacy and security to the mother and children. The assessor should be flexible and ready to conduct interviews in less comfortable environments, such as sitting on the ground

or in dirty places. If the mother proposes a specific location in which she feels safe, a separate assessment of the security and privacy of the location should be conducted before the venue is agreed upon.¹¹⁰

The interviews will be conducted in person, not remotely. First and foremost, the quality of an in-person interview is incomparably better than a remote one. This is especially true for children, as much data will be collected through observation and play. Second, remote interviews cannot ensure the minimum standards of security and privacy necessary in this context. Third, remote interviews pose notable challenges to assessing the reliability of the information shared. On a remote platform, it is difficult to confirm who is actually answering the questions (with whom we are talking) and to verify that intimidation or control attempts are not being used. Finally, it may be necessary to provide immediate psychological aid to the children and the mother in case of retraumatization or extreme distress or other psychological difficulties brought about by the interview.

(e) Psychological support session

Considering that children in camps do not have the benefit of appropriate psychological support, the mental health professional who conducts the child pre-repatriation brief field assessment will likely need to provide psychological support sessions before, during and/or after the assessment interview. The practitioner should be aware of the limited time available to provide such support. The choice of technique used by the practitioner must be effective for an emergency context or in the event that, for example, the child experiences extreme distress before, during or after the interview. The techniques should allow the child to speak comfortably and help them to remain calm and regulate their emotions, while enabling the psychologist to manage any emotional crisis and mitigate potential retraumatization.

7. Child pre-repatriation brief field assessment plan for Lina

Both Lina and Theo will undergo a pre-repatriation brief field assessment following the same methodology for each. Lina's assessment plan is illustrated in table 4 as an example.

TABLE 4. CHILD PRE-REPATRIATION BRIEF FIELD ASSESSMENT PLAN FOR LINA

Child's name:	Lina XYXYXY	Child's date of birth and age:	08/02/2017 5 years and 3 months	Child's sex:	Female
Requester:	Amelie XYXYXY Humanitarian Operations Manager (function) Ministry of XXX	Date of request:	09/05/2022	Deadline:	10/06/2022 1 week after the humanitarian operation
Main question (main purpose of the assessment)	Preserve and foster Lina's psychosocial well-being at all stages of the repatriation process. <i>How can professionals safeguard and foster Lina's psychosocial well-being at all stages of the repatriation process?</i>				

¹¹⁰ Office of the United Nations High Commissioner for Human Rights, *Manual on Human Rights Monitoring*, revised ed. (Geneva, 2011), chap. 11.

TABLE 4. CHILD PRE-REPATRIATION BRIEF FIELD ASSESSMENT PLAN FOR LINA (CONTINUED)

<p>Operational questions (operational purposes of the assessment)</p>	<p>Prepare the logistical aspect of travel, taking into account the physical, psychological and social issues <i>What are the most appropriate logistical arrangements to support Lina's psychosocial well-being during the repatriation journey?</i></p> <p>Be prepared to provide mental health interventions during the repatriation journey <i>How can a mental health professional provide efficient and relevant psychological support to Lina if she experiences extreme distress or other psychological difficulties during the repatriation journey?</i></p> <p>Be prepared to provide physical health interventions during the repatriation journey <i>How can a physical health professional provide efficient and relevant physical health support to Lina, if necessary, during the repatriation journey?</i></p> <p>Organize psychological preparedness through individual and parental sessions in the field and/or during the flight <i>How can the mother and/or the assessor provide efficient and relevant support to Lina prior to departure and during travel?</i></p> <p>Identify the priority psychosocial actions to be taken for welcoming Lina to the country of citizenship. <i>What priority psychosocial actions can be taken to welcome Lina to the country of citizenship?</i></p> <p>Prepare for the provision in the field of the first clinical session for reintegration <i>How can the psychologist provide efficient and relevant psychological support to Lina in the field?</i></p>	
<p>Disability of child or parent/legal guardian:</p>	<p>No information</p>	
<p>What does this mean in terms of adaptation for assessment?</p>	<p>Information about disability should be collected</p>	
<p>Cultural and logistical aspects (any cultural or logistical considerations that may affect on the child and parents/legal guardian's ability to be interviewed)</p>	<p>Language</p>	<p>Lina speaks French with her mother and her family in Europe. However, she might feel more comfortable speaking Arabic. In addition, an Arabic interpreter will be needed for the logistical aspect of the mission.</p>
	<p>Religion</p>	<p>Lina's grandparents are Catholic. Lina's mother converted to Islam in 2016. There is no information regarding the current religion of the mother. However it must be taken into account that Lina currently lives in a context in which the practice of Islam is prevalent.</p>
	<p>Customs (holidays, clothing, greetings, typical rituals, settings)</p>	<p>Lina's mother is European, so the customs with which Lina is familiar should be similar to those of her country of citizenship. Nevertheless, different customs may apply in the camp; there is no information on this at the moment.</p>
	<p>Games and leisure</p>	<p>No information</p>
	<p>Food</p>	<p>Bring bottles of water and snacks for Lina, her mother, the interpreter and the mental health professional</p>

	Location	<ul style="list-style-type: none"> • The camp • Exact location needs to be determined • Contact the Office of the United Nations High Commissioner for Refugees (UNHCR) (social aspect) Mr. XXXYYY • An assessment of the security and privacy of the location should be conducted once the venue is agreed; work in cooperation with Ms. XYXYXYX, the security officer of the humanitarian operation 	
Need for consent from parents/legal guardians	Yes, Ms. Audrey XYXYXY, mother, gave her consent	If yes, how?	<p>A few weeks ago, an official from the family's State of citizenship visited the camp to ask the mother for consent to repatriate Lina with her.</p> <p>The consent involves the humanitarian operation as a whole as well as the integration of Lina into the rehabilitation and reintegration programme upon their arrival in Europe. By giving her consent, the mother consents to the child pre-repatriation brief field assessment for Lina.</p>
Available psychosocial services	<p>In the camp:</p> <p>UNHCR (social aspect) Contact: Mr. XXXYYY Phone: + 574 5515161541 Email: xyxyxy@xyxyxy.xy</p> <p>International Rescue Organization Contact: Ms. XXXYYY Phone: + 46 6466654585 Email: xyxyxy@xyxyxy.xy</p> <p>Red Crescent (medical support) Contact: Ms. XXXYYY Phone: + 54 64644565 Email: xyxyxy@xyxyxy.xy</p> <p>United Nations Children's Fund (UNICEF) Contact: Ms. XXXYYY Phone: + 898 5465541 Email: xyxyxy@xyxyxy.xy</p> <p>Save the Children (school) Contact: Mr. XXXYYY Phone: + 898 5465541 Email: xyxyxy@xyxyxy.xy</p> <p>In Europe:</p> <p>Psychosocial Care Centre Case Manager Mr. XYXYXYX Phone: + 898 5465541 Email: xyxyxy@xyxyxy.xy Contact: Mr. XXXYYY Phone: + 898 5465541 Email: xyxyxy@xyxyxy.xy</p>	Available legal and administrative services	<p>Family's lawyer: Contact: Ms. XXXYYY Phone: + 48 6936781551 Email: xyxyxy@xyxyxy.xy</p> <p>Association for the Defense of Fundamental Rights of children: All Together Contact: Mr. XXXYYY Phone: + 96 2336597896 Email: xyxyxy@xyxyxy.xy</p> <p>Lawyers Without Borders Contact: Ms. XXXYYY Phone: + 98 6975931564 Email: xyxyxy@xyxyxy.xy</p> <p>UNHCR legal aid information Contact: Mr. XXXYYY Phone: + 12 368782136 Email: xyxyxy@xyxyxy.xy</p>

TABLE 4. CHILD PRE-REPATRIATION BRIEF FIELD ASSESSMENT PLAN FOR LINA (CONTINUED)

METHODOLOGY

Written records and how to access them:	<ul style="list-style-type: none"> • Medical report from the Red Crescent • Document proving the parentage between Lina and her mother or any other document concerning Lina's birth 	Tools for collecting written records:	<ul style="list-style-type: none"> • Request form for medical records from the Red Crescent • Checklist for medical and administrative records
Information directly from professionals:	<ul style="list-style-type: none"> • Save the Children • UNICEF 	Tools for collecting the information from professionals:	Information-sharing form for childcare officers
How many interview sessions for the child?	2 sessions with Lina	Tools for collecting information from the child:	<p>Toolkit for brief field assessment:</p> <ul style="list-style-type: none"> • Psychosocial checklist • Template for "Picture of me doing what I like best" • Child trauma screening questionnaire (use flexibility when administering) • Modeling dough, wax crayons and paper
How many interview sessions for the parents/legal guardian?	2 sessions with the mother	Tool(s) for collecting information from the parents/legal guardian:	<ul style="list-style-type: none"> • Social questionnaire • Parent questionnaire • Medical checklist
Tools for categorizing/analysing information collected:	<ul style="list-style-type: none"> • Protective factors and strengths checklist • Vulnerabilities checklist • Report template 		

8. Information collected during Lina’s child pre-repatriation brief field assessment

Lina and Theo will be assessed with the child pre-repatriation brief field assessment, following the same methodology. In table 5, the information collected during Lina’s child pre-repatriation assessment is used to provide an example of how to group the psychosocial components within the ecological framework template.

TABLE 5. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK

ECOLOGICAL FRAMEWORK	CHILD LEVEL	Mental health	Protective factors and strengths <ul style="list-style-type: none"> • Lina was able to express her emotions • She has a good ability to concentrate for her age • She knows most of the letters of the alphabet in French • She can count to 40 • She speaks very well in French for her age; she has a big vocabulary 	ULTIMATE GOAL: FOSTER LINA'S REHABILITATION AND REINTEGRATION
			Vulnerabilities <ul style="list-style-type: none"> • Lina cries often, expresses sadness, explained that she is unhappy all the time • Frequent bedwetting • Hypervigilant • Sleep disturbances 	
		Physical health	Protective factors and strengths <ul style="list-style-type: none"> • No information regarding protective factors or strengths was collected 	
			Vulnerabilities <ul style="list-style-type: none"> • Lina has severe growth delay • She is underweight and suffers from malnutrition • Probably has intestinal parasites and a diarrhoeal disease • She is sometimes too weak to walk or play 	
	FAMILY, PEER AND COMMUNITY LEVEL	Mental health	Protective factors and strengths <ul style="list-style-type: none"> • Lina feels loved by her mother • She feels loved by her grandparents • Lina’s mother has started to explain to her that they will be separated upon their arrival in Europe 	
			Vulnerabilities <ul style="list-style-type: none"> • Lina has severe growth delay • She is underweight and suffers from malnutrition • Probably has intestinal parasites and a diarrhoeal disease • She is sometimes too weak to walk or play 	
	Physical health	Protective factors and strengths Lina’s mother takes good care of her	Vulnerabilities Lots of violence in the camps, children were murdered	

TABLE 5. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK (CONTINUED)

ECOLOGICAL FRAMEWORK	FAMILY, PEER AND COMMUNITY LEVEL	Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Lina’s mother expresses love and care towards her; expresses regret for putting her children in this situation; is highly protective and provides constant supervision. • Lina is in regular contact with her grandparents • Lina’s grandparents are ready to welcome her • Lina’s grandparents send money to her mother every month to buy food • Lina’s mother attempts to keep the tent as clean as possible • Lina and her mother share the tent with two other women with whom they get on well and whom they both trust <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Lina’s father, a foreign terrorist fighter, died in combat • Her mother is charged with being a member of a terrorist organization and faces charges relating to negligence for bringing her brother, Theo, to a terrorist organization when he was 12 • Lina has never been separated from her mother, so she is highly dependent on her • She doesn’t like participating in activities organized by UNICEF and Save the Children because she is scared of other children • She was born in a conflict zone without identification documents • She hasn’t seen her brother for a long time 	
		Mental health	<p>Protective factors and strengths</p> <p>The protocol of the humanitarian operation was explained to the mother, which is helpful for Lina’s psychological preparation</p> <p>Vulnerabilities</p> <p>No mental health services identified in the camp</p>	
	SYSTEMIC LEVEL	Physical health	<p>Protective factors and strengths</p> <p>Red Crescent and International Rescue Committee provide limited health services in the camp</p> <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Due to the conditions in the camp, Lina cannot maintain physical hygiene • No appropriate medical support in the camp so Lina doesn’t have regular medical check-ups 	
		Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • UNICEF and Save the Children provide a few social activities for children in the camp • UNHCR provides tents <p>Vulnerabilities</p> <ul style="list-style-type: none"> • There is no possibility of attending school for a child of Lina’s age in the camp • Since she was born in a conflict zone, there are no birth registration or identity documents for her 	
			ULTIMATE GOAL: FOSTER LINA’S REHABILITATION AND REINTEGRATION	

9. Resilience-focused recommendations for Lina

A table of the resilience-focused recommendations for Lina at the three ecological levels is provided as an example.

TABLE 6. RESILIENCE-FOCUSED RECOMMENDATIONS AT THE THREE ECOLOGICAL LEVELS FOR LINA

THREE ECOLOGICAL LEVELS	CONSOLIDATE AND PRESERVE PROTECTIVE FACTORS AND STRENGTHS	ADDRESS VULNERABILITIES BY BUILDING NEW STRENGTHS AND PROTECTIVE FACTORS
CHILD LEVEL	<p>Emotional preparedness:</p> <p>Since Lina is able to express her emotions, it is important to help her to use that skill to prepare her mentally for the evacuation</p>	<p>Lina should receive treatment for malnutrition, diarrhoea, intestinal parasites and other urgent medical conditions</p>
FAMILY, PEER AND COMMUNITY LEVEL	<p>Family guidance:</p> <p>Lina feels loved by her mother and grandparents and trusts them. Lina's mother has started to explain to her that they will be separated when they arrive in Europe and that she will be staying temporarily in a psychosocial care centre. The professionals, the mother and the grandparents should agree on the explanation to give to the child about the separation.</p>	<ul style="list-style-type: none"> • Since Lina will be separated from her mother, a meeting with her grandparents should be organized as soon as possible after her arrival • It is not recommended to have group activities the first few days after arrival; free time organized in a group in the psychosocial care centre where she is staying would be preferable. • Work on sibling reunification (with her brother)
SYSTEMIC LEVEL	<p>Continue to provide to Lina and her mother shareable information on the humanitarian operation protocol</p>	<ul style="list-style-type: none"> • The medical team on board the military aircraft should be prepared with food kits for malnourished children • An agreement should be signed to allow Lina to cross borders without conventional identity documents • Lina is sometimes too weak to walk, so a professional should be assigned to hold her during the evacuation • A medical check-up should be done a maximum of 24 hours after Lina's arrival in Europe • It is recommended that the same mental health professional who assessed Lina be part of the repatriation on the plane



CHILD POST-ARRIVAL ASSESSMENT (AFTER REPATRIATION)

1. Context

It is difficult to know the exact number of children who have been repatriated following exit from armed groups, including terrorist groups. In repatriation, some children return to the country where they were born and see their family again after protracted separation. Other children, born in conflict zones, discover for the first time in person their country of citizenship as well as family members who live there.

The repatriation is only the beginning of the rehabilitation and reintegration process for such children. After repatriation, the next stage in the process is the psychosocial adaptation phase. That phase can be divided into three steps:

1. Reception
2. Familiarization and transition
3. Consolidation

Some countries welcome children in a specialized psychosocial care centre, under close supervision, to support them during the first two steps of the adaptation phase. This type of centre allows the child to enter a wider social sphere, possibly for the first time, in a safe, comforting and supportive space.

2. Lina and Theo's story (part two)

Lina and Theo are sister and brother: Lina is a 5-year-old girl and is in a psychosocial care centre in Europe. Theo is a 17-year-old boy and is in a psychosocial care centre in Europe.

(a) Context of return: the humanitarian operation

The first of the three stages of the humanitarian operation includes identifying and documenting children who are European citizens in the camps (including those placed in the rehabilitation centre). Lina and Theo have been identified.



The second stage consists of negotiations between the authorities concerned and the creation of conditions for the evacuation of children who are European citizens from the camps. A child pre-repatriation brief field assessment has been carried out at this stage.

The third stage is repatriation.

In April 2022, the majority of the women and children held in the camp were still asleep when a convoy of cars entered. A few minutes later, at around 5.30 a.m., six women and their 10 children, including Audrey and Lina, carrying just a few bags, were quietly removed from their tents by soldiers and taken to a minibus. The entire family (Audrey, Lina and Theo) has been repatriated to their country of citizenship in Europe¹¹¹ with the cooperation of local authorities. Upon their arrival at the airport, Lina and Theo are separated from their mother. Their mother is placed in police custody and pretrial detention. She is charged with being a member of a terrorist organization and also faces charges related to negligence for taking Theo into a terrorist organization when he was 12 years old.

For Theo and Lina, the prosecutor's office coordinates the system and refers the cases to a juvenile judge. The juvenile judge hands the children over to Child Protective Services.

(b) One month in a specialized psychosocial care centre

Lina and Theo are placed for one month in a specialized psychosocial care centre, under close supervision, for the psychosocial adaptation phase. This phase comprises three steps: reception; familiarization and transition; and consolidation. A multidisciplinary team takes care of them, including a doctor, a clinical psychologist, a social worker and childcare workers. Lina and Theo will go through a complete physical health check-up, a comprehensive mental health assessment, a social assessment (including regarding their administrative and legal situation) and an academic assessment. They will be taken to the hospital for examination and medical treatment, including vaccinations.



During the first three weeks in the centre, the police and the prosecutor will investigate Theo's situation to understand if he was trained to fight and use weapons, as well as his level of involvement in terrorist activities, including whether he was exploited as a child soldier. This information is crucial for preparing his rehabilitation and reintegration plan and enabling the development of appropriate interventions. These may include, depending upon the child's individual case, a diversion programme, a special focus on disengagement from violence, and close psychosocial supervision in the context of rehabilitation and reintegration services. The last week of the month of arrival, if necessary, the juvenile justice system will determine the details of a diversion programme for Theo, including a focus on disengagement from violence and the level of psychosocial supervision.



In addition, throughout the entire month of arrival, a case manager will conduct comprehensive assessments to tailor assistance to the specific situation of each child who has returned, including Lina and Theo. The assessments will involve different professionals, using a multidisciplinary and coordinated approach, including for interventions focusing on disengagement from violence, if necessary (e.g. building empathy, encouraging social learning, generating a sense of belonging, offering an alternative identity).

In the case of Theo, the assistance programme will incorporate the decision regarding any diversion plan. During the first month, Lina and Theo will also visit their mother in the prison. To maintain the relationship of the children with their parent, regular visits will be organized. They will take place in a child-sensitive visitation room and will be mediated by professionals of Child Protective Services.

For Theo who was born in Europe, the parental authority of Audrey, his mother, is maintained. For Lina, who was born in a conflict zone and who does not hold a birth certificate, filiation has not yet been established upon her return to Europe. Genetic testing of Lina and Audrey may be requested by the juvenile judge to establish filiation.

¹¹¹ "States must ensure that children are not separated from their parents unless it is in the child's best interests. To ensure no separation, States must consider repatriating entire families" (Penal Reform International and others, "Bringing children home: a children's rights approach to returning from ISIL" (2020), p. 3).

In the course of the second month, the children's grandparents, who will probably be the future direct caregivers and who are waiting for them, will be allowed to visit them several times per week. The visits will be monitored by a psychologist and a social worker.

During the second month, activities outside the centre will be regularly scheduled, such as going to the market. Visits by the children to their new home with their grandparents and to their new schools will be integrated into the familiarization component of the adaptation phase.



At the end of the second month, a rehabilitation and reintegration plan will be designed by the case manager, and Lina and Theo will start their rehabilitation and reintegration programmes, which will last for three years. They will be extended if necessary.

3. Establishing the context of adversity: high-risk environments

In resilience-based assessment, the first step in preparing the child assessment for Lina and Theo is to establish the context of adversity. This means identifying the circumstances that place the children in a high-risk environment and the negative outcomes that may result for the overall objectives of rehabilitation and reintegration.

TABLE 7. ESTABLISHING THE MAIN CONTEXT OF ADVERSITY AND NEGATIVE OUTCOME FOR LINA AND THEO

MAIN CONTEXT OF ADVERSITY (THE RISK ENVIRONMENT)	MAIN RISK (MAIN NEGATIVE OUTCOME FOR CHILDREN)
The context of arrival in the country of citizenship	The arrival in the country of citizenship and subsequent treatment may not have a positive impact on the psychosocial well-being of the child or may have a negative effect

TABLE 8. ESTABLISHING THE SUBCONTEXTS OF ADVERSITY AND NEGATIVE OPERATIONAL OUTCOMES FOR LINA AND THEO

SUBCONTEXTS OF ADVERSITY (THE RISK ENVIRONMENTS)	SUBRISKS (NEGATIVE OPERATIONAL OUTCOMES FOR CHILDREN)
<p>Some rules of life in the society of citizenship may be different</p> <ul style="list-style-type: none"> • Live without seeing their mother every day • Adjusting to new groups of peers • Adjusting to a new school • Adjusting to new neighbours and a new town or village • Adjusting to new people who will take care of them • Experiencing new autonomy and freedom in society according to the age of the child • Interviews 	<p>Regarding rehabilitation:</p> <ul style="list-style-type: none"> • Psychological suffering of the child not to live with his/her mother • Retraumatization and revictimization during the medical check-up, psychological assessment and/or in the event of an interview with the investigator • Child's difficulties in dealing with their emotions. • Child's cognitive barriers to positive social interaction • Child's difficulties in recovering from psychological trauma • Problems with moral development in the child <p>Regarding reintegration:</p> <ul style="list-style-type: none"> • Child's difficulty in understanding and adapting to certain rules of life in society • Stigma and discrimination from peers • Stigma and discrimination from justice professionals and the custody system • Stigma and discrimination from neighbours and society in general (e.g. the media).

4. Defining the positive outcomes of the child post-arrival assessment

(a) Facilitating the psychosocial development of children affected by the foreign-fighter phenomenon

Defining the positive outcome(s) means defining the objective(s) of the assessment for Lina and Theo, and therefore understanding the expectations concerning the child post-arrival assessment.

The post-arrival assessment is aimed at facilitating the psychosocial development of children affected by the foreign-fighter phenomenon when they arrive in their country of citizenship, in order to improve the children's chances of becoming healthy and constructive citizens.

States need to receive clear information and recommendations regarding the rehabilitation and reintegration of such children to help each child grow into an effective adult who will contribute positively to a peaceful society.

(b) Defining the main positive outcome/main purpose

As explained in part two, chapter I the main purpose and the operational purpose(s) can be formulated with a main question and operational question(s). They make explicit the goals of the assessment process.

In the situation of child post-arrival assessment, the main purpose for Lina and Theo could be the following:

- **Main purpose:** Facilitate and enhance the psychosocial well-being of Lina and Theo after their arrival in the country during the psychosocial adaptation phase: reception; familiarization and transition; and consolidation.
- **Main question:** How can professionals facilitate and enhance the psychosocial well-being of Lina and Theo after their arrival in the country of citizenship during the three steps of the psychosocial adaptation phase: reception; familiarization and transition; and consolidation?

Or:

- **Main purpose:** Identify psychosocial interventions to be considered for the rehabilitation and reintegration plans, including psychosocial programmes, for Lina and Theo.
- **Main question:** What needs to be considered for the rehabilitation and reintegration plan for Lina and Theo, including psychosocial programmes?

(c) Defining the operational purposes and positive operational outcomes

Identifying operational purposes can help the assessor to clarify the different elements that need to be in place for the main purpose to be met. This step is crucial for guiding the development of tailored, practical and realistic recommendations and conclusions in Lina's and Theo's assessment reports. Table 9 provides an example of defining operational purposes and positive operational outcomes in the context of a post-arrival assessment.

TABLE 9. DEFINING THE OPERATIONAL PURPOSES AND POSITIVE OPERATIONAL OUTCOMES

IDENTIFY OPERATIONAL PURPOSES/ POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS
Facilitate cooperation across different administrative levels and agencies during the adaptation phase ¹¹²	How can professionals facilitate cooperation across different administrative levels and agencies during the adaptation phase?
Know the physical state of health of the child as well as the care or interventions necessary for their physical well-being	What is the child's physical health status and what care/ interventions are needed to promote their physical well-being
Know the psychological state of health of the child as well as the care or interventions necessary for their psychological well-being	What is the child's mental health status and what care/ interventions are needed to promote their mental well-being?
Promote the moral development of the child	How can the moral development of the child be promoted?
Promote tolerance within the community and sustain positive and inclusive engagement with community members to create an environment that fosters successful reintegration	How can tolerance be promoted within the community to create an environment that fosters successful reintegration?
Sustain the positive engagement of the child with society	How can empathy be reinforced, social learning encouraged, a sense of belonging generated and an alternative identity offered to the child?
Manage the underlying tensions that may emerge between child returnees and the broader society	How can the Government address and manage the underlying tensions that may emerge between child returnees and the broader society?
Involve the extended family in the reintegration of the child	How can the reintegration plan involve the extended family in the reintegration of the child?
Establish a local team of professionals from different fields (youth care, education, social and mental health care, etc.) or a mobile national team to support the programme of rehabilitation and reintegration for Lina and Theo	What is the composition of the local team of professionals from different fields (youth care, education, social and mental health care, etc.) needed for the reintegration plan and the implementation of the plan? Could a mobile national team be established to support the programme of rehabilitation and reintegration for Lina and Theo? (Contact details of professionals are required)
Compensate for the lack of formal education	What measures could compensate for the lack of formal education?
Navigate relationships effectively within complex family arrangements	How can relationships within complex family arrangements be navigated effectively? (e.g. maintaining a strong relationship with the incarcerated mother)
Explore extended family options, such as grandparents or uncle/aunt, to care for the child and/or explore the foster family option	Is it possible to place the child in the care of extended family members, and if not, is it possible to place them with a foster family?
Encourage social learning in the child and a willingness to pursue prosocial interactions	How can the child's social learning and willingness to pursue prosocial interactions be encouraged?

¹¹² Anita Perešin and Daniela PISOIU, "Repatriated foreign terrorist fighters and their families: European experiences and lessons for P/CVE" (Luxembourg, Publications Office of the European Union, 2021).

IDENTIFY OPERATIONAL PURPOSES/ POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS
Promote emotional intelligence and critical thinking in the child	How can emotional intelligence and critical thinking be promoted in the child?
Generate a sense of belonging in the child	How can a sense of belonging be generated in the child?
Offer an alternative identity to the child	How can an alternative identity be offered to the child?

5. Identifying a professional to conduct the child post-arrival assessment

In the context of the rehabilitation and reintegration process for children who return from conflict zones, the child post-arrival assessment of Lina and Theo is carried out by the case manager in charge of the children's files. This case manager will have qualifications and professional experience in social work or the mental health field and the competence to coordinate interventions from a multi-stakeholder team, with a view to ensuring continuity of care.

In the case of siblings, it is important that the same case manager take care of the whole family. Moreover, gender considerations should be taken into account when possible when selecting the case manager.

6. Practical guidance to preparing the child post-arrival assessment plan for Theo

(a) Psychosocial adaptation process

The psychosocial adaptation process in the context of child returnees includes physical adaptation, psychological adaptation and social adaptation. The process of adaptation is important not only for the child but also for society, as it facilitates the child's transition to and acceptance of new social rules.

The psychosocial adaptation process can be divided into three main steps:

1. **Reception:** As soon as the child arrives in their country of citizenship, psychosocial care should be provided and specialized assessments carried out (medical check-up, psychological assessment, social situation assessment). Particular attention should be paid to the child's sense of safety, need for emotional support and secure attachment to the mother.
2. **Familiarization and transition:** The familiarization sessions acquaint the child with the new environment, such as the school, the new home and the new city/village. Familiarization sessions precede the transition. When familiarization is well done, it facilitates the transition step.
The transition from the specialized psychosocial care centre to the new environment takes place under psychosocial supervision and support. This step takes place during the first month in the specialized psychosocial care centre, but the guidance provided throughout the familiarization and transition step can be extended following the children's arrival in the family or the foster family.
3. **Consolidation:** This step is aimed at securing the psychosocial situation of the child in their country of citizenship. The consolidation process can take several months to allow for the ultimate objectives of rehabilitation and reintegration.

(b) Neuroplasticity

It is crucial for professionals to identify and appreciate the adaptation potential of child returnees in their country of citizenship and have a positive vision of the child's future, especially considering what is known about neuroplasticity. Neuroplasticity refers to the lifelong capacity of the brain to change and rewire itself in response to the stimulation of learning and experience. Therefore, the case manager should bear in mind, when writing the recommendations in the report, that any interventions that consolidate and preserve protective factors and strengths or allow the building of new strengths can alter positively the brain's organization at some level (see part one, chap. II.6). Moreover, the high level of neuroplasticity that characterizes puberty offers, for children at that stage of life, a "unique window of opportunity to influence positive and negative behavioural and developmental trajectories."¹¹³

(c) Recovery from trauma

The environment at the specialized psychosocial care centre as well as, later, at school and at home, should accommodate the symptoms of psychological trauma. Indeed, "evidence has demonstrated that children are equipped to recover from trauma and develop resilient coping strategies when the appropriate environment is created and maintained; building resilience through creating such an environment should be the key focus for any intervention strategy."¹¹⁴

(d) From identity transition to alternative identity

In some children, particularly child soldiers, it is important to work on identity transition to help the child acquire an alternative identity. Identity transition can be defined as "the process of disengaging from a central, behaviourally anchored identity while exploring new possible selves, and eventually, integrating an alternative identity."¹¹⁵ In addition, "working with the family unit on issues of identity will assist the process of transition for the child. Resilience should be recognized and fostered to support the child through a stage of transition regardless of what this resilience might look like; denial, minimizing, forgetting and glorifying their experiences are all coping strategies we would expect to see in child returnees. It is essential that front line workers understand these processes as normal rather than pathological and so continue engagement on this basis."¹¹⁶

7. Post-arrival assessment plan for Theo

Both Lina and Theo will be assessed with the child post-arrival assessment following the same methodology for both children. Theo's assessment is used in figure 10 to provide an example of an evaluation plan.

¹¹³ UNICEF, Office of Research-Innocenti, *The Adolescent Brain: A Second Window of Opportunity—A Compendium* (Florence, Italy, 2017).

¹¹⁴ Orla Lynch and Sharon Lambert, "RAN issue paper: child returnees from conflict zones" (Brussels, Radicalisation Awareness Network Centre of Excellence, November 2016).

¹¹⁵ Herminia Ibarra, *Identity Transitions: Possible Selves, Liminality and the Dynamics of Voluntary Career Change*, Institut Européen d'Administration des Affaires (European Institute of Business Administration) Working Paper Series, 2007/31/OB (April 2007).

¹¹⁶ Lynch and Lambert, "RAN issue paper".

TABLE 10. POST-ARRIVAL ASSESSMENT PLAN FOR THEO

Child's name:	Theo XYXYXYXY	Child's date of birth and age:	16/03/2005 and 17 and month(s)	Child's sex:	Male
Requester:	Paul XYXYXY Director of Child Protective Services Ministry of Social Affairs, Health and Care	Date of request:	09/05/2022	Deadline:	30/06/2022 (last week in psychosocial care centre)
Main question (main purpose of the assessment)	Identify psychosocial interventions to be considered for the rehabilitation and reintegration plans, including psychosocial programmes for Theo <i>What psychosocial interventions could be considered for the rehabilitation and reintegration plan for Theo, including psychosocial programmes?</i>				
Operational questions (operational purposes of the assessment)	<p>Facilitate cooperation across different administrative levels and agencies regarding the adaptation phase <i>How can professionals facilitate cooperation across different administrative levels and agencies regarding the adaptation phase?</i></p> <p>Know the physical state of health of the child as well as the care or interventions necessary for their physical well-being <i>What is the child's physical health status and what care/interventions are needed to promote their physical well-being?</i></p> <p>Know the psychological state of health of the child as well as the care or interventions necessary for their psychological well-being <i>What is the child's mental health status and what care/interventions are needed to promote their mental well-being?</i></p> <p>Promote the moral development of the child <i>How can the moral development of the child be promoted?</i></p> <p>Promote tolerance within the community and sustain positive and inclusive engagement with the community to create an environment that fosters successful reintegration <i>How can tolerance within the community be promoted to create an environment that fosters successful reintegration?</i></p> <p>Sustain positive engagement between the child and society <i>How an empathy be reinforced, social learning encouraged, a sense of belonging generated and an alternative identity offered to the child?</i></p> <p>Manage the underlying tensions that may emerge between child returnees and the broader society <i>How can Governments address and manage the underlying tensions that may emerge between child returnees and broader society?</i></p> <p>Involve the extended family in the reintegration of the child <i>How can the extended family be involved in the reintegration of the child?</i></p>				

<p>Operational questions (operational purposes of the assessment)</p>	<p>Establish a local team of professionals from various fields (youth care, education, social and mental health care, etc.) or a mobile national team to support the rehabilitation and reintegration programme for Lina and Theo</p> <p><i>What type of professionals from various fields (youth care, education, social and mental health care, etc.) should make up the team that will plan and implement the reintegration plan?</i></p> <p><i>Could a mobile national team be established to support the rehabilitation and reintegration programme for Lina and Theo? (Contact details for the professionals are required)</i></p> <p>Compensate for the lack of formal education</p> <p><i>What measures could compensate for the lack of formal education?</i></p> <p>Navigate relationships effectively within complex family arrangements</p> <p><i>How can relationships within complex family arrangements be navigated effectively (e.g. maintaining a strong relationship with the mother, who is incarcerated)?</i></p> <p>Explore extended family options, such as grandparents or uncle/aunt, to care for the child, and/or explore the foster family option</p> <p><i>Is it possible to place the child in the care of extended family members, and if not, is it possible to place them with a foster family?</i></p> <p>Encourage social learning in the child and a willingness to pursue prosocial interactions</p> <p><i>How can the child's social learning and willingness to pursue prosocial interactions be encouraged?</i></p> <p>Promote emotional intelligence and critical thinking in the child</p> <p><i>How can emotional intelligence and critical thinking be promoted in the child?</i></p> <p>Generate a sense of belonging in the child</p> <p><i>How can a sense of belonging be generated in the child?</i></p> <p>Offer an alternative identity to the child</p> <p><i>How can an alternative identity be offered to the child?</i></p>		
<p>Disability of child or parent/legal guardian:</p>	<p>Theo has a war wound in his left leg and can walk only on crutches</p>	<p>What does this mean in terms of adaptation for assessment?</p>	<p>Theo has great difficulty climbing stairs. It is therefore best to set up interviews and activities at locations on the ground floor or in a location with an elevator.</p>
<p>Cultural and logistical aspects (any cultural or logistical considerations that may affect on the child and parents/legal guardian's ability to be interviewed)</p>	<p>Language</p>	<p>Theo speaks Arabic and French</p>	
	<p>Religion</p>	<p>Theo's grandparents are Catholic. Theo's mother converted to Islam in 2016. When Theo was at the centre, he was very hesitant to answer the question as to his religion, saying "I don't know anymore".</p>	
	<p>Customs (holidays, clothing, greetings, typical rituals, settings)</p>	<p>Theo lived for the first 12 years of his life in his country of citizenship. According to the pre-repatriation brief field assessment report, the customs he is used to are the same as in his country of citizenship</p>	
	<p>Games and leisure</p>	<p>Theo loves to dance and to listen to music</p>	

TABLE 10. POST-ARRIVAL ASSESSMENT PLAN FOR THEO (CONTINUED)

	Food	According to the pre-repatriation brief field assessment report, Theo probably has food allergies, which should be medically investigated	
	Location	Psychosocial care centre	
Need for consent from parents/legal guardians	Yes, Ms. Audrey XYXYXY, mother, gave her consent	If yes, how?	Before repatriation, an official from the family's State of citizenship visited the camp to ask Theo's mother, Audrey, for her consent for the repatriation of her children with her. The consent involves the humanitarian operation as a whole as well as the integration of Theo and his sister, Lina, into the rehabilitation and reintegration programme upon their arrival in Europe (including the psychosocial assessment). By giving her consent for the repatriation, Audrey has also consented to the child assessment upon arrival for Theo.
Available psychosocial services	<p>Regional mental health centre Contact: Mr. XXXYYY Phone: + 574 5515161541 Email: xyxyxy@xyxyxy.xy</p> <p>L'Arbre Vert High School Contact: Ms. XXXYYY Phone: + 46 6466654585 Email: xyxyxy@xyxyxy.xy</p> <p>After-school help Contact: Ms. XXXYYY Phone: + 54 64644565 Email: xyxyxy@xyxyxy.xy</p> <p>Dentist Contact: Ms. XXXYYY Phone: + 898 5465541 Email: xyxyxy@xyxyxy.xy</p> <p>General practitioner Contact: Mr. XXXYYY Phone: + 898 5465541 Email: xyxyxy@xyxyxy.xy</p> <p>Dance club Contact: Mr. XXXYYY Phone: + 465 985244242 Email: xyxyxy@xyxyxy.xy</p> <p>Music club Contact: Mr. XXXYYY Phone: + 465 985244242 Email: xyxyxy@xyxyxy.xy</p>	Available legal and administrative services	<p>Police officer: Contact: Mr. XXXYYY Phone: + 56 5455665556 Email: xyxyxy@xyxyxy.xy</p> <p>Family's lawyer: Contact: Ms. XXXYYY Phone: + 48 6936781551 Email: xyxyxy@xyxyxy.xy</p> <p>Association for the Defense of Fundamental Rights of children: All Together Contact: Mr. XXXYYY Phone: + 96 2336597896 Email: xyxyxy@xyxyxy.xy</p> <p>Lawyers Without Borders Contact: Ms. XXXYYY Phone: + 98 6975931564 Email: xyxyxy@xyxyxy.xy</p> <p>UNHCR legal aid information Contact: Mr. XXXYYY Phone: + 12 368782136 Email: xyxyxy@xyxyxy.xy</p>

METHODOLOGY

Written records and how to access them:	<ul style="list-style-type: none"> • Child pre-repatriation brief field-assessment report • All documents collected during the brief field assessment 	Tools for collecting the records:	The child pre-repatriation brief field assessment report and all documents collected during the assessment will be shared via an appropriate handover template and protocol upon Theo's arrival in the country of citizenship.
Information directly from professionals:	<p>Assessments performed during the month at the psychosocial centre:</p> <p>Medical check-up conclusion and recommendations Contact: Mr. XXX YYY Phone: + 465 985244242 Email: xyxyxy@xyxyxy.xy</p> <p>Mental health assessment report Contact: Ms. XXX YYY Phone: + 54 64644565 Email: xyxyxy@xyxyxy.xy</p> <p>School evaluation report Contact: Ms. XXX YYY Phone: + 46 6466654585 Email: xyxyxy@xyxyxy.xy</p> <p>Social-worker assessment Contact: Mr. XXX YYY Phone: + 56 5455665556 Email: xyxyxy@xyxyxy.xy</p> <p>If any, the diversion plan for Theo</p> <p>Juvenile judge: Contact: Ms. XXX YYY Phone: + 46 6466654585 Email: xyxyxy@xyxyxy.xy</p>	Tools for collecting information from professionals:	<p>The assessment report is part of the protocol of the child post-arrival assessment and will be automatically shared by professionals with the case manager</p> <p>In accordance with the protocol, the juvenile judge automatically provides the diversion plan, if any, to the case manager</p>
How many interview sessions for the child?	The case manager will meet with the child at a minimum of twice per month	Tools for collecting information from the child:	<ul style="list-style-type: none"> • Checklist for children
How many interview sessions for the parents/legal guardian?	The case manager will meet with the parents/legal guardian at a minimum of twice per month. Ideally, the case manager will meet both the mother and the grandparents.	Tools for collecting information from the parents/legal guardian:	<ul style="list-style-type: none"> • Checklists for parents/legal guardians or caregivers
Tools for categorizing/analysing information collected:	<ul style="list-style-type: none"> • Mapping of psychosocial facilities • Mapping of psychosocial programmes • Protective factors and strengths checklist • Vulnerabilities checklist • Report template 		

8. Information collected during Theo’s child post-arrival assessment

Both Lina and Theo will undergo a child post-arrival assessment, following same methodology for both children. Theo’s assessment is provided in table 11 to demonstrate the psychosocial components in the context of the ecological framework template.

TABLE 11. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK

ECOLOGICAL FRAMEWORK	CHILD LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Theo was shocked by the circumstances of the death of his sister’s father but does not suffer from his absence because he was not attached to him. He explains that he did not like him because he was not nice to him and his mother; and that in the end he hardly knew him. • Theo expressed that he has dreams for his future and imagines a beautiful and simple life • Theo is able to express his emotions • He has a good orientation regarding time, space and person • His short-term and long-term memory seem to be adequate <hr/> <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Theo has nightmares several times per week • He has flashbacks when talking about the traumatic events he has experienced • He has difficulty concentrating • He has expressed an overwhelming sense of sadness • The mental health practitioner has diagnosed post-traumatic stress disorder (PTSD) • He has explained the source of his nightmares as the experience of having twice been put on the front line during armed combat and the fact that he is one of the only survivors 	ULTIMATE GOAL: FOSTER THEO’S REHABILITATION AND REINTEGRATION
		Physical health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • The war wound in his leg is operable and the doctor thinks that he might be able to play sports as well as take dance lessons about three months after surgery • He has no vision problems • He has no hearing problems <hr/> <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Theo has successfully been cured of tuberculosis, but he suffered lung damage and the doctor does not know yet if the damage is permanent • He has dental problems, including several serious cavities • He has deficiencies in B vitamins and iron 	

ECOLOGICAL FRAMEWORK	FAMILY, PEER AND COMMUNITY LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> Theo is very happy to see his grandparents and his sister again He is happy to be able to see his mother during prison visits and understands why she is incarcerated <p>Vulnerabilities</p> <ul style="list-style-type: none"> Theo feels a little out of step with adolescents his own age and has lost confidence in himself regarding social interactions with them 	ULTIMATE GOAL: FOSTER THEO'S REHABILITATION AND REINTEGRATION
		Physical health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> The grandparents are available to accompany him to appointments, such as to the dentist and surgery <p>Vulnerabilities</p> <ul style="list-style-type: none"> For the moment, because of his leg injury, it is difficult for Theo to move around, as he tires quickly walking with crutches. As a result, he cannot participate in many activities with young people his age, which has a negative effect on his social life. 	
		Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> The grandparents have prepared their house to welcome Theo along with his sister, and have taken into account his leg wound. They are very happy to have their grandchildren at home. Uncles, aunts and cousins prepared a welcome party for Theo and his sister upon their release from the psychosocial care centre <p>Vulnerabilities</p> <ul style="list-style-type: none"> The grandparents do not know how to announce to their neighbours that Theo will be living with them and are afraid of the stigma The grandparents do not have much money and will have difficulty paying for extracurricular activities, such as dance lessons Theo has fallen behind in school 	
	SYSTEMIC LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> Full support for Theo's mental health will be provided throughout the rehabilitation plan, which lasts for three years There is a mental health facility with the capacity to treat PTSD near the village in which he will live <p>Vulnerabilities</p> <ul style="list-style-type: none"> No information on vulnerabilities has been collected at this level 	
		Physical health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> Theo's medical care is fully covered for three years Theo's leg surgery and the medical follow-up are fully covered for three years <p>Vulnerabilities</p> <ul style="list-style-type: none"> No information on vulnerabilities has been collected at the systemic level 	
		Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> A diversion programme was included in Theo's rehabilitation and reintegration programme <p>Vulnerabilities</p> <ul style="list-style-type: none"> The school that Theo will attend does not have adaptation classes As Theo's mother is incarcerated, it is difficult for her to join the parenting programme 	

9. Resilience-focused recommendations for Theo

Theo’s child-post arrival assessment is presented in table 12 to provide an example of resilience-focused recommendations at the three ecological levels.

TABLE 12. RESILIENCE-FOCUSED RECOMMENDATIONS AT THE THREE ECOLOGICAL LEVELS

THREE ECOLOGICAL LEVELS	CONSOLIDATE AND PRESERVE PROTECTIVE FACTORS AND STRENGTHS	ADDRESS VULNERABILITIES BY BUILDING NEW STRENGTHS AND PROTECTIVE FACTORS
CHILD LEVEL	<ul style="list-style-type: none"> • The fact that Theo likes to dance and sing could be part of his alternative identity (to rebuild himself as an artist) • Support Theo in the realization of his dreams • Encourage Theo to continue sharing his emotions 	<ul style="list-style-type: none"> • Work on self-confidence and self-esteem • Psychological support sessions, including psychotherapy to treat PTSD • A wheelchair will be rented for Theo so that he gets less tired when he moves around • Work on emotional intelligence, especially on social awareness and relationship management • Work on critical thinking • Surgery for his leg should be planned • Dentist appointments should be planned • Monitor his physical health regarding his lungs
FAMILY, PEER, AND COMMUNITY LEVEL	<ul style="list-style-type: none"> • Theo and Lina should live in the same place for now because they greatly support one another • Their grandparents become their caregivers, and they go to live with them • Maintaining the link with the mother is important 	<ul style="list-style-type: none"> • Theo needs several sessions of familiarization for his social activities. The grandparents should be trained to provide the sessions. • For the time being, Theo needs to be accompanied to and from school • For the time being, Theo needs to be accompanied to and from activities • When Theo starts to make friends, it is recommended that the grandparents invite them to their home
SYSTEMIC LEVEL	<ul style="list-style-type: none"> • The case manager monitors the smooth running of the rehabilitation and reintegration plan, first after Theo has lived with his grandparents for one month, then three months later and, if everything is going well, every six months. The monitoring can be an opportunity to adjust the programmes, if necessary. 	<ul style="list-style-type: none"> • Adjust the parenting programme so that the mother can participate from prison



PSYCHOSOCIAL HANDOVER BRIEF ASSESSMENT

I. Context

Over the past several years, armed groups, including those designated as terrorist groups, have used children as strategic pawns in their terror tactics in the Lake Chad basin region. Such groups have abducted, recruited and exploited thousands of children since attacks began in the region in 2009. Some boys have been forced to attack their own families and girls have been killed when forced to carry out roles as fighters and suicide bombers, in addition to being subjected to forced marriages and sexual violence.¹¹⁷

The intensity of the conflict in the Lake Chad basin region has led to the involvement of the military forces of multiple countries. In such instances, some children are apprehended by military forces during hostilities or when they exit the armed groups, or they are received by military forces and other authorities in the context of release and demobilization schemes. Many children ended up being detained. The involvement of military forces in the operations that lead to the apprehension of children along with other alleged members of armed groups, the demobilization schemes and the detention of children for their alleged association with armed groups in the region have sparked negotiations for the development of handover protocols.¹¹⁸

¹¹⁷ United Nations Office on Drugs and Crime (UNODC), Nigeria, "UNODC steps up effort to protect child victims and witnesses in terrorism-related proceedings in Nigeria", 2 February 2022.

¹¹⁸ Watchlist on Children and Armed Conflict and Alliance for Child Protection in Humanitarian Action, *Operational Guidance: Negotiating and Implementing Handover Protocols the Transfer of Children Associated with Armed Forces and Armed Groups* (New York, 2022).

Handover protocols are political agreements aimed at facilitating the transfer of children to civilian actors, thereby supporting their access to rehabilitation and reintegration services. Such handover protocols often result in preventing or curtailing the detention of children. However, in such contexts, it is often not clear which laws, procedures and institutions should apply in dealing with such children, and professionals are uncertain as to the appropriate interaction among various legal regimes (i.e. relating to counter-terrorism, humanitarian action or human rights). "In some cases, it is conceivable that a handover protocol might not be in line with a State's counter-terrorism laws, requiring the government to amend these laws before negotiations can proceed."¹¹⁹

2. Abeo's story

Abeo is a 16-year-old boy. Abeo lived with his mother, father and five brothers and sisters in the Lake Chad basin region. In 2017, a terrorist organization killed Abeo's father in front of him. One year later, when he was 12 years old, Abeo joined that same terrorist organization to escape poverty. His mother encouraged him to join, as she thought that it would be the only realistic way for her son to survive.

During his nearly two years with the insurgents, Abeo was forced to cook, clean and fetch water for the soldiers. His daily life was consumed with the study of the Qur'an, and at night he had to keep watch for the approaching army. He remembers hearing children crying every night while the leaders slept.



Abeo remembers that the worst thing about life with the terrorist group was when they kidnapped people from the villages, armed them and forced them to fight. Abeo was brutalized and forced to commit atrocities on kidnapping victims. Abeo explains that the terrorist group killed children in front of him who attempted to escape from captivity. Sometimes Abeo was able to return home to visit his mother, but if he stayed too long, villagers would chase him back to the forest or the armed group would come looking for him.

One day, the insurgents were attacked by an army. Somehow in the chaos, Abeo escaped. Adrenaline and chance carried him to a group of soldiers from his country of nationality. Since then, he has been in another kind of prison. He is being held in detention for alleged association with armed groups. Every day he prays to leave. He is allowed no outside contact. He misses his mother. Sometimes he thinks: Why did I escape from the terrorists for this?



Six-hundred nights. Abeo counts each one as he lies on the ground, crammed between strangers, chasing away mosquitoes in a room that stinks of feces. When he was 10 years old, Abeo dreamed of becoming a fisherman. Now, he would like to become a nurse.

A handover protocol¹²⁰ has been adopted to ensure that children victimized by such groups receive the support and services they need. The protocol has been signed by the Government to hand children over from military custody to civilian child protection actors to support their reintegration into society.

¹¹⁹ Janine Morna, "A path to reintegration: the role of handover protocols in protecting the rights of children formerly associated with armed forces or armed groups" (New York, Watchlist on Children and Armed Conflict, 2020).

¹²⁰ UNICEF, "UNICEF calls for end to recruitment and use of child soldiers", press release, 14 February 2022.

The handover protocol recognizes that all children who have been associated with such groups are victims of recruitment and other crimes perpetrated by terrorist groups and as such are entitled to receive support for rehabilitation and reintegration. According to the handover protocol, only those who have participated in serious offences will go through an accountability process. Such children will not be prosecuted, but rather will take part in a child-sensitive restorative justice programme designed to repair the harm they caused and involving the community to foster the process of rehabilitation and reintegration.

Abeo is transferred to civilian actors in the context of the implementation of the handover protocol. After his transfer, Abeo's situation, together with that of the other children who have exited the group, is investigated by law enforcement officials to understand his level of involvement in terrorist activities and to determine whether he should take part in a restorative justice programme.

Investigations cannot occur when children are deprived of their liberty and should take place only after the transfer to civilian actors. Following the transfer and the investigation, it could be decided that Abeo take part in a restorative justice programme. In Abeo's case, the programme could be focused on two components: community service and community conferences.¹²¹

To prepare the application for the handover protocol, a psychosocial professional conducts a psychosocial handover brief assessment to tailor the first stage of support during the rehabilitation and reintegration programme. This includes family tracing and reunification services, medical, educational and psychological recovery services, psychosocial supervision, skills support and training and vocational training. The psychosocial handover brief assessment is part of a detailed operation plan that guides the implementation of the protocol and outlines roles and responsibilities and the steps to be taken during the handover.¹²²



Abeo's rehabilitation and reintegration involves the civilian authorities, which may include relevant government ministries, and/or the United Nations and its partners. The brief assessment will serve as the basis for the comprehensive assessment, which be carried out by a case manager after Abeo's release.

¹²¹ UNODC, *Handbook on Restorative Justice Programmes*, 2nd ed., Criminal Justice Handbook Series (Vienna, 2020).

¹²² Morna, "A path to reintegration".

3. Establishing the context of adversity: high-risk environments

Following the model of resilience-based assessment, the first step in preparing the psychosocial handover brief assessment for Abeo is to establish the context of adversity. This means identifying the circumstances that place children in a high-risk environment and the negative outcomes that may result for the overall objectives of rehabilitation and reintegration.

TABLE 13. ESTABLISHING THE MAIN CONTEXT OF ADVERSITY AND NEGATIVE OUTCOMES FOR ABEO

MAIN CONTEXT OF ADVERSITY (RISK ENVIRONMENT)	MAIN RISK (MAIN NEGATIVE OUTCOME FOR THE CHILD)
The context of the transfer to the civilian actors	The transfer to civilian authorities, which may include relevant government ministries and/or the United Nations and its partners, could lead to an unsuccessful rehabilitation and reintegration

TABLE 14. ESTABLISHING THE SUBCONTEXTS OF ADVERSITY AND NEGATIVE OPERATIONAL OUTCOMES FOR ABEO

SUBCONTEXTS OF ADVERSITY (RISK ENVIRONMENT)	SUBRISKS (NEGATIVE OPERATIONAL OUTCOMES FOR THE CHILD)
<ul style="list-style-type: none"> • Context of insecurity in the region • Level of poverty in the region • People will face food insecurity across the region between June and August 2022 • Lack of accessible, reliable and safe drinking water in the region • Lack of access to school in the region (due to insecurity or the simple lack of access to free schooling) • Abeo’s mother is widowed, poor and has to feed six children • The community knows that Abeo has been associated with a terrorist group for two years • Abeo must live with the fact that he witnessed horrible crime scenes and was forced to participate in some of them 	<p>If not handled properly, this process may lead to secondary victimization</p> <p>Regarding rehabilitation:</p> <ul style="list-style-type: none"> • The mental health impact of Abeo’s association with the terrorist group for two years and subsequent incarceration by the military for two years is not treated (e.g. identity issues, difficulty in managing emotions, PTSD). • The transfer itself may foster stress and uncertainty in Abeo • The physical health impact of association with the terrorist group and incarceration by the military is not treated (e.g. wounds to both hands, major skin diseases) <p>Regarding reintegration:</p> <ul style="list-style-type: none"> • The mother no longer wishes to have Abeo live at home • The family does not have the financial resources to welcome Abeo • Abeo cannot go to school • Abeo cannot obtain vocational training • The community does not want Abeo to return • Abeo does not find friends in his community • Abeo can be exposed to retaliation and stigma by the community • Abeo’s has difficulty trusting national authorities • Abeo could be recruited again by terrorist groups

4. Defining the positive outcomes of the psychosocial handover brief assessment

(a) The purpose of assessment is to avoid excluding any children from handover protocols

Handover protocols are applicable to all children who have been associated with terrorist groups. No child should be excluded from handover protocols because of age, gender or function in the terrorist group. This means that the individual assessment is not aimed at verifying eligibility to enter the handover protocol scheme. In addition, the assessor should not focus on the probability of a negative outcome if nothing is done to support the child when released. Rather, the assessor should focus on how to achieve positive outcomes despite the child's level of involvement in the terrorist group and the context of adversity.

There is sometimes confusion between seeking information concerning the child's involvement in the terrorist group and collecting information in the framework of a psychosocial assessment. Investigation concerning the child's involvement in the terrorist group is the purview of law enforcement and investigative bodies, which will need to coordinate with the professionals who are providing rehabilitation services and psychosocial support to Abeo. The assessor who works in the context of the psychosocial assessment will focus on preparing the first phase of the handover (family tracing, psychological support, community-based skills-building, individually appropriate education or income-generating opportunities).

(b) Defining the main positive outcome/main purpose

As explained in part two, chapter I, the main purpose and the operational purpose(s) can be formulated with a main question and operational question(s). They make explicit what the assessment process should be aimed at achieving.

In the situation of the child handover brief assessment, the main purpose and main question of Abeo's assessment could be formulated as follows:

- **Main purpose:** Facilitate Abeo's transfer to the civilian authorities (which may include appropriate government ministries, and/or the United Nations and its partners)
- **Main question:** What should be put in place to prepare for Abeo's transfer to civilian authorities and to preserve or even improve his psychosocial well-being during the transfer?

(c) Defining the positive operational outcomes/operational purposes

Identifying operational purposes can help the assessor to clarify the various elements that need to be in place for the main purpose to be met. This step is crucial for guiding the development of tailored, practical and realistic recommendations and conclusions in the assessment report for Abeo. The operational purposes in the context of the handover protocol are identified in the table 15.

TABLE 15. DEFINING THE OPERATIONAL PURPOSES AND POSITIVE OPERATIONAL OUTCOMES

DEFINE THE OPERATIONAL PURPOSES/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE DEVELOPMENT OF RECOMMENDATIONS
<ul style="list-style-type: none"> Facilitate cooperation across the different administrative levels and agencies during the handover 	<ul style="list-style-type: none"> How can professionals facilitate cooperation across the different administrative levels and agencies during the handover?
<ul style="list-style-type: none"> Possess general information regarding the status of the child's physical health Screen for physical health emergencies 	<ul style="list-style-type: none"> What is the general status of the child's physical health? Is there an urgent intervention to plan regarding physical health?
<ul style="list-style-type: none"> Facilitate physical-recovery services, especially for emergencies 	<ul style="list-style-type: none"> Are any emergency services necessary to facilitate the child's physical recovery?
<ul style="list-style-type: none"> Possess general information regarding the status of the child's mental health Screen for mental health emergencies 	<ul style="list-style-type: none"> What is the child's general mental health status? Is there an urgent intervention to plan regarding mental health?
<ul style="list-style-type: none"> Facilitate psychological recovery services, especially for emergencies 	<ul style="list-style-type: none"> Are any emergency services necessary to facilitate psychological recovery?
<ul style="list-style-type: none"> Facilitate family tracing and reunification services 	<ul style="list-style-type: none"> How can family tracing and reunification services be facilitated?
<ul style="list-style-type: none"> Obtain an initial understanding of Abeo's need for psychosocial supervision 	<ul style="list-style-type: none"> What does Abeo need in terms of psychosocial supervision?
<ul style="list-style-type: none"> Understand the aptitude and willingness of the family to welcome Abeo at home 	<ul style="list-style-type: none"> How can the empathy of the family be reinforced? How can social learning be encouraged in Abeo? How can a sense of belonging be generated and an alternative identity for Abeo be offered?
<ul style="list-style-type: none"> Facilitate accommodation for Abeo in case his family cannot accommodate him in their home 	<ul style="list-style-type: none"> Where and with whom will Abeo live?
<ul style="list-style-type: none"> Identify the primary caregivers for Abeo 	<ul style="list-style-type: none"> Who will Abeo's primary caregivers be?
<ul style="list-style-type: none"> Understand the potential next step regarding education services and/or vocational training 	<ul style="list-style-type: none"> What could be the next step regarding education services and/or vocational training?
<ul style="list-style-type: none"> Establish an initial local team of professionals from various fields (e.g. youth care, education, social and mental health care) or a mobile national team to support the rehabilitation and reintegration programme for Abeo 	<ul style="list-style-type: none"> What is the composition of the local team of professionals from various fields (e.g. youth care, education, social and mental health care) needed for the development of the reintegration programme and its implementation?
	<ul style="list-style-type: none"> Could a mobile national team be established to support the programme? (Contact details of professionals are required)

5. Identifying a professional to conduct the child handover brief assessment

In the context of the transfer of children from military custody to child protection actors for appropriate support services, a mental health professional has the overall responsibility for the child handover brief assessment. That professional should be qualified and trained to assess any emergencies regarding Abeo's mental health (e.g. suicidal ideation) in order to recommend the appropriate psychiatric emergency support, if necessary. As part of the assessment, a general practitioner will carry out a brief medical check-up. The conclusions of the general practitioner will be integrated into the child handover brief assessment report.

In other words, a multidisciplinary team composed of a mental health professional and a general practitioner will meet separately with the child for the child handover brief assessment, under the lead of the mental health professional, who will conduct the psychosocial portion of the assessment.

6. Practical guidance to preparing Abeo's child handover brief assessment plan

(a) Reinforce secure attachment

A child's caregivers through all their life experiences are the adults around them, and they play a key role in influencing the child's development from birth through adolescence. Whether or not a child develops attachment security depends upon the behaviour of the adult caregivers. Attachment security is a priority need during childhood and adolescence. "Attachment security refers to the individual's capacity to seek comfort from a meaningful figure when in distress and, once soothed, to become available to explore the environment and acquire new learning experiences."¹²³ Securely attached children feel protected and know that they have someone to rely upon. In a situation such as that of Abeo, it is easy to see how attachment has been disrupted multiple times.

In Abeo's case, his mother, who was his main attachment figure, participated to some extent in fostering his association with the terrorist group. This runs contrary to his need for care and understanding. During association with a terrorist group, a child often come to rely upon the adult members of the group who surround them. While such adults may at times provide care and affection, they are also responsible for inflicting violence and putting the life of the child in danger. In addition, by the time they are apprehended by the military, a child may have developed a distrust of adults in general and of authorities in particular.

Insecure attachment develops if a child feels that their needs are not met. In the case of a child associated with a terrorist group, the adults who were supposed to fulfill the child's need for physical and psychological safety did not do so, resulting in the child's inability to build a secure bond with caregivers, regardless of the child's degree of involvement in terrorist activities. For adolescents, attachment insecurity increases their susceptibility to developing psychological problems¹²⁴ and can have profoundly negative effects on their cognitive, social and emotional functioning.

"Although few attachment studies have been conducted with adolescents, this theory [of attachment] offers relevant paths for guiding intervention strategies with this population".¹²⁵ Therefore, during the

¹²³ Nancy S. Weinfield and others, "Individual differences in infant-caregiver attachment: conceptual and empirical aspects of security", in *Handbook of Attachment: Theory, Research, and Clinical Applications*, 2nd ed., Jude Cassidy and Phillip R. Shaver, eds. (New York, Guilford Press, 2008).

¹²⁴ Grace Nduku Wambua and others, "The role of attachment relationship in adolescents' problem behavior development: a cross-sectional study of Kenyan adolescents in Nairobi city", *Child and Adolescent Psychiatry and Mental Health*, vol. 12, art. No. 27 (2018).

¹²⁵ Karine Dubois-Comtois and others, "Attachment theory in clinical work with adolescents", *Journal of Child and Adolescent Behavior*, vol. 1, No. 3 (October 2013).

psychosocial assessment, the assessor should try to identify an important figure in Abeo's environment with whom he could reinforce or develop a secure attachment.

That objective should guide the assessor in trying to answer the following three questions:

- Where will Abeo live?
- With whom will Abeo live?
- Who will Abeo's primary caregivers be?

When adolescents believe that they have a significant person around them who is consistently available to meet their needs, they feel less lonely and isolated, allowing them to use their strengths to develop healthier interactions with others.¹²⁶ "Secure attachment is associated with less engagement in high-risk behaviors, fewer mental health problems, and enhanced social skills and coping strategies".¹²⁷

(b) Child moral development in the context of the handover protocol

It is important to acknowledge that morals are not immutable; they change over time and are dependent upon location. The process of moral development is established on the basis of standards of right and wrong within a child's society and defined according to social and cultural norms and laws. At an ecological level, this means that the support and responses provided by the family, the community and the system are usually aligned with what is considered as moral or immoral in the specific society.

The present manual is not focused on any moral consequences for the child owing to their active participation in terrorist activity since, as research shows,¹²⁸ engagement with armed groups is not a predictor of the development of moral ambiguity in children. Instead, it is important to emphasize the importance of care and justice as responses and of support at the family, community and systemic levels for the healthy moral development of the child who has actively participated in terrorist activities. It is now widely recognized that two orientations are conducive to moral development: one that emphasizes the justice response (fairness and accountability)¹²⁹ and another that focuses on psychosocial care (health, welfare and interest for and protection of the child).¹³⁰ Therefore, the psychosocial handover brief assessment should focus on both justice responses and care responses.

(i) Justice response

Following international law, children are considered primarily to be victims in the context of association with terrorist groups (see part one, chap. I). Therefore, the prosecution of their perpetrators (adults who hired them or facilitated their association) is coherent with moral principles endorsed by a number of nations. Accountability for perpetrators of recruitment and other crimes against children is instrumental to showing the child that "justice is being done" and that governmental responses are coherent with moral principles.

In certain circumstances, accountability can also contribute positively to the moral development of the child. For that to be true, however, punitive approaches (retribution) should be excluded, with the focus instead on restorative approaches (reparation). Accountability measures should never be aimed at inflicting psychological or physical suffering on the child (e.g. through the deprivation of liberty or

¹²⁶Katherine E. Bostik and Robin D. Overall, "Healing from suicide: adolescent perceptions of attachment relationships", *British Journal of Guidance and Counselling*, vol. 35, No. 1 (February 2007), pp. 79–96.

¹²⁷Marlene M. Moretti and Maya Peled, "Adolescent-parent attachment: bonds that support healthy development", *Paediatrics & Child Health*, vol. 9, No. 8 (October 2004), pp. 551–555.

¹²⁸Jo Boyden, "The moral development of child soldiers: what do adults have to fear? *Peace and Conflict: Journal of Peace Psychology*, vol. 9, No. 4, (2003), pp. 343–362.

¹²⁹Lawrence Kohlberg and others, *Moral Stages: A Current Formulation and a Response to Critics* (Basel, Karger, 1983).

¹³⁰Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Massachusetts, Harvard University Press, 1982).

physical mistreatment), but at addressing the harm caused by the child, hence reinforcing the distinction between right and wrong. Such measures are aimed at repairing the bond between the child and the victims, providing a path to reintegration.

Accordingly, when necessary and appropriate, accountability may be pursued through justice responses that:

- Fulfill all child rights in the context of justice processes, meaning that they fully adhere to juvenile justice standards
- Recognize the impact of recruitment and coercion on the child's acts
- Are aimed at helping the child to understand the harm that they have caused and determining what actions they can take to show accountability towards the victims of their actions and towards society. This means that juvenile justice responses should bear some relationship to the child's specific involvement in criminal activities; for example, if the child participated in the destruction of a school, they can participate in the renovation of the school

Since it is not the purpose of the psychosocial handover brief assessment to investigate the level and type of involvement of a child in terrorist activities, the assessment report will not address questions about the child's legal status within the group and the level and type of their involvement to determine if they should be the beneficiary of a juvenile justice response through a restorative justice programme. It is the job of the investigators to determine the child's status and level and type of involvement.

Some children who have actively participated in hostilities spontaneously express the wish to repair the damage they have contributed to inflicting to society and the psychological and physical injuries perpetrated on the victims. Some of these children, during psychosocial interviews, could express "a desire to become teachers, priests, or doctors, a desire to help others as a way of making amends".¹³¹ In such a case, the assessor should listen carefully to the child and include their wishes and dreams for the future in the psychosocial handover brief assessment report, including when they relate to a way of making amends.

(ii) Psychosocial care

Some theories explain that psychosocial care given by adults (both women and men) is important for the development of moral mechanisms in children (both girls and boys) and can be seen as a universal factor underlying moral judgment.¹³² In this view, emphasizing specific psychosocial care in the recommendations of the psychosocial handover brief assessment report could also support the child's moral development.

Following this reasoning, children need to feel that essential adults care about them and will provide appropriate psychosocial care. Assessing who such caregivers will be for the child is an important part of the psychosocial handover brief assessment.

(c) From accountability to reintegration¹³³

For the successful reintegration of children associated with terrorist groups, a framework in which children and terrorist-affected people are respected and listened to should be developed. The framework

¹³¹ Boyden, "The moral development of child soldiers".

¹³² Aner Govrin, "From ethics of care to psychology of care: reconnecting ethics of care to contemporary moral psychology", *Frontiers in Psychology*, vol. 5, art. 1135 (October 2014).

¹³³ Jean Chrysostome K. Kiyala, "Accountability and reintegration of child soldiers via Baraza", in *Child Soldiers and Restorative Justice: Participatory Action Research in the Eastern Democratic Republic of Congo* (Cham, Switzerland, Springer International Publishing, 2018).

should include measures for the robust protection of children as well as accountability measures.¹³⁴ Implementing the Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (the Paris Principles) does not mean deprioritizing or dismissing the experiences of people affected by terrorist activities committed by children formerly associated with terrorist groups,¹³⁵ but rather to consider children primarily as victims and to focus on their reintegration. Accountability is an important aspect of the reintegration process and cannot be ignored. Accountability is completely different from punishment, which is why the distinction between the two terms should be clearly established when developing the framework for the handover protocol and the transitional justice mechanism.

“Acknowledging the crimes that children have suffered and the offences children may have committed can promote their best interests. To this end, UNICEF advocates for governments to ensure that any judicial proceedings involving children formerly associated with armed forces and armed groups are conducted within a framework of restorative justice that supports children’s physical, psychological, and social rehabilitation.”¹³⁶

With regard to accountability, the choice for the transitional justice mechanism, through restorative juvenile justice and/or traditional mechanisms, must take into account two crucial aspects:

- Delivering a sense of justice by dealing “with issues of accountability in a way that answers the needs of both the community and the anxieties of the children involved”¹³⁷
- Taking into account the psychological and physical well-being of the child in any reparation programmes or community rituals¹³⁸

Although the accountability aspect is not the purpose or a operational purpose of the psychosocial handover brief assessment, it is important to align the restorative programme with the psychosocial recommendations included in the report. In other words, despite the fact that the recommendations in the assessment should not be related to a transitional justice mechanism, the justice response should be coherent with the psychosocial interventions recommended in the report.

For example, if Abeo is enrolled in a school in his village following the recommendations of the psychosocial handover brief assessment report, it does not make sense for the justice response to require Abeo to perform community service in a different village during the school day.

The coherence between the handover to civil society and the juvenile justice response is primary for efficient reintegration. The processes are not mutually exclusive; they are complementary.

7. Assessment plan for Abeo

In the context of the handover protocol, Abeo will be assessed using the psychosocial handover brief-assessment. Abeo’s assessment plan is shown as an example in table 16. The assessment plan is a living document that must be updated regularly.

¹³⁴ Stuart Casey-Maslen, “Children associated with Boko Haram: disassociation, protection, accountability and reintegration”, in *Research Handbook on Child Soldiers*, Mark A. Drumbl and Jastine C. Barrett, eds. (Cheltenham, United Kingdom of Great Britain and Northern Ireland, Edward Elgar Publishing, 2019).

¹³⁵ Grace Akello, “Child agency and resistance to discourses within the Paris Principles in rehabilitation and reintegration processes of former child soldiers in northern Uganda”, in *Research Handbook on Child Soldiers*, Mark A. Drumbl and Jastine C. Barrett, eds. (Cheltenham, United Kingdom, Edward Elgar Publishing, 2019).

¹³⁶ UNICEF, “Ending the recruitment and use of children in armed conflict” (2015), p. 9.

¹³⁷ Grace Akello, Annemiek Richters and Ria Reis, “Reintegration of former child soldiers in northern Uganda: coming to terms with children’s agency and accountability”, *Intervention*, vol. 4, No. 3 (2006), pp. 229–243.

¹³⁸ Mark A. Drumbl and Jastine C. Barrett, eds., “Introduction to the *Research Handbook on Child Soldiers*”, in *Research Handbook on Child Soldiers* (Cheltenham, United Kingdom; Northampton, Massachusetts, 2019).

TABLE 16. PSYCHOSOCIAL HANDOVER BRIEF ASSESSMENT PLAN FOR ABEO

Child's name:	Abeo XYXYXYXY	Child's date of birth and age:	15/04/2006 16 years and 3 month(s)	Child's sex:	Male
Requester:	Rosemary XYXYXY Director of the civilian child protection agency	Date of request:	20/06/2022	Deadline:	20/07/2022
Main question (main purpose of the assessment)	Facilitate Abeo's transfer to the civilian authorities (which may include relevant government ministries, and/or the United Nations and its partners) <i>What should be put in place to prepare for Abeo's transfer to civilian authorities and to preserve or even improve his psychosocial well-being during the transfer?</i>				
Operational questions (operational purposes of the assessment)	<p>Facilitate cooperation across different administrative levels and agencies during the handover <i>How can professionals facilitate cooperation across different administrative levels and agencies during the handover?</i></p> <p>Possess general information regarding the state of physical health of the child and screen for emergencies <i>What is the child's general physical health status? Is an urgent intervention needed regarding physical health?</i></p> <p>Facilitate physical recovery services, especially emergency services <i>Are any emergency services available to facilitate physical recovery?</i></p> <p>Possess general information regarding state of mental health of the child and screen for emergencies <i>What is the child's general mental health status? Is an urgent intervention needed regarding mental health?</i></p> <p>Facilitate psychological recovery services, especially emergency services <i>Are any emergency services available to facilitate physical recovery?</i></p> <p>Facilitate family tracing and reunification services <i>How can family tracing and reunification services be facilitated?</i></p> <p>Possess an initial understanding of Abeo's need for psychosocial supervision <i>What does Abeo need in terms of psychosocial supervision?</i></p> <p>Understand the aptitude and willingness of the family to welcome Abeo home <i>How can empathy be reinforced, social learning encouraged and a sense of belonging and an alternative identity be offered to Abeo?</i></p> <p>Facilitate accommodation for Abeo in case his family cannot accommodate him in their home <i>Where and with whom will Abeo live?</i></p> <p>Identify the primary caregivers for Abeo <i>Who will Abeo's primary caregivers be?</i></p> <p>Determine the next step regarding educational services and/or vocational training <i>What could be the next step regarding educational services and/or vocational training?</i></p>				

TABLE 16. PSYCHOSOCIAL HANDOVER BRIEF ASSESSMENT PLAN FOR ABEO (CONTINUED)

Operational questions (operational purposes of the assessment)	<p>Establish an initial local team of professionals from various fields (e.g. youth care, education, social and mental health care) or a mobile national team to support the rehabilitation and reintegration programme for Abeo</p> <p><i>What is the composition of the local team of professionals from various fields (e.g. youth care, education, social and mental health care) needed for planning and implementing Abeo's reintegration?</i></p> <p><i>Could a mobile national team be established to support Abeo's rehabilitation and reintegration programme? (Contact details of professionals are required)</i></p>		
Disability of child or parent/legal guardian:	No information	What does this mean in terms of adaptation for assessment?	Abeo has great difficulty climbing stairs, which means it is best to set up interviews and activities at locations on the ground floor or where there is an elevator.
Cultural and logistical aspects (any cultural or logistical considerations that may affect on the child and parents/legal guardian's ability to be interviewed)	Language	<ul style="list-style-type: none"> • Abeo speaks Kanuri (mother tongue) • Abeo understands Hausa • Need a Kanuri interpreter. 	
	Religion	Muslim	
	Customs (holidays, clothing, greetings, typical rituals, settings)	This part needs to be updated after discussion with the interpreter	
	Games and leisure	No information yet	
	Food	No information yet	
	Location	<ul style="list-style-type: none"> • The detention facility • A dedicated room should be prepared for the interviews 	
Need for consent from parents/legal guardians	No need for consent in the context of the handover protocol	If yes, how?	
Available psychosocial services	<p>Government agencies:</p> <p>State Ministry of Health Contact: Mr. XXXYYY Phone: + 56 5455665556 / Email: xyxyxy@xyxyxy.xy</p> <p>State Ministry of Social Development Contact: Ms. XXXYYY Phone: + 48 6936781551 / Email: xyxyxy@xyxyxy.xy</p>	Available legal and administrative services	<p>Military custody focal point Contact: Mr. XXXYYY Phone: + 56 5455665556 Email: xyxyxy@xyxyxy.xy</p> <p>Access to Justice for Children Association: Contact: Ms. XXXYYY Phone: + 48 6936781551 Email: xyxyxy@xyxyxy.xy</p>

<p>Available psychosocial services</p>	<p>Federal Psychiatric Hospital Contact: Mr. XXXYYY Phone: + 96 2336597896 / Email: xyxyxy@xyxyxy.xy</p> <p>Focal point for Health State Services Centres Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>Presidential Committee on Regional Initiative Contact: Mr. XXXYYY Phone: + 96 2336597896/ Email: xyxyxy@xyxyxy.xy</p> <p>Regional committee for the protection of children Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>State Ministry of Youth and Sports Contact: Ms. XXXYYY Phone: + 98 6975931564 / Email: xyxyxy@xyxyxy.xy</p> <p>Community-based organizations, national and international non-governmental organizations, United Nations agencies:</p> <p>Health Family Association Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>Regional Psychological Society Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>Terre des Hommes Contact: Mr. XXXYYY Phone: + 96 2336597896 / Email: xyxyxy@xyxyxy.xy</p> <p>UNICEF Contact: Mr. XXXYYY Phone: + 12 368782136 / Email: xyxyxy@xyxyxy.xy</p> <p>United Nations Population Fund Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>Youth Empowerment association Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p>	<p>Available legal and administrative services</p>	<p>Association for the Defense of Fundamental Rights of Children Contact: Mr. XXXYYY Phone: + 96 2336597896 Email: xyxyxy@xyxyxy.xy</p> <p>UNHCR legal aid information Contact: Mr. XXXYYY Phone: + 12 368782136 Email: xyxyxy@xyxyxy.xy</p>
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TABLE 16. PSYCHOSOCIAL HANDOVER BRIEF ASSESSMENT PLAN FOR ABEO (CONTINUED)

Available psychosocial services	<p>World Health Organization Contact: Ms. XXXYYY Phone: + 78 454454587 / Email: xyxyxy@xyxyxy.xy</p> <p>Women’s Help Centre Contact: Ms. XXXYYY Phone: + 78 454454587 / Email: xyxyxy@xyxyxy.xy</p>		
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METHODOLOGY

Written records and how to access them:	<ul style="list-style-type: none"> • Medical record from the custody centre • Social record from the custody centre • Restorative justice plan 	Tools for collecting the records:	The medical and social records will be shared via an appropriate handover template and protocol
Information directly from professionals:	<p>Medical check-up conclusion and recommendations developed through psychosocial handover brief assessment: Contact: Mr. XXXYYY Phone: + 465 985244242 Email: xyxyxy@xyxyxy.xy</p> <p>Restorative justice plan for Abeo, if any</p> <p>Juvenile judge Contact: Ms. XXXYYY Phone: + 46 6466654585 Email: xyxyxy@xyxyxy.xy</p>	Tools for collecting information from professionals:	<ul style="list-style-type: none"> • The medical check-up is part of the protocol of the psychosocial handover brief assessment and will be automatically shared by the general practitioner • As part of the protocol, the juvenile judge automatically sends the restorative justice plan, if any
How many interview sessions for the child?	The assessor will meet Abeo once for the interview and a second time to collect complementary information, if necessary, and share the conclusions of the assessment	Tools for collecting information from the child:	<ul style="list-style-type: none"> • Child and Adolescent Trauma Screen (CATS) • “Strengths and dreams” teen questionnaire • Social teen questionnaire • Child mental health status examination checklist • Brief test of reading, writing and arithmetic skills
How many interview sessions for the parents/legal guardian?	The father is dead. Speaking on the phone on 23/06/2022, the mother was apparently uncertain about welcoming Abeo into her home. Therefore, she said that she did not want to meet with the assessor. The mother agreed to be called back around 29/06/2022 to see if she had changed her mind, and she also said that she would provide the phone number of an uncle who got along very well with Abeo and who might be willing to welcome him into his home.	Tools for collecting information from the parents/legal guardian:	<ul style="list-style-type: none"> • Checklist for parents/legal guardian • Social questionnaire

<p>How many interview sessions for the parents/legal guardian?</p>	<p>The cost of a bus ticket and a hotel room will be covered for the mother if she decides to attend the psychosocial interview.</p> <p>If she attends, two sessions conducted on two consecutive days should be planned. In the meantime, a meeting with her son should be scheduled.</p> <p>If she doesn't want to attend and the uncle agrees to, then the cost of the bus ticket and hotel room will be covered for the uncle.</p>		
<p>Tools for categorizing/analysing information collected:</p>	<ul style="list-style-type: none"> • Mapping of psychosocial facilities • Mapping of psychosocial programmes • Protective factors and strengths checklist • Vulnerabilities checklist • Report template 		

8. Information collected during Abeo’s psychosocial handover brief assessment

The psychosocial handover brief assessment is conducted during Abeo’s detention. Table 17 shows the integration of psychosocial components within the ecological framework.

TABLE 17. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK

ECOLOGICAL FRAMEWORK	CHILD LEVEL	Mental health	Protective factors and strengths <ul style="list-style-type: none"> • Abeo still has the capacity to dream about his future • He likes to help younger children who are detained with him and demonstrates empathy • He feels good when he paints/draws 	FOSTER ABEO REHABILITATION AND REINTEGRATION
			Vulnerabilities CATS score: 23 <ul style="list-style-type: none"> • He apparently has insecure attachment to caregivers • He committed atrocities on kidnapping victims • He has suicidal ideation when he thinks about atrocities he committed on kidnapping victims 	
		Physical Health	Protective factors and strengths <ul style="list-style-type: none"> • Abeo has a healthy body weight 	
			Vulnerabilities <ul style="list-style-type: none"> • Injuries to both hands • Serious skin diseases 	
	FAMILY, PEER AND COMMUNITY LEVEL	Mental health	Protective factors and strengths <ul style="list-style-type: none"> • Abeo talks a lot with other children • He cares about some children in detention with him who are being abused by other children or by adults • His uncle agrees to support him psychologically and take him regularly to psychotherapeutic sessions (organized in the framework of the handover) 	
			Vulnerabilities <ul style="list-style-type: none"> • Abeo’s mother does not want him at home for the moment, which reinforces his insecure attachment to caregivers • He is ashamed to return to his community 	
Physical health		Protective factors and strengths <ul style="list-style-type: none"> • Abeo’s uncle agrees to welcome him home and to secure his physical health (taking him to the medical centre when necessary and providing food) 		
		Vulnerabilities <ul style="list-style-type: none"> • Some children formerly associated with terrorist groups receive physical threats from other children when they return to their community. This possibility should be addressed in the reintegration programme. 		

ECOLOGICAL FRAMEWORK	FAMILY, PEER AND COMMUNITY LEVEL	Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Abeo would like to become a nurse • He had a good relationship with his uncle • His uncle will provide accommodation <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Abeo's father is dead • The community knows that Abeo has been associated with a terrorist group for two years • Abeo missed his mother and siblings 	FOSTER ABEO REHABILITATION AND REINTEGRATION
		Mental health	<p>Protective factors</p> <ul style="list-style-type: none"> • Protocols are clearly established with the Federal Psychiatric Hospital and the Regional Psychological Society in the framework of the handover • Abeo will receive mental health support for one year <p>Vulnerabilities</p> <ul style="list-style-type: none"> • The mental health programme in which Abeo will participate will last for one year, even though his symptoms apparently will require a longer period of treatment 	
	SYSTEMIC LEVEL	Physical health	<p>Protective factors</p> <ul style="list-style-type: none"> • Protocols have been clearly established with State Ministry of Health and the Focal point for Health State Services Centres in the framework of the handover: Abeo will receive free medical support (specialist and basic health care) until his 21st birthday • A mobile clinic has been established in Abeo's community of origin, guaranteeing regular access to medical services <p>Vulnerabilities</p> <ul style="list-style-type: none"> • People will face food insecurity across the region between June and August 2022 	
		Social aspect	<p>Protective factors</p> <ul style="list-style-type: none"> • Protocols have been clearly established for the various actors involved in the handover protocol regarding the social aspect (e.g. accommodation) • A protocol has been established with the media, ensuring that children such as Abeo are not depicted as terrorists, but as victims <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Lack of access to school • Lack of access to vocational training • Context of insecurity in the region • Terrorist groups continue to recruit children • Abeo's mother is widowed and poor and has six children to feed 	

9. Resilience-focused recommendations for Abeo

The psychosocial handover brief assessment is conducted with Abeo. Table 18 shows the resilience-focused recommendations at the three ecological levels developed for Abeo by means of the assessment.

TABLE 18. RESILIENCE-FOCUSED RECOMMENDATIONS AT THE THREE ECOLOGICAL LEVELS

THREE ECOLOGICAL LEVELS	CONSOLIDATE AND PRESERVE PROTECTIVE FACTORS AND STRENGTHS	ADDRESS VULNERABILITIES BY BUILDING NEW STRENGTHS AND PROTECTIVE FACTORS
CHILD LEVEL	Encourage Abeo to maintain his capacity to dream about his future and reinforce his positive attitude by emphasizing his qualities and strengths, such as empathy	<ul style="list-style-type: none"> • Abeo should be provided regular psychotherapy sessions to work on PTSD symptoms and suicidal ideation • A medical appointment will be made at the hospital for the injuries to his hands and with a dermatologist for skin diseases
FAMILY, PEER AND COMMUNITY LEVEL	<p>Protect Abeo's relationship with his uncle by establishing a caregiver pact/contract</p> <p>Since Abeo talks a lot with other children, he could potentially contribute to prevention programmes in schools</p> <p>Since Abeo likes helping younger children and demonstrates empathy, volunteer service or work with younger children could help him to maintain his mental well-being</p>	<ul style="list-style-type: none"> • Abeo's mother could be encouraged to follow sessions at the Women's Help Center to address family management problems • Activities could be organized for Abeo and his siblings so that they can reconnect with one another • For Abeo's rehabilitation (suicidal ideation when he thinks about atrocities he committed on kidnapping victims) and reintegration (formerly associated children receive physical threats from peers when they return to their villages), it is important for the interventions to be coherent with the restorative justice programme • Register Abeo with the regional art association of the Lake Chad basin region
SYSTEMIC LEVEL	Monitor and ensure that Abeo receives one year of mental health support	<ul style="list-style-type: none"> • Three months before the end of the mental health support programme, a psychological assessment should be conducted to assess the need for psychological follow-up, and if necessary, to prepare a plan for such follow-up • A protocol with the Federal Ministry of Education should be established to find adequate training programmes (school or vocational) for Abeo. He would like to become a nurse; research how he could be supported in that project.



PSYCHOSOCIAL DIVERSION ASSESSMENT

I. Context

The use of children in the production, sale and trafficking of illegal drugs is a major issue globally, including in the Asia-Pacific region.¹³⁹ In 2021, the value of the drug trade in the region was estimated to be between \$30.3 billion and \$61.4 billion.¹⁴⁰ The illicit drug supply chain puts children at risk at every step, from production to use.¹⁴¹ Children are, for instance, forcibly used as drug carriers in exchange for the promise of a better livelihood. They are exploited by organized criminal groups to move and sell drugs across the region.

The impact of such exploitation on children has been addressed by the Commission on Narcotic Drugs, which has noted the fact that some children continue to be actively involved, used and exploited in the illicit cultivation of crops, the illicit production and manufacturing of and trafficking in narcotic drugs and psychotropic substances and other drug-related crimes in some regions of the world and that such illicit activities are likely to negatively affect their development or to be harmful to their health and well-being.¹⁴²

The Convention on the Rights of the Child clarifies that it is the duty of States to take all feasible measures to prevent the use of children in the illicit production and trafficking of such substances. Children involved in such organized criminal activities need help and support. When they are arrested for offences relating to drug trafficking, the use of diversion is appropriate to prevent any further exploitation of such children and to support their rehabilitation and reintegration. Diversion measures are alternatives to judicial proceedings against a child in conflict with the law. Diversion can be informal (measures that enable them to avoid the judicial system, such as apology letter or community service), or formal (structured programmes with psychosocial support, supervision and completion requirements). In the context of juvenile justice, a psychosocial assessment is necessary to plan appropriate structured rehabilitation and reintegration programmes.

¹³⁹ Emma Porio and Christine S. Crisol, *The Use of Children in the Production, Sales and Trafficking of Drugs: A Synthesis of Participatory Action-Oriented Research Programs in Indonesia, the Philippines and Thailand*, submitted to the International Labour Office International Programme on the Elimination of Child Labour (September 2004).

¹⁴⁰ Vijitra Duangdee, "Asia-Pacific drug trade thriving as gangs make billions in profits, UN says", *Voice of America News*, 10 June 2021.

¹⁴¹ Damon Barrett, "The child's right to protection from drugs: understanding history to move forward", *Health and Human Rights Journal*, vol. 19, No. 1 (June 2017), pp. 263–268.

¹⁴² Commission on Narcotic Drugs resolution 61/9.

2. Loka's story

The scenario below is a fictional story based on real-life events.^{143,144}

Loka is a 16-year-old boy. His father has worked overseas since Loka was 11 years old. Loka lives with three siblings and stepmother; he was repeatedly beaten, abused and disrespected by her. She disliked giving him food. His older brother fled when Loka was 12; Loka has not heard from him since.

One day Loka's stepmother beat him so badly that he could not move his right arm for days. Still today, he has not regained the full use of his arm. Loka decided to run away from this mistreatment and became homeless. He said to himself that he would never return home. He was 13 years old.

Loka was motivated to find a job, and soon started working as a doorman and cloth picker. Later, he worked as a shoe polisher. Loka was beaten and sexually abused on the street.

He said to himself that one day he would like to be a police officer so that he would be the one who would control others and have power so that people couldn't beat him anymore.

Loka became the target of an organized criminal group dealing in illicit drugs when he was 14 and a half years old. The group encouraged him to consume hard drugs, which they provided. Once he became addicted, they forced him to sell drugs to obtain the supply he needed.

Six months later, Loka was arrested by the specialized child-friendly police unit that caught him in the act of selling drugs. When he was taken to the police station, he felt scared, fearing to be subjected to violence and maltreatment. When the police officers communicated with him with respect and professionalism he calmed down. The police did not put handcuffs on him, and at the station he was not placed in a cell, but in a quiet room, organized for child-sensitive interviewing.

The police quickly understood that Loka was associated with one of the largest organized drug trafficking criminal groups in the region. If the group believes that Loka is providing information to the police, he will most certainly be murdered by members of the group.

At this stage, the police unit is working on several actions:

- They will pursue an investigation of the organized criminal group that recruited Loka and exploited him to sell drugs
- To do this, they will coordinate with the special unit that is handling a major drug trafficking investigation, which started two years prior to Loka's arrest
- They will take appropriate measures to ensure that Loka is effectively protected from the group's retaliation in case he decides to testify in a future trial
- To this end, an assessment will be carried out to determine whether testifying would be in the boy's best interests

The police unit will support Loka in his rehabilitation and reintegration process. The unit is trained to follow child-sensitive protocols and know that the reintegration process must start as soon as possible.

After arresting Loka, the specialized child-sensitive police unit followed their guidelines to determine whether or not to opt for informal diversion. The officers decided to refer the case to the local District Attorney's Office, specifically the special division dedicated to handling matters involving children. This division had to decide if Loka could benefit from an alternative to judicial proceedings (diversion), with or without the restorative justice approach. After ensuring that Loka had fully recognized his involvement in the drug crimes

¹⁴³ Syeda Samrah Alama, "Street children of South Asia", *Global Affairs Review*, 18 April 2021.

¹⁴⁴ Rayhan Ahmed Topader, "Child labour and street children across Asia", *The Business Post*, 19 December 2021.

for which he was arrested, the Attorney General's Office referred the case to a Diversion Unit for a formal diversion proceeding. Lokas's case was thus diverted from the court.

To begin the diversion, the Diversion Unit of the Department of Juvenile Justice worked collaboratively with the social welfare and educational sectors to develop a diversion plan with an interdisciplinary approach.

Pending the development of the diversion plan and the start of its implementation, Loka was placed in a transitional shelter for children living and/or working in the streets under the supervision of the Ministry of Health. He received basic medical support and medical treatment for his addiction.

A case manager from the Diversion Unit of the Department of Juvenile Justice will conduct a psychosocial diversion assessment to establish the diversion plan.

3. Establishing the context of adversity: high-risk environments

In accordance with the resilience-based assessment model, the first step in preparing the psychosocial diversion assessment for Loka is to establish the context of adversity. This means identifying the circumstances that place children in a high-risk environment and the negative outcomes that may result for the overall objectives of rehabilitation and reintegration.

TABLE 19. ESTABLISHING THE MAIN CONTEXT OF ADVERSITY AND NEGATIVE OUTCOME FOR LOKA

MAIN CONTEXT OF ADVERSITY (THE RISK ENVIRONMENT)	MAIN RISK (MAIN NEGATIVE OUTCOME FOR THE CHILD)
The context of returning to the community after association with a criminal group and having lived on the streets	Loka does not receive adequate support and cannot adapt to life in the community, undermining the reintegration process

TABLE 20. ESTABLISHING THE SUBCONTEXTS OF ADVERSITY AND THE NEGATIVE OPERATIONAL OUTCOMES FOR LOKA

SUBCONTEXTS OF ADVERSITY (THE RISK ENVIRONMENTS)	SUBRISKS (NEGATIVE OPERATIONAL OUTCOMES FOR THE CHILD)
<ul style="list-style-type: none"> • The context of insecurity in the region (e.g. human trafficking, including sexual exploitation, organ trafficking, drug dealing, violence, including sexual violence) • The organized criminal group that recruited Loka is still active • Loka’s father lives abroad and his stepmother does not provide the appropriate psychosocial care 	<p>Regarding rehabilitation:</p> <ul style="list-style-type: none"> • The mental health impact of mistreatment by the stepmother; drug addiction, assault and sexual abuse while living in the streets are not treated effectively (e.g. PTSD, violent behavior; difficulty in managing emotions) • The physical health impact of the stepmother’s mistreatment, drug addiction, assault and sexual abuse while living in the streets is not treated effectively (e.g. right arm injury; sexually transmitted diseases; the risk of death) <p>Regarding reintegration:</p> <ul style="list-style-type: none"> • Inability to find accommodation for Loka • Inability to find a caregiver for Loka • Loka cannot go to school • Loka cannot access vocational training • Loka can be recruited again by organized criminal groups

4. Defining the positive outcomes of the psychosocial diversion assessment

(a) What the psychosocial diversion assessment is not

- The psychosocial diversion assessment is not conducted to verify eligibility to enter a diversion programme. No child should be excluded from diversion because of the state of their mental or physical health or their social situation, including familial support and supervision.

- The psychosocial diversion assessment does not assess if the child is entitled to participate in a diversion programme. That entitlement will have been previously established by law enforcement or prosecution services (depending upon the national framework), following guidelines and protocols already in place.
- The psychosocial diversion assessment does not respond to why or how the child came to commit an offence. Analysis of the root causes of the child's offending behavior should not be presented in the report. Assessing the root causes of offending behavior requires dealing with evidence, which is not the task of a case manager who conducts a psychosocial assessment. In other words, the incident/offence should not be explained by means of a psychosocial report.

In the scenario involving Loka, police officers will investigate his recruitment by an organized criminal group.

In some instances, a psychosocial perspective may be necessary to elucidate the root causes of the offence or to assess the veracity of a statement during a trial. Those tasks are the responsibility of a forensic psychologist, who participates as an expert witness in the proceedings.

(b) Defining the main positive outcome/main purpose

The main purpose and the operational purpose(s) are formulated with an affirmative sentence and/or by means of a main question and operational question(s) (see part two, chap. I). They make explicit the goals of the assessment process.

In the case of a psychosocial diversion assessment, the main purpose and the main question for Loka could be the following:

- **Main purpose:** Suggest appropriate diversion measures and programmes to decision-makers by means of recommendations, including psychosocial interventions, for Loka's rehabilitation and reintegration
- **Main question:** What measures and programmes would be beneficial for Loka's rehabilitation and reintegration and what psychosocial recommendations could guide those interventions?

(c) Defining the operational purposes and positive operational outcomes

Defining the operational purposes can help the assessor to clarify the various elements that need to be in place for the main purpose to be met. This step is crucial for guiding the development of tailored, practical and realistic recommendations and conclusions in the psychosocial diversion assessment report. Table 21 shows the ways in which the operational purposes could be identified in the context of Loka's psychosocial diversion assessment.

TABLE 21. DEFINING THE OPERATIONAL PURPOSES AND POSITIVE OPERATIONAL OUTCOMES

DEFINE THE OPERATIONAL PURPOSES/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS
Involve the appropriate actors from the welfare and educational sectors	How can professionals facilitate cooperation across various administrative levels and agencies during the handover?
Obtain information regarding Loka's general physical health	What is Loka's general physical health status? What are Loka's medical needs?

DEFINE THE OPERATIONAL PURPOSES/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS
Facilitate access to physical health recovery services	What physical health actors should provide medical support and treatment to Loka?
Obtain general information regarding Loka's mental health	What is Loka's general mental health status? What are Loka's mental health care needs?
Facilitate access to psychological recovery services	What physical health actors should provide medical support and treatment to Loka?
Obtain a clear understanding of Loka's need for psychosocial supervision	What does Loka need in terms of psychosocial supervision?
Determine how the need for psychosocial supervision could be reflected in the diversion measures for Loka	How can the need for psychosocial supervision be reflected in the diversion measures for Loka?
Understand the family dynamics and investigate whether extended family members are willing to become Loka's primary caregiver	Is there an extended family member willing to become Loka's primary caregiver?
Understand if there are any interventions that could facilitate the connection and relationship between Loka and one or more of his family members	Are there any interventions that could facilitate the connection and relationship between Loka and one or more of his family members?
Ensure accommodation for Loka	Where and with whom will Loka live?
Identify Loka's primary caregivers	Who will be Loka's primary caregivers?
Determine the potential next step regarding educational services and/or vocational training	What is Loka's educational level? What could be the next step regarding educational services and/or vocational training?
Help Loka to understand the consequences of his offence to society	How can Loka come to understand the consequences of his offence to society?
Help Loka to not normalize violent behavior towards himself and to reflect upon the violence he suffered	What interventions/measures/programmes could help Loka to not normalize violent behavior towards himself and reflect upon the violence he has suffered?
Determine, together with Loka, a positive action that he could take in relation to his offence	What positive action does Loka wish to take in relation to his offence?

5. Identifying a professional to conduct the psychosocial diversion assessment

In the context of diversion, the psychosocial diversion assessment is conducted by a case manager, who is either a psychologist or a social worker. If the background and qualifications of the professional fall within the social field, he/she will include in the psychosocial diversion assessment an external assessment by a psychologist to answer the questions relating to mental health.

In such a case, the case manager should request a psychological assessment, specifying what questions the psychologist should address. The following questions should also be shared with Loka:

- What is Loka's general mental health status?
- What are Loka's mental health care needs?

As part of the assessment, a general practitioner might perform a complete medical assessment of the child. The general practitioner's conclusions will be incorporated into the psychosocial diversion assessment report. In the scenario involving Loka, considering the implications of his having lived in the streets and suffered physical abuse and sexual violence, an evaluation by a general practitioner is necessary.

In conclusion, gathering information on the holistic psychosocial components requires the possible involvement of a psychologist (if the assessor is not a mental health professional) and a general practitioner, in addition to the case manager. This multidisciplinary approach will be led by the case manager.

6. Important issues to consider during Loka's psychosocial diversion assessment

(a) The role and status in society

In this scenario, Loka lives and works in the streets, as do millions of girls and boys around the world. The phenomenon of children working and/or living in the streets represents one of the most serious global challenges. The case manager responsible for conducting the psychosocial diversion assessment should be clearly aware of two aspects of Loka's situation prior to conducting the assessment in order to provide appropriate recommendations for his reintegration:

- What is the status of children working and/or living in the streets in Loka's society?
- What is the role of such children in Loka's society?

In other words, it is important to clearly understand the challenge regarding the relative rank that children working and/or living in the streets hold in the society and what that implies in terms of rights, duties and lifestyle. When Loka explains that he would like to become a police officer "so that people couldn't beat him anymore", he is referring to social stratification on a vertical scale and showing the distinction in term of rights, protection and respect between children such as himself and a police officer in his society. In this context, it is crucial to find ways to involve community members in the diversion plan, engaging them to promote the rights of children, including children working and/or living in the streets, and to change their status in their society. When suggesting reintegration measures to decision-makers, the assessor should consider that the success of complete reintegration is not Loka's responsibility alone, but requires cooperative work between the diversion planners (including decision-makers and the case manager), the community and the child.

Moreover, as Loka considers himself to be an adult in society, he is trying to understand what role he could have and explains that he "would control the others and would have power". This wish reflects his need to be respected and supported by others, instead of being beaten and abused. The rehabilitation programme should address such needs to help him to develop a more peaceable concept of the role he will have in society when he is adult. For example, offering sessions to Loka to reflect upon what behaviour is expected from an individual who occupies a given position or status (e.g. a police officer is expected to build positive relationships with community groups and talk to and assist vulnerable members of community). Since role expectations include both actions and qualities, such sessions could emphasize Loka's qualities.

(b) Issue of violence

The direct purpose of diversion programmes is to minimize child involvement in the juvenile justice system, but the ultimate goal is to promote the child's rehabilitation and reintegration. For Loka, this means, among other things, recovering from the violence he has suffered (rehabilitation aspect) and learning to behave non-violently in society (reintegration aspect).

On the basis of his experience, Loka may not perceive certain acts by adults as violent and, therefore, if he identifies with the adults who are violent towards him or others, he could reproduce their acts without considering them to be violent. Moreover, it would be useful to take into account that violence is culturally determined.

It would be beneficial for Loka to participate in group sessions with peers to discuss the notion of violence. Participating in such groups could have a positive effect on both his rehabilitation and his reintegration.

FOCUS BOX 5.

DEFINITION OF VIOLENCE

Among the rights set out in the Convention on the Rights of the Child is the right of children to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.^a

The World Health Organization (WHO) defines violence as the intentional use of physical force and power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.^b

^a Convention on the Rights of the Child, art. 19.

^b WHO, About WHO, Networks, Committees Advisory Groups and Taskforces, Violence Prevention Approach, "The VPA approach". Available at who.int/groups/violence-prevention-alliance/approach.

(c) Child sexual abuse

WHO defines child sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.¹⁴⁵

In this scenario, Loka has been sexually assaulted on several occasions. It is therefore important to pay particular attention during the psychosocial assessment to the physical, psychological and social consequences of child sexual abuse, and also to provide clear recommendations in the report regarding the psychosocial support needed for his rehabilitation and reintegration.

Regarding rehabilitation and the psychological aspect, in addition to the potential psychotrauma, the emotions felt by the child should be addressed. Indeed, "abused girls and boys [can] feel intense shame. They fear the consequences of reporting or feel that they have nowhere to turn or nobody to talk to. They might even blame themselves for what has happened."¹⁴⁶ Children disclosing sexual abuse need to be provided both immediate psychological support as well as longer-term mental health care. There are a wide variety of psychological approaches for treating the symptoms of children who have been sexually abused, such as cognitive behavioural therapy, specifically trauma-focused cognitive-behavioural

¹⁴⁵ WHO, *Report of the Consultation on Child Abuse Prevention*, document WHO/HSC/PVI/99.1 (Geneva, 1999).

¹⁴⁶ Cath Slugget, *Mapping of Psychosocial Support for Girls and Boys Affected by Child Sexual Abuse in Four Countries in South and Central Asia: Afghanistan, Bangladesh, Nepal and Pakistan*, John Frederick, ed. (Dhaka, Save the Children, 2003).

treatments, as well as supportive therapy, psychodynamic treatments and humanistic treatments, which include client-centred therapy and play therapy.¹⁴⁷

The physical health consequences of sexual abuse can be varied, ranging from stomach pain to sexually transmitted diseases to the development of risky sexual behaviours. Since there are several treatment options, the most appropriate option for the particular condition should be recommended.

Regarding the social aspect, “one of the biggest barriers to providing psychosocial or protection services to children affected by [child sexual abuse] is the cultural silence that exists around sexuality. Child sexual abuse is viewed as something which should not be talked about, even if it is known and happening in close proximity.”¹⁴⁸ Indeed, “the existence of sexual abuse is denied or at least minimized in most societies, resulting in the rejection of the needs of the child”.¹⁴⁹ Gender can also have an impact on the extent to which sexual abuse is discussed, with the experience of boys in particular often overlooked. Therefore, it is all the most important to create a safe environment during the interview for the child to enable him/her to express himself/herself. The needs of the child should be taken into account and addressed, as well as the importance of the adequate response of the community and the family to the situation. Effective reintegration can be achieved if, in parallel with the work with the child, interventions are also implemented at the community and family levels.

7. Assessment plan for Loka

Loka will be assessed by means of the psychosocial diversion assessment, with a view to making recommendations for a diversion plan. The psychosocial diversion assessment plan is a living document that must be updated regularly. Table 22 shows Loka’s assessment plan, which was updated after an initial psychosocial interview session with Loka.

TABLE 22. LOKA’S PSYCHOSOCIAL DIVERSION ASSESSMENT PLAN

Child’s name:	Loka XYXYXYXY	Child’s date of birth and age:	17/02/2006 16 years and 3 months	Child’s sex:	Male
Requester:	Police	Date of request:	03/07/2022	Deadline:	03/08/2022
Main question (main purpose of the assessment)		Suggest appropriate diversion measures and programmes to decision-makers through recommendations, including psychosocial interventions, for Loka’s rehabilitation and reintegration <i>What measures and programmes would be beneficial for Loka’s rehabilitation and reintegration, and by means of what psychosocial recommendations, including interventions?</i>			

¹⁴⁷Julio Sánchez-Meca, Ana I. Rosa-Alcázar and Concepción López-Soler, “The psychological treatment of sexual abuse in children and adolescents: a meta-analysis”, *International Journal of Clinical and Health Psychology*, vol. 11, No. 1 (2011), pp. 67–93.

¹⁴⁸Slugget, *Mapping of Psychosocial Support*.

¹⁴⁹Turid Heiberg, *Commodities in Stigma and Shame: An International Overview of Save the Children’s Work against Child Sexual Abuse and Exploitation* (Stockholm, Save the Children, 2001).

TABLE 22. LOKA'S PSYCHOSOCIAL DIVERSION ASSESSMENT PLAN (CONTINUED)

<p>Operational questions (operational purposes of the assessment)</p>	<p>Involve the appropriate actors from the welfare and educational sectors <i>How can professionals facilitate cooperation across the different administrative levels and agencies during the handover?</i></p> <p>Possess general information regarding the physical health of the child <i>What is Loka's general physical health status?</i> <i>What are Loka's medical care needs?</i></p> <p>Facilitate physical recovery services <i>What physical health actors should provide medical support and treatment for Loka?</i></p> <p>Possess general information regarding the mental health of the child <i>What is the Loka's general mental health status?</i> <i>What are Loka's mental health care needs?</i></p> <p>Facilitate psychological recovery services <i>What physical health actors should provide medical support and treatment for Loka?</i></p> <p>Have a clear understanding of Loka's need for psychosocial supervision <i>What does Loka need in terms of psychosocial supervision?</i></p> <p>Determine the ways in which that need could be reflected in the diversion measures <i>How can the need for psychosocial supervision be reflected in the diversion measures?</i></p> <p>Understand the family dynamics and check if any extended family members are willing to become Loka's primary caregiver <i>Is there an extended family member willing to become the primary caregiver for Loka?</i></p> <p>Understand if there are any interventions that could facilitate the relationship between Loka and one or more of his family members <i>Are there any interventions that could facilitate the relationship between Loka and one or more of his family members?</i></p> <p>Ensure accommodation for Loka <i>Where and with whom will Loka live?</i></p> <p>Identify primary caregivers for Loka <i>Who will be Loka's primary caregivers?</i></p> <p>Understand what the next step regarding educational services and/or vocational training could be <i>What is Loka's educational level?</i> <i>What could be the next step be regarding educational services and/or vocational training?</i></p> <p>Help Loka to understand the consequences of his offence to society <i>How can Loka understand the consequences of his offence to society?</i></p> <p>Help Loka not to normalize violent behavior towards himself and to reflect on the violence that he suffered. <i>What interventions/measures/programmes could help Loka not to normalize violent behavior towards himself and to reflect on the violence he has suffered?</i></p> <p>Determine with Loka a positive action that he could take in relation to his offence <i>What positive action does Loka wish to take regarding his offence?</i></p>
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Disability of child or parent/legal guardian:	Loka cannot fully use his right arm and hand	What does this mean in terms of adaptation for assessment?	Loka is right-handed, but he cannot hold a pen with his right hand
Cultural and logistical aspects (any cultural and logistical considerations that may have an impact on the child and parents'/legal guardian's ability to be interviewed)	Language	His mother tongue and English	
	Religion	He is atheist	
	Customs (holidays, clothing, greetings, typical rituals, settings)	He doesn't look adults in the eye, since that is what he was taught	
	Games and leisure	He loves to draw but unfortunately, he has lost his dexterity. He also likes also to play cards, listen to music and dance	
	Food	Vegetarian	
	Location	Department of Juvenile Justice	
Need for consent from parents/legal guardians	No. Nevertheless it is important to speak with the father, who lives abroad. For the moment, a first contact was made via phone with the father. He explained that he has to stay where he is.	If yes, how?	
Available psychosocial services	<p>Multispecialty Health-Care Hospital Contact: Mr. XXXYYY Phone: + 03 5455665556 Email: xyxyxy@xyxyxy.xy</p> <p>Médecins sans Frontiers Contact: Ms. XXXYYY Phone: + 03 980997098 Email: xyxyxy@xyxyxy.xy</p> <p>Medical Centre Victims Empowerment Contact : Ms. XXXYYY Phone : + 03 787979879898 Email: xyxyxy@xyxyxy.xy</p> <p>Centre for Addiction and Mental Health Contact: M. XXXYYY Phone: + 03 45498908389 Email: xyxyxy@xyxyxy.xy</p> <p>Help Street Children Foundation Contact: M. XXXYYY Phone: + 03 45498908389 Email: xyxyxy@xyxyxy.xy</p> <p>National Centre for Children Shelter for children Contact: Ms. XXXYYY Phone: + 03 93949599594 Email: xyxyxy@xyxyxy.xy</p>	Available legal and administrative services	<p>Police specialized in dealing with children Contact: M. XXXYYY Phone: + 03 98476276527 Email: xyxyxy@xyxyxy.xy</p> <p>Legal aid for children Contact: M. XXXYYY Phone: + 03 45498908389 Email: xyxyxy@xyxyxy.xy</p> <p>District Attorney's Office, division dedicated to handling matters involving children Contact: Ms. XXXYYY Phone: + 03 4387684837894 Email: xyxyxy@xyxyxy.xy</p>

TABLE 22. LOKA'S PSYCHOSOCIAL DIVERSION ASSESSMENT PLAN (CONTINUED)

Available psychosocial services	<p>Ministry of Education Contact: Ms. XXX YYY Phone: + 03 8798769878798 Email: xyxyxy@xyxyxy.xy</p> <p>Ministry of Health and Prevention Contact: Ms. XXX YYY Phone: + 03 8798769878798 Email: xyxyxy@xyxyxy.xy</p>	Available legal and administrative services	
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METHODOLOGY

Written records and how to access them:	Referral from Police to District Attorney's Office, division dedicated to handling matters involving children	Tools for collecting the records:	The protocol includes automatically receiving the referral
Information directly from professionals:	<ul style="list-style-type: none"> • Medical check-up by a general practitioner • Specialist medical examination for Loka's arm • Psychological assessment by a clinical psychologist 	Tools for collecting information from professionals:	Referral forms for physical- and medical-health professionals
How many interview sessions for the child?	<ul style="list-style-type: none"> • Three sessions are scheduled with Loka • Introductory session was on 6/07/2022 • Second session scheduled for 15/07/2022 • Third session scheduled for 28/07/2002 	Tools for collecting information from the child:	<ul style="list-style-type: none"> • "Strengths and dreams" teen questionnaire • Social teen questionnaire • School questionnaire
How many interview sessions for the parents/legal guardians?	For the moment, the father cannot travel and the team is exploring if it would be possible to meet the father remotely	Tool(s) for collecting information from the parents/legal guardian:	Psychosocial questionnaire for parents/legal guardian
Tools for categorizing/analysing information collected:	<ul style="list-style-type: none"> • Mapping of psychosocial facilities • Mapping of psychosocial programmes • Protective factors and strengths checklist • Vulnerabilities checklist • Report template 		

8. Information collected during Loka's psychosocial diversion assessment

Loka is assessed with the psychosocial diversion assessment. Table 23 shows how to organize the information collected during Loka's assessment according to the ecological framework.

TABLE 23. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK

ECOLOGICAL FRAMEWORK	CHILD LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Loka still has dreams for his future • Loka's ability to concentrate is good • Loka has the cognitive ability to write and read very well <p>Vulnerabilities</p> <ul style="list-style-type: none"> • The psychologist has determined that Loka suffers from PTSD 	FOSTER LOKA'S REHABILITATION AND REINTEGRATION
		Physical health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Loka has responded positively to the initial period of treatment for drug use <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Loka has a sexually transmitted infection • Loka has a problem with his dexterity, and therefore has difficulty writing • Loka consumed hard drugs and will need supervision to help him to avoid using them 	
	FAMILY, PEER AND COMMUNITY LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Loka feels comfortable for the moment with the other children at the shelter • The caregivers at the shelter have observed that he seems to have a good capacity to adapt <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Loka explained during the first interview session that he did not trust adults 	
		Physical health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Loka has met new friends at the shelter who like playing sports and do not consume drugs. He has started to learn how to take care of his physical health by spending time with them. <p>Vulnerabilities</p> <ul style="list-style-type: none"> • Loka was repeatedly beaten, abused and disrespected by his stepmother • If the criminal group believes that Loka is providing information to the police, they will most certainly murder him 	

TABLE 23. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK (CONTINUED)

FAMILY, PEER AND COMMUNITY LEVEL	Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • When Loka was living in the streets, he was motivated to find a job and started working as a doorman and cloth picker. Later, he worked as a shoe polisher. His first intention was to find a legal job. • He would like to go back to school • He said that he would love to live with a host family
		<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Loka's father has worked overseas since Loka was 11 years old • Loka's older brother fled when Loka was 12 years old and Loka has never heard from him again • Loka does not want to return home
		<ul style="list-style-type: none"> • An organized criminal group forced Loka to sell drugs • Loka loves to draw but, unfortunately, he has lost his dexterity. He also likes to play cards, listen to music and dance • Loka has no caregivers • Loka does not have a home where he feels safe • The majority of people in the area know that Loka was a child living and working in the streets and that he was a victim of sexual abuse and he is therefore suffering from stigma
SYSTEMIC LEVEL	Mental health	<p>Protective factors</p> <ul style="list-style-type: none"> • Loka can access trauma-focused cognitive-behavioural treatment • The foster care facility has access to guidance on efficiently and professionally handling any potential crises that Loka might experience, in a child-sensitive manner
		<p>Vulnerabilities</p> <ul style="list-style-type: none"> • No information on vulnerabilities has been collected at this level
	Physical health	<p>Protective factors</p> <ul style="list-style-type: none"> • Loka has access to treatment for drug use • Complete medical care will be provided to Loka until he reaches the age of 21 years, including treatment for sexually transmitted infections • Loka will be in a witness protection programme to shield him if he should choose to testify against the organized criminal group that recruited him
<p>Vulnerabilities</p> <ul style="list-style-type: none"> • The institution will not be able to cover the cost of specialized surgery for Loka's right arm and hand 		
Social aspect	<p>Protective factors</p> <ul style="list-style-type: none"> • Loka has been placed in a transitional shelter for children working and/or living in the streets, under the supervision of the Ministry of Health • A foster-care service has been identified and a family is available to welcome Loka • The social services are working on family tracing to find Loka's older brother (checking whether he has been registered in any national social service) 	
	<p>Vulnerabilities</p> <ul style="list-style-type: none"> • The diversion system is new and, therefore, the coordination between the different actors is not well established • There is a lack of multisectoral coordination between standard operating procedures and protocols 	

9. Resilience-focused recommendations for Loka

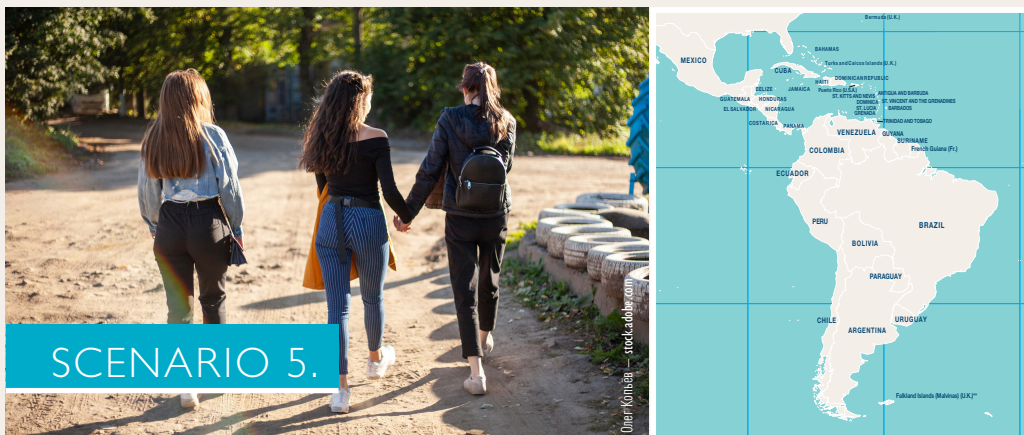
After Loka's psychosocial diversion assessment, recommendations are developed on the basis of the information collected. Table 24 presents an example of resilience-focused recommendations organized according to the three ecological levels.

TABLE 24. RESILIENCE-FOCUSED RECOMMENDATIONS AT THE THREE ECOLOGICAL LEVELS

THREE ECOLOGICAL LEVELS	CONSOLIDATE AND PRESERVE PROTECTIVE FACTORS AND STRENGTHS	ADDRESS VULNERABILITIES BY BUILDING NEW STRENGTHS AND PROTECTIVE FACTORS
CHILD LEVEL	<p>Level Up Opportunities Programme</p> <ul style="list-style-type: none"> Loka likes going to school and has the cognitive ability to read and write well. Therefore, Loka will take special course to gain the necessary educational level to return to school with other children his age. <p>Teenagers' Career Aspirations Programme</p> <ul style="list-style-type: none"> Loka has realistic dreams for his future. It is therefore important to encourage him to follow his dreams. <p>Good Health Programme</p> <ul style="list-style-type: none"> Provide Loka with basic knowledge about mental and physical health Continue treatment for drug use, since Loka is responding positively to treatment so far 	<p>Youth Empowerment Scheme (YES)</p> <ul style="list-style-type: none"> Loka will attend the YES life-skills programme for six sessions one afternoon per week <p>Mental health services</p> <ul style="list-style-type: none"> Loka will participate in individual and group psychotherapy sessions too address his PTSD <p>Physical health services</p> <ul style="list-style-type: none"> Since Loka is not able to access surgery for his hand and arm, he will receive training to use his left hand to write and perform other tasks Loka will access treatment for his sexually transmitted infection
FAMILY, PEER AND COMMUNITY LEVEL	<p>Family Reconnect Programme</p> <ul style="list-style-type: none"> Rebuild bonds with his younger sister If Loka expresses the wish to maintain contact with his new group of peers, who like to play sports, he should be encouraged to do so 	<p>Build trust with adults</p> <ul style="list-style-type: none"> Professionals who work with Loka should be especially careful to be honest and patient with him, to care for him and to show him respect and empathy Provide information to Loka's community about children working and/or living in the streets and sexually transmitted infections <p>Family Reconnect Programme</p> <ul style="list-style-type: none"> Organize video calls between Loka and his father, if possible <p>Foster Care Support Programme</p> <ul style="list-style-type: none"> Loka needs an adult to accompany him between school and foster care; the foster case worker will perform this task The foster care family will receive information and a guidance session regarding Loka's need for supervision regarding drug use The foster care family will participate once a month in group meetings with other host families

TABLE 24. RESILIENCE-FOCUSED RECOMMENDATIONS AT THE THREE ECOLOGICAL LEVELS (CONTINUED)

<p>SYSTEMIC LEVEL</p>	<p>The case manager monitors the smooth running of the diversion plan initially to provide the opportunity to adjust the programmes, if necessary</p>	<p>A case conference with the multidisciplinary team will be held after one month, two months and three months. These meetings provide the opportunity to adjust the programmes, if necessary. After six months, the diversion unit of the Department of Juvenile Justice will conduct another progress assessment with Loka, and if the programme has been well completed by Loka, the Diversion Unit will hand over to the Ministry of Health and Prevention.</p>
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PROGRESS ASSESSMENT

I. Context

Violence and crime in Latin America have been largely attributed to the proliferation of youth gangs. Therefore, they have become “a major source of fear and the prime target for [punitive approaches and] repressive measures”.¹⁵⁰ However, “participation in serious criminality [has been] conditional on other factors, including the type of gang that was joined, the type of activities the gang was involved in, with participants joining at an older age more at risk of engaging in serious criminality. In other words, associating in a gang [is] not necessarily nor forcibly conducive to participating in serious criminal activity”.¹⁵¹

Children recruited, used and exploited by gangs and criminal groups need help and support. “Gang violence is unacceptable; it significantly harms communities and puts many children and adolescents at risk of falling into a lifetime of crime. However; imprisoning children is not the solution... Children can be victims both of gang violence and as gang members. They can be recruited, and they can be used”.¹⁵² Supporting such children by means of rehabilitation and reintegration programmes is essential to helping them to become constructive members of society. Depriving them of their liberty can severely hinder rehabilitation and reintegration efforts.

The Committee on the Rights of the Child, in its General comment on children’s rights in the child justice system of 18 September 2019, recognizes the harm caused to children and adolescents by deprivation of liberty, and its negative effects on their prospects for successful reintegration.¹⁵³ Accordingly, the Committee strongly advises that States parties should immediately embark on a process to reduce reliance on detention to a minimum.¹⁵⁴ Given that many children are still deprived of their liberty today for having allegedly infringed

¹⁵⁰ Cordula Strocka, “Youth gangs in Latin America”, *The SAIS Review of International Affairs*, vol. 26, No. 2 (2006), pp. 133–146.

¹⁵¹ Cirenía Chávez, “What we know and what we don’t know about youth gangs in Latin America”, UNICEF, 27 September 2018.

¹⁵² UNICEF, “Imprisoning children is not the solution to gang violence in El Salvador”, 7 April 2022.

¹⁵³ CRC/C/GC/24, para. 77.

¹⁵⁴ *Ibid.*, para. 83.

penal laws, including children accused of crimes as a result of their recruitment by gangs, the conduct of appropriate psychosocial assessment of such children is a key requirement for any effective rehabilitation and reintegration efforts. In this context, progress assessment can help to take stock of the progress of the rehabilitation and reintegration process for each child and enable the development of recommendations for specific interventions to increase progress at the three ecological levels (individual; family, peer and community; and systemic).

2. Camila's story

The following scenario is a fictional story based on real-life events.^{155,156}

Camila is a 15-year-old girl. Camila recalls her mother and father fighting frequently when she was a child. One day, her father left. Camila's mother did not allow him to visit his children. Camila lived with her mother and brother for a few years.

When Camila was 11 years old, her mother fell in love with a man, who became Camila's stepfather. When her mother was not at home, she was in the care of her stepfather, who sexually assaulted her.

Camila had been attending a technical college. But classes were cancelled in March 2020 as the coronavirus disease (COVID-19) pandemic erupted, so she and other students began spending their newfound free time playing outside. Like other students across Latin America, Camila was out of school for months due to the pandemic. This caught the attention of a gang, whose members began spending time in the playground where teenagers spent time, bragging about their exploits and flashing their guns.

Camila and her four friends were targeted by a local gang, as they were extremely vulnerable to recruitment and exploitation. Camila and her friends sensed the danger and soon started receiving threats from the gang. The sexual violence at home, coupled with the threats from the gang, drove Camila to seek refuge with a man who was a gang member. She thought that having a partner in a gang would be much safer than being alone and would ensure that she finally found the protection she was lacking at home and in the outside world. After a few weeks, the man asked Camila to help him with some criminal activities. She was involved in numerous robberies.

In February 2021, the deployment of military and police forces resulted in a major confrontation between the gangs and the security forces. The death toll was 22 suspected gang members and four police officers, while 34 suspected gang members were arrested, including Camila. She was 14 years old at the time.

¹⁵⁵ John Otis, "School's out in most of Latin America. Gangs are thrilled", *Americas Quarterly*, January 26, 2021.

¹⁵⁶ Sue Smith, "Children easy targets for Latin American gangs", Good Faith Media, 28 April 2021.

Contrary to international standards for juvenile justice systems, in Camila's country, the deprivation of liberty is the first response to criminal acts, including for children. Camila was sentenced to a juvenile centre for two years.

The facility in which she is detained is overcrowded and her cell has insufficient light and ventilation. She has no access to hot water and she sleeps on a bed that is falling apart. She eats in her cell, which contributes to her isolation. Camila's mother had to do the laundry for her outside the centre, but she cannot visit often. Camila is compelled to stay in her cell for 22 hours per day.¹⁵⁷

A national ombudsman has written a report on the facility, describing the conditions as so deplorable that they can be characterized as a process of dehumanization for children.

The ombudsman has recommended immediate actions to improve the conditions of detention and the treatment of children incarcerated within the facility.

The report also indicates that a rehabilitation and reintegration plan should be prepared by a case manager for each child. This should include a progress assessment, to be carried out at a minimum of every six months for each child.

The recommendations have been followed, with rehabilitation and reintegration plans established for each child and progress assessments being conducted, including with Camila.

¹⁵⁷ Office of the Special Representative of the Secretary General on Violence against Children, "Children speak about the impact of deprivation of liberty: the case of Latin America" (2016).

3. Establishing the context of adversity: high-risk environments

Following the model of resilience-based assessment, the first step in preparing the progress assessment for Camila is to establish the context of adversity. (This means identifying the circumstances that place children in a high-risk environment and the negative outcomes that may result for the overall objectives of rehabilitation and reintegration.)

TABLE 25. ESTABLISHING THE MAIN CONTEXT OF ADVERSITY AND NEGATIVE OUTCOME FOR CAMILA

MAIN CONTEXT OF ADVERSITY (RISK ENVIRONMENT)	MAIN RISK (MAIN NEGATIVE OUTCOME FOR THE CHILD)
The high levels of violence affecting the region for several decades	The context of insecurity in the region hinders rehabilitation intervention and undermines the basis for peaceful and positive reintegration

TABLE 26. ESTABLISHING THE SUBCONTEXTS OF ADVERSITY AND NEGATIVE OPERATIONAL OUTCOMES FOR CAMILA

SUBCONTEXTS OF ADVERSITY (RISK ENVIRONMENTS)	SUBRISKS (NEGATIVE OPERATIONAL OUTCOMES FOR THE CHILD)
<ul style="list-style-type: none"> Poverty in the region Camila missed school for a very long time following the COVID-19 lockdown Camila was sexually abused by her stepfather The context of living around organized criminal gangs 	<p>Regarding rehabilitation:</p> <ul style="list-style-type: none"> Camila does not have access to health services, including mental health services She cannot recover from the physical and psychological consequences of sexual violence. Her legal counsel does not help her to access rehabilitation and reintegration programmes She is the victim of physical and psychological violence during and after her incarceration <p>Regarding reintegration:</p> <ul style="list-style-type: none"> She has no access to quality education and vocational training both during and after her incarceration She has no access to social services both during and after her incarceration Her home is not a safe place to live Camila could be recruited again by organized criminal gangs.

4. Defining the positive outcomes of the progress assessment

(a) Documenting psychosocial interventions at the ecological level

The progress assessment should be based on the rehabilitation and reintegration plan developed by a case manager and aimed at evaluating the progress in Camila's situation at the three ecological levels. The progress assessment assures the professionals and the juvenile centre in which Camila is held that the psychosocial and other interventions being implemented are adequate. Documenting the psychosocial interventions at the ecological levels¹⁵⁸ of a detained child is extremely important because it helps to clarify whether the psychosocial situation of the child is improving or deteriorating in the juvenile centre as well as outside the centre. This information is essential to determining the success of the rehabilitation and reintegration process.

(b) Defining the main positive outcome/main purpose

The main purpose and the operational purpose(s) can be formulated with a main question and operational question(s) (see part two, chap. I). They make explicit what the assessment process should be aimed at achieving.

In the case of the progress assessment, the main purpose and main question for Camila could be the following:

Main purpose: Implement the psychosocial interventions most appropriate to Camila's psychosocial situation, both in the juvenile centre and outside the centre, to enable successful rehabilitation and reintegration

Main question: What are the psychosocial interventions most appropriate to improving Camila's psychosocial situation in the juvenile centre and outside the centre? Are the interventions implemented in a manner that enables successful rehabilitation and reintegration?

(c) Defining the positive operational outcomes/operational purposes

In a progress assessment, the operational purposes can be considered to be operational objectives. It is therefore important to determine how those objectives will be measured.

Identifying operational purposes (operational objectives) can help the assessor to clarify the various elements that must be in place for the main purpose to be met. This step is crucial to guiding the development of tailored, practical and realistic recommendations and conclusions in the progress assessment report for Camila. The operational objectives of the progress assessment need to be identified according to the recommendations of the rehabilitation and reintegration plan specifically designed for Camila. This will help to ensure that the operational purposes are conducive to the main purpose, namely to identify the most appropriate psychosocial interventions for Camila's situation and to evaluate their implementation.

In the context of Camila's incarceration, the operational purposes (operational objectives) could be identified and proposed together with appropriate measurements, as shown in table 27.

¹⁵⁸ See part one, chap. I.4.

TABLE 27. IDENTIFYING OPERATIONAL PURPOSES (OPERATIONAL OBJECTIVES) AND MEASUREMENTS

IDENTIFY OPERATIONAL PURPOSES (OPERATIONAL OBJECTIVES)/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS	MEASURING THE OPERATIONAL PURPOSES/OPERATIONAL OBJECTIVES
<ul style="list-style-type: none"> The recommendations set out in the report of the national ombudsman concerning the minimum living conditions in Camila's room are being followed This entails changes to the number of children in her cell; access to hot water; the quality of the bed, the furnishing of a mattress; the ability to do laundry; and an increase in ventilation and natural light 	<p>How can the recommendations set out in the report of the national ombudsman be implemented?</p>	<ul style="list-style-type: none"> Camila's cell comprises a minimum of 4 m² of floor space per child in a multi-occupancy room (including the space taken up by furniture, but not the space taken up by sanitary facilities) In her cell, there is at least one window for seeing outside and for providing natural light Camila has her own storage unit for personal items. Camila can decorate the walls next to her bed as she wishes (e.g. hang photographs, drawings, posters, etc.) She has a bed as well as a mattress on which the professionals of the juvenile centre would agree to sleep, as they find it quite comfortable The laundry is done at the juvenile centre once per week
<p>Camila stays in her room at night to sleep and when she needs time to herself. The rest of the time, she has access to school/vocational training or can spend time with her relatives either in the juvenile center or outside the centre. She can also participate in recreational activities or spend free time with other children.</p>	<p>How can the juvenile centre organize recreational activities, visits with relatives, school and vocational training, to allow children to spend time outside of their cells during the day?</p>	<p>Daily recording of Camila's activities:</p> <ul style="list-style-type: none"> Camila participates in at least one activity or attends school or vocational training each day
<p>Camila is able to eat three times per day in a cafeteria with other children from the juvenile detention centre</p>	<p>How can the juvenile detention centre offer the possibility of eating three times per day in a cafeteria with other children from the juvenile centre?</p>	<ul style="list-style-type: none"> There is a cafeteria for the children in the juvenile centre The children are allowed to eat three times per day in the cafeteria together with other children from the centre
<p>Camila can file a complaint against her stepfather if she wishes</p>	<p>How can Camila file a complaint against her stepfather?</p>	<ul style="list-style-type: none"> Camila receives information about the possibility of lodging a complaint and what that would entail If she so wishes, she receives legal support to file a complaint against her stepfather The complaint is filed

IDENTIFY OPERATIONAL PURPOSES (OPERATIONAL OBJECTIVES)/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS	MEASURING THE OPERATIONAL PURPOSES/OPERATIONAL OBJECTIVES
Camila will be protected from her stepfather when she is outside the juvenile centre	How can Camila be protected from her stepfather when she is outside the juvenile centre?	<ul style="list-style-type: none"> • A restraining order is issued by the court to protect Camila from her stepfather
Camila recovers from her psychological trauma	How can Camila recover from her psychological trauma?	<ul style="list-style-type: none"> • Camila's psychological recovery is measured by the psychologist by means of a psychological assessment • The mental health dimension has been taken into account in her individual reintegration plan, which includes recommendations made by a psychologist following the relevant assessment
Camila recovers from gynaecological problems caused by the sexual assaults she suffered for years	How can Camila recover from gynaecological problems caused by the sexual assaults she suffered for years?	<ul style="list-style-type: none"> • Camila's recovery from gynaecological problems is measured by a general practitioner by means of a medical check-up and by a gynaecologist by means of a gynaecological examination
Camila attends school and/or vocational training five days per week inside or outside the juvenile centre	How can Camila attend school and/or vocational training five days per week inside or outside the juvenile centre?	<ul style="list-style-type: none"> • Camila is able to attend school every day from Monday to Friday • She has the possibility of accessing vocational training • She attends school and/or vocational training
Camila has a realistic plan for school or professional training until she reaches 18 years of age	What is the best option for Camila, given her skills and wishes?	<ul style="list-style-type: none"> • Camila fills out a questionnaire that asks if she likes or dislikes what she is doing and to help her to plan for a realistic future • Camila fills out the questionnaire every two months and submits it to her teacher regularly for the evaluation of her progress
Camila maintains a good relationship with her mother and brother	How can Camila maintain a good relationship with her mother and brother?	<ul style="list-style-type: none"> • Record the number of times Camila sees her mother and brother in person per week (inside or outside the juvenile centre) and the amount of time she spends with them
Camila develops or maintains positive relationships with other relatives	How can Camila develop or maintain positive relationships with other relatives?	<ul style="list-style-type: none"> • Prepare a list of important people in Camila's life with whom she would like to meet (e.g. father; uncles) showing whether she has or has not met with each one as well as information about the interaction, if any

TABLE 27. IDENTIFYING OPERATIONAL PURPOSES (OPERATIONAL OBJECTIVES) AND MEASUREMENTS (CONTINUED)

IDENTIFY OPERATIONAL PURPOSES (OPERATIONAL OBJECTIVES)/POSITIVE OPERATIONAL OUTCOMES	USE OPERATIONAL PURPOSES TO GUIDE THE CONDUCT OF THE ASSESSMENT AND THE ELABORATION OF RECOMMENDATIONS	MEASURING THE OPERATIONAL PURPOSES/OPERATIONAL OBJECTIVES
Camila will not be rerecruited by a gang	How can Camila be prevented from being rerecruited by a gang?	<ul style="list-style-type: none"> • Camila participates once per month outside the juvenile centre in meetings with municipal social workers in charge of preventing gang • Camila participates once per month outside the juvenile centre in discussion groups organized by the social services department in cooperation with her neighbourhood community members
The rehabilitation and reintegration plan is adapted/ modified regularly, if necessary	How can the rehabilitation and reintegration plan be adapted so that it is successful?	<ul style="list-style-type: none"> • The regulations allow for the possibility of adapting the rehabilitation and reintegration plan on the basis of each progress report • Prepare a report of the multidisciplinary meeting held to discuss Camila's situation after each progress assessment
Camila's family provides her with safety, stability and nurturing relationships	How can Camila's family provide her with safety, stability and nurturing relationships?	<ul style="list-style-type: none"> • Camila feels safe visiting her family at home • Camila is not abused or neglected when she visits her family • Her mother shows up reliably for scheduled visits • Camila feels psychologically supported by her mother • Camila feels psychologically supported by her father, who visits her regularly, and feels that he will protect her if necessary
The caregivers in the juvenile center (probation officers, psychologists, social workers, nurses, teachers, etc.) provide safety, stability and nurturing relationships for Camila	How can Camila's caregivers provide her with safety, stability and nurturing relationships?	<ul style="list-style-type: none"> • Camila feels safe at the juvenile centre • She feels safe with the professionals who work at the centre • Camila is not a victim of abuse (including neglect) at the centre • The professionals at the centre do not cancel any appointments made with Camila • Camila feels psychologically supported by the professionals at the centre
Identify, protect and reinforce protective factors and enhance Camila's strengths	How can Camila's protective factors be identified, protected and reinforced and her strengths be enhanced?	<ul style="list-style-type: none"> • Use the protective factors and strengths grid tool

5. Identifying a professional to conduct the progress assessment

In the context of the detention of a child in a juvenile centre, a progress report is developed following: (a) a preliminary psychosocial assessment and a subsequent rehabilitation and reintegration plan elaborated by a psychosocial professional; and (b) a progress assessment conducted by a psychosocial professional. In addition to having received training on the needs of the child, the psychosocial professional has the ability to communicate with and work as part of a multidisciplinary team with psychologists, teachers, lawyers and doctors as well as professionals from other fields.

It is important to emphasize that such an assessment should never be conducted by law enforcement authorities.

6. Practical guidance for the progress assessment

(a) Follow-up with a comprehensive assessment

For children deprived of liberty or in an agency's care, it is recommended to conduct a follow-up comprehensive assessment at minimum every six months, or more if there is a major change in the child's life. The comprehensive assessment can be carried out as part of the progress assessment, with its outcomes shared in the progress report. The progress report contains updated information about the rehabilitation and reintegration plan at the ecological level. Progress reports allow the multidisciplinary team, the child and the family to stay informed about the rehabilitation and reintegration plan and for the case manager to change or adjust psychosocial interventions and schedules.

In other words, the follow-up assessments carried out as part of the progress assessments allow professionals to:

- Measure the overall progress of the child's rehabilitation and reintegration at the child, social and systemic levels
- Monitor the continuity of the protective factors and that the deprivation of liberty has not stripped the child of them
- Monitor the conditions of detention relating to any potential increase in psychological issues, physical health problems, the risk of being a victim of violence, the distance from family and positive relationships with peers
- Regularly review the supervision level and supportive interventions for the child deprived of liberty with a view to adapting them
- Adapt the rehabilitation and reintegration plan, including by revising plans for preparing for release and after-care interventions

Following the situation of a child through the use of progress reports is essential for the case manager to prevent problems before they arise, to ensure that the rehabilitation and reintegration plan is adapted to the psychosocial situation of the child and to keep the multidisciplinary team informed of the progress of the plan.

(b) Integrated support for rehabilitation and reintegration

There is sometimes a misconception as to the steps to take concerning the rehabilitation and reintegration of children deprived of their liberty. Some professionals might focus on rehabilitation during incarceration and on reintegration after release. However, for the purposes of effective implementation, rehabilitation and reintegration should be seen as complementary and should be implemented in an integrated manner as early as possible after the child comes into contact with the justice system.

Reintegration should not be considered to be a second step, to be implemented after release; reintegration must be at least partially achieved during the period of detention. The deprivation of liberty should be used, if at all, only as a measure of last resort and in the least restrictive way, with a view to keeping the child safe from their own behaviour or making sure that they receive the most appropriate psychosocial interventions. This means that support for and the restoration of social bonds should be pursued throughout the detention period. This is especially important for countering the negative effects of the deprivation of liberty on the child's development and well-being.

A variety of measures can be implemented to support the social dimension of reintegration by favouring the child's contact with the outside world. For instance, if a child can attend school daily without close supervision, they must be allowed to go to school outside the juvenile centre to promote successful reintegration. During weekends and holidays, in accordance with the school calendar, children should be allowed to celebrate or commemorate an event or tradition of cultural or religious significance. Beyond a regular schedule of family visits at the centre, children should also be allowed a break from their everyday routine to visit their family. Such visits can be undertaken with or without the close supervision of a professional, depending upon considerations regarding the child's safety, their need for supervision and their psychosocial situation.

As is the case for reintegration, ensuring the continuity of support for the rehabilitation of the child after release is essential to their psychological and physical recovery.

(c) Strengths and protective factors

During the progress assessment process, assessors collect information about protective factors, including strengths. Such factors should be clearly detailed in the assessment report (see part two, chap. V). This step is crucial for safeguarding the well-being of the child during the deprivation of liberty, as it enables decision-makers to ensure, when making their decisions, that the protective factors will be preserved.

Moreover, professionals should use the follow-up assessments to ensure that the protective factors have been safeguarded throughout the detention period. The monitoring of protective factors is particularly relevant when children are deprived of liberty. If it is observed that some protective factors have been removed due to detention, appropriate interventions should be made as soon as possible. Removing protective factors from a child can significantly increase their psychosocial difficulties and is therefore counterproductive to the reduction of recidivism. For instance, if a child is used to playing soccer regularly and it helps them to learn social rules and manage their emotions, then preventing them from playing a similar team sport can create behavioural problems and slow down their social development.

Importantly, protective factors, including strengths, should be assessed at each level of the ecological framework: child; family, peer and community; and systemic. The negative impact of the deprivation of liberty from the point of view of the child's relationship with their family/caregiver and their school (family, peer and community level of the ecological framework) is especially apparent, as detention always means the separation of children from their accustomed environments. However, it is also important to recognize the ways in which the deprivation of liberty can affect strengths and protective factors at the child level, for instance by worsening mental health. Similarly, assessing protective factors at the systemic level is crucial for the continuation of rehabilitation and reintegration after release and should be taken into account for planning after-care interventions appropriately.

In conclusion, the progress assessment plays a crucial role in the preservation of protective factors, one of the main priorities when children are deprived of liberty.

(d) Nurturing environment

It is of crucial importance to explore the notions of safety, stability and nurturing relationships during the progress assessment, so that they can be appropriately reflected in the assessment report.

“One especially important domain of risk and resiliency involves social interactions and environmental contexts associated with family and caregiving relationships. Children and adolescents experience much of their world through relationships with parents and caregivers. Each of the three dimensions of safe, stable, nurturing relationships represents a significant aspect of the social and physical environments that protect children and promote their optimal healthy development.”¹⁵⁹

In a juvenile centre, the caregivers are the professionals (probation officers, psychologists, social workers, nurses, teachers, etc.) who work daily with children; they play a crucial role in the child’s social relations. In the context of the deprivation of liberty, children often interact more with those caregivers than with their family members. Therefore, the relationships between the child and the professionals are fundamental to the healthy development of physical, emotional, social, behavioural and intellectual capacities.¹⁶⁰ This means that, when considering the family, peer and community level of the ecological framework in a context of deprivation of liberty, the relationships within the facility itself should be considered to be highly important.

In other words, the notion of safety (the absence of threat, neglect and violence) should be assessed with both the family members and the caregivers at the detention centre. In the case of Camila, she should be free from fear and harm within her social and physical environment, both when she is with her family and when she is in the care of the professional caregivers in the detention centre. The notion of stability (consistency and predictability in the child’s environment) should also be assessed with both the family and the caregivers. In the case of Camila, professionals should be consistent in the psycho-social care that they provide and should build relationships of trust with her (e.g. not lie to her). The notion of nurturing (availability, sensitivity and warmth in responding to a child’s needs) will also be part of the progress assessment. For example, the professional caregivers who work with children in a juvenile centre must demonstrate warmth towards the children and provide adequate supervision and supportive interactions.

In the progress report, all three dimensions (safety, stability and nurturing) should be addressed at the family/caregiver level as they are essential for healthy development.

7. Progress assessment plan for Camila

In the context of the deprivation of liberty, Camila will be assessed by means of the progress assessment. Since the assessment of progress should be linked to the rehabilitation and reintegration plan, Camila’s progress assessment plan (see table 28) is based on her rehabilitation and reintegration plan, which was prepared by a case manager. The progress assessment plan is a living document that must be regularly updated.

¹⁵⁹ Heather A. Turner and others, “The prevalence of safe, stable, nurturing relationships among children and adolescents”, in *Juvenile Justice Bulletin*, No. 249197, Office of Juvenile Justice and Delinquency Prevention National Survey of Children’s Exposure to Violence Series (September 2017).

¹⁶⁰ United States, Centers for Disease Control and Prevention, “Preventing child maltreatment through the promotion of safe, stable, and nurturing relationships between children and caregivers” (Atlanta, Georgia, 2009).

TABLE 28. CAMILA'S PROGRESS ASSESSMENT PLAN

Child's name:	Camila XYXYXYXY	Child's date of birth and age:	15/01/2007 15 years and 8 month(s)	Child's sex:	Female
Requester:	Juan XYXYXY Director of Juvenile Center	Date of request:	15/08/2022	Deadline:	31/08/2022
Main question (main purpose of the assessment)	<p>Implement the psychosocial interventions most appropriate for Camila's psychosocial situation inside and outside the juvenile centre to enable successful rehabilitation and reintegration</p> <p><i>What psychosocial interventions are most appropriate for improving Camila's psychosocial situation inside and outside the juvenile centre?</i></p> <p><i>Are the interventions implemented in a manner that enables successful rehabilitation and reintegration?</i></p>				
Operational questions (operational purposes of the assessment)	<p>The recommendations indicated in the report of the national ombudsman call for the minimum level of living conditions in Camila's cell to be followed, including changes to the number of children in her cell, access to hot water; the quality of the bed and the provision of a mattress, clean laundry, ventilation and natural light. The recommendations can be used as a basis to determine the operational purposes and questions.</p> <p><i>How can the recommendations set out in the report of the national ombudsman be implemented?</i></p> <p>Camila stays in her room to sleep at night and when she needs time for herself; the rest of the time, she can attend school or vocational training, spend time with her relatives inside or outside the juvenile centre or participate in recreational activities or free time with other children</p> <p><i>How can the juvenile centre organize recreational activities, visits to relatives and school and vocational training to allow Camila to be outside of her cell during the day?</i></p> <p>Camila is allowed to eat three times per day in the cafeteria with other children from the juvenile centre</p> <p><i>How can the juvenile centre offer the possibility of eating three times per day in the cafeteria with other children from the centre?</i></p> <p>Camila can file a complaint against her stepfather if she wishes</p> <p><i>How can Camila file a complaint against her stepfather?</i></p> <p>Camila will be protected from her stepfather when she is outside the juvenile centre</p> <p><i>How can Camila be protected from her stepfather when she is outside the juvenile detention centre?</i></p> <p>Camila recovers from her psychological trauma</p> <p><i>How can Camila recover from her psychological trauma?</i></p> <p>Camila recovers from the gynaecological problems caused by the sexual assaults she suffered for years</p> <p><i>How can Camila recover from the gynaecological problems caused by the sexual assaults she suffered for years?</i></p> <p>Camila goes to school and/or vocational training five days per week inside or outside the juvenile centre and has a realistic plan for school or professional training until she reaches 18 years of age</p> <p><i>How can Camila go to school and/or vocational training five days per week inside or outside the juvenile detention centre?</i></p> <p><i>What is the best option for her given her skills and wishes</i></p>				

Operational questions (operational purposes of the assessment)	<p>Camila maintains a good relationship with her mother and brother <i>How can Camila maintain a good relationship with her mother and brother?</i></p> <p>Create or maintain positive relationships with other relatives <i>How can positive relationships be created or maintained with other relatives?</i></p> <p>Camila will not be rerecruited by a gang <i>How can Camila be prevented from being rerecruited by a gang?</i></p> <p>The rehabilitation and reintegration plan is adapted/modified regularly, if necessary <i>How can the rehabilitation and reintegration plan be adapted/modified so that it is successful?</i></p> <p>The family provides safety, stability and nurturing relationships for Camila <i>How can Camila's family provide her with safety, stability and nurturing relationships?</i></p> <p>The caregivers in the juvenile detention centre (probation officers, psychologists, social workers, nurses, teachers, etc.) provide safety, stability and nurturing relationships for Camila <i>How can Camila's caregivers provide her with safety, stability and nurturing relationships?</i></p> <p>Preserve the protective factors and reinforce Camila's strengths <i>How can the protective factors be preserved and Camila's strengths reinforced?</i></p>		
Disability of child or parent/legal guardian:	No	What does this mean in terms of adaptation for assessment?	
Cultural and logistical aspects (any cultural or logistical considerations that may affect on the child and parents/legal guardian's ability to be	Language	<ul style="list-style-type: none"> Spanish (fluent) Indigenous regional language (mother tongue) 	
	Religion	Christian	
	Customs (holidays, clothing, greetings, typical rituals, settings)	No information.	
	Games and leisure	<ul style="list-style-type: none"> She likes to play basketball She likes to listen to music 	
	Food	No information yet	
	Location	<ul style="list-style-type: none"> Juvenile centre A dedicated room should be prepared for the interviews 	
Need for consent from parents/legal guardians	No need for consent in the context of the deprivation of liberty	If yes, how?	There is no need for consent in the context of the deprivation of liberty, but the "consent stage" is important. Therefore, time should be spent with Camila and her mother to explain the objectives of the progress assessment and to give them the opportunity to ask questions.

TABLE 28. CAMILA'S PROGRESS ASSESSMENT PLAN (CONTINUED)

<p>Available psychosocial services</p>	<p>Government agencies/ institutions:</p> <p>Centro nacional de Ginecologico Contact: Mr. XXX YYY Phone: + 56 5455665556 Email: xyxyxy@xyxyxy.xy</p> <p>Centro nacional de Psicología do Trauma Contact: Ms. XXX YYY Phone: + 48 6936781551 Email: xyxyxy@xyxyxy.xy</p> <p>Centro nacional de Psicoterapia Contact: Mr. XXX YYY Phone: + 96 2336597896 Email: xyxyxy@xyxyxy.xy</p> <p>Focal point Escuela intermedia Contact: Ms. XXX YYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>National System for Integral Family Development Contact: Mr. XXX YYY Phone: + 96 2336597896 Email: xyxyxy@xyxyxy.xy</p> <p>Rehabilitation and Reintegration Office Department of Juvenile Justice Contact: Ms. XXX YYY Phone: + 354 12568944 Email: xyxyxy@xyxyxy.xy</p> <p>Ministerio de Juventud y Deporte Contact: Ms. XXX YYY Phone: + 98 6975931564 Email: xyxyxy@xyxyxy.xy</p> <p>Focal point National Plan for Childhood and Adolescence Contact: Ms. XXX YYY Phone: + 98 6975931564 Email: xyxyxy@xyxyxy.xy</p> <p>Community-based organizations, national and international NGOs, United Nations agencies:</p> <p>Happiness Childhood Association Contact: Ms. XXX YYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>Regional Family Support Association Contact: Ms. XXX YYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p>	<p>Available legal and administrative services</p>	<p>Special Rapporteur on the rights of indigenous peoples Contact: Mr. XXX YYY Phone: + 56 5455665556 Email: xyxyxy@xyxyxy.xy</p> <p>Special Rapporteur on extrajudicial, summary or arbitrary executions Contact: Ms. XXX YYY Phone: + 48 6936781551 Email: xyxyxy@xyxyxy.xy</p> <p>Independent children's lawyer Contact: Mr. XXX YYY Phone: + 96 2336597896 Email: xyxyxy@xyxyxy.xy</p> <p>Child sexual abuse lawyer Contact: Mr. XXX YYY Phone: + 12 368782136 Email: xyxyxy@xyxyxy.xy</p>
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Available psychosocial services	<p>Club La Santa Sport and Activities for teens Contact: Mr. XXXYYY Phone: + 96 2336597896 / Email: xyxyxy@xyxyxy.xy</p> <p>UNICEF Contact: Mr. XXXYYY Phone: + 12 368782136 / Email: xyxyxy@xyxyxy.xy</p> <p>All Together Community Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>Protect Our Children Contact: Ms. XXXYYY Phone: + 354 12568944 / Email: xyxyxy@xyxyxy.xy</p> <p>SOS Children's Villages Contact: Ms. XXXYYY Phone: + 78 454454587 / Email: xyxyxy@xyxyxy.xy Save the Children</p> <p>Contact: Ms. XXXYYY Phone: + 78 454454587 / Email: xyxyxy@xyxyxy.xy</p>	Available legal and administrative services	
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METHODOLOGY

Written records and how to access them:	<ul style="list-style-type: none"> • Rehabilitation and reintegration plan • Psychosocial assessment report drafted to establish the rehabilitation and reintegration plan • Judicial decision 	Tools for collecting the records:	The documents are automatically transmitted to the assessor; in accordance with the protocol
Information directly from professionals:	<p>Medical check-up conclusion and recommendations Contact: Mr. XXXYYY Phone: + 465 985244242 Email: xyxyxy@xyxyxy.xy</p> <p>Mental health assessment report Contact: Ms. XXXYYY Phone: + 54 64644565 Email: xyxyxy@xyxyxy.xy</p> <p>School evaluation report Contact: Ms. XXXYYY Phone: + 46 6466654585 Email: xyxyxy@xyxyxy.xy</p>	Tools for collecting information from professionals:	The assessments are part of the protocol for the progress assessment and are automatically shared by the relevant professionals with the assessor in response to a formal request made using the information-sharing template
How many interview sessions for the child?	One interview session with Camila	Tools for collecting information from the child:	Checklist for children

TABLE 28. CAMILA’S PROGRESS ASSESSMENT PLAN (CONTINUED)

How many interview sessions for the parents/legal guardian?	One interview session with the mother	Tools for collecting information from the parents/legal guardian:	Checklists for parents/legal guardians or caregivers
Tools for categorizing/analysing information collected:	<ul style="list-style-type: none"> • Objectives measurement grid • Report template 		

8. Information collected during Camila’s progress assessment

The information collected during Camila’s progress assessment is shown in table 29 as an example of how to organize the psychosocial components within the ecological framework template.

TABLE 29. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK

ECOLOGICAL FRAMEWORK	CHILD LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Camila is creative • She is curious and open-minded • She loves learning • She is enthusiastic when professionals talk about helping her in her rehabilitation and reintegration • She enjoyed her first sessions with the psychologist 	FOSTER CAMILA’S REHABILITATION AND REINTEGRATION
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila does not manage her painful emotions well • She often feels afraid when she is alone • The mental health professional has diagnosed Camila with PTSD • She has apparently lost her ability to concentrate; she explains that before, it was easy for her to follow lessons at school, but now she gets tired quickly or has trouble listening • She has negative self-perception and self-esteem 	
		Physical Health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Camila can play several musical instruments very well and likes to practice; she regularly plays music at the juvenile detention centre • She maintains good physical hygiene • She has specific knowledge about different drugs and their consequences on physical health 	
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila has gynaecological problems • She has severe toothache • She does not have knowledge about birth control or how to prevent sexually transmitted diseases 	

ECOLOGICAL FRAMEWORK	FAMILY, PEER AND COMMUNITY LEVEL	Mental health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Her mother supports her psychologically and they see each other once a week • She feels loved by her mother and brother. • She likes to draw 	FOSTER CAMILA'S REHABILITATION AND REINTEGRATION
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila is afraid that a gang member will approach her again • She has difficulty feeling safe with adults • She misses her father; she has explained that he taught her to play music when she was younger 	
		Physical health	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Some relatives and other adults in Camila's community have expressed their availability and motivation to accompany her wherever she goes after her release (uncle, her friend's mother, her best friend's father) • Camila's mother has explained that she is separating from Camila's stepfather, and until the final logistical arrangements for the separation are completed, he will not be at home when Camila visits the family 	
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila is in physical danger in her community since her ex-boyfriend has threatened her • Her stepfather sexually assaulted her on several occasions 	
		Social aspect	<p>Protective factors and strengths</p> <ul style="list-style-type: none"> • Camila is motivated to participate in a mentoring programme at the juvenile centre (teaching other children to play music) • The social services department, in cooperation with people in her neighborhood, organizes a discussion group once per month outside the juvenile centre • Camila has friends who are not gang members and are not involved in criminal activities; they play music and are in a band together • She likes to take care of her younger brother • She goes to school five days per week outside the juvenile centre 	
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila's mother still does not allow her to see her father, so she cannot speak with him or share any activities with him 	

TABLE 29. GROUPING CATEGORIES BY PSYCHOSOCIAL COMPONENT WITHIN THE ECOLOGICAL FRAMEWORK (CONTINUED)

ECOLOGICAL FRAMEWORK	SYSTEMIC LEVEL	Mental health	<p>Protective factors</p> <ul style="list-style-type: none"> • Two national mental health centres have an agreement with the juvenile centre • Camila has explained that she feels comfortable with the mental health professionals at the juvenile centre and she appreciates meeting with them for support sessions 	FOSTER CAMILA'S REHABILITATION AND REINTEGRATION
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila will not receive free mental health support after her release. 	
		Physical health	<p>Protective factors</p> <ul style="list-style-type: none"> • A restraining order has been issued by the court to protect Camila from her stepfather • Camila has two appointments scheduled (one with a gynaecologist and one with a dentist) in two different health-care facilities that have agreements with the juvenile centre • Camila has explained that she feels comfortable with the two general practitioners who work at the juvenile detention centre and that she appreciates that the nurses from the centre take care of her on a daily basis with respect to her gynaecological problems 	
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila will not receive free physical health care after her release • She is still waiting for her new bed and mattress; hers are in very poor condition and therefore her back hurts and her sleep is poor 	
		Social aspect	<p>Protective factors</p> <ul style="list-style-type: none"> • The national social services department in Camila's city in charge of preventing recruitment organizes monthly meetings for children outside the juvenile centre • Camila recently received her own cabinet in which to store her personal items • She has received legal support to file a complaint against her stepfather 	
			<p>Vulnerabilities</p> <ul style="list-style-type: none"> • Camila does not trust police officers from her community enough to talk to them in case a gang member approaches her to recruit her • Her laundry is rarely done at the juvenile centre, because she is at school when the service comes to pick up the laundry 	

9. Resilience-focused recommendations for Camila

Along with the progress report, the information gathered via the ecological framework (see table 29) helps to measure whether the operational objectives (subobjectives) have been achieved. The recommendations will be adapted to the objectives to facilitate their achievement.

TABLE 30. RESILIENCE-FOCUSED RECOMMENDATIONS AT THE THREE ECOLOGICAL LEVELS

THREE ECOLOGICAL LEVELS	CONSOLIDATE AND PRESERVE PROTECTIVE FACTORS AND STRENGTHS	ADDRESS VULNERABILITIES BY BUILDING NEW STRENGTHS AND PROTECTIVE FACTORS
Child level	<ul style="list-style-type: none"> • Give Camila the opportunity to participate in a drawing class once per week • Continue the sessions with the same psychologist • Continue to give her the opportunity to play musical instruments 	<ul style="list-style-type: none"> • Professionals should be particularly calm and warm with Camila to support her emotionally and help her to manage her emotions • Continue psychological sessions to work on Camila's PTSD, ability to concentrate and feelings of fear • Ensure that she can go to her appointments with the dentist and the gynaecologist • Make an appointment with the nurse to provide knowledge to Camila about birth control and the prevention of sexually transmitted diseases
Family, peer, and community level	<ul style="list-style-type: none"> • Continue to organize visits with Camila's mother on weekends • Continue to organize logistical arrangements for Camila to attend school outside the juvenile centre from Monday to Friday • Start the mentorship project (give Camila the opportunity to teach other children to play music) • Contact relatives and adults from the community, with the consent of the mother, to accompany Camila once per week to school in place of the probation officer • Allowing Camila to attend her younger brother's birthday party 	<ul style="list-style-type: none"> • Work with Camila's mother to understand the situation with Camila's father; and possibly allow Camila to reconnect with her father • Regularly check with the mother that Camila's stepfather is not at home before accompanying her to visit her family • Propose to Camila that she participate once a month outside the juvenile centre in a discussion group organized by the social services department in collaboration with people who live in her neighborhood
Systems level	<ul style="list-style-type: none"> • The social services department of the region has created several dedicated services to support children if they are approached by a gang member attempting to recruit them. The professionals who work in these services have received specialized training for dealing with children. Meetings between Camila and the professionals who work for this service will be organized outside the juvenile centre to encourage Camila to continue to meet with them in case she is approached by a gang member after her release. • Organize another meeting with Camila's lawyer to check whether an early release could be requested 	<ul style="list-style-type: none"> • Propose to Camila that she participate once a month outside the juvenile centre in meetings with the social services department in charge of the prevention of recruitment in her city • Develop arrangements so that Camila's laundry can be done once per week at the juvenile detention centre



UNODC

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