



Co-funded by the Erasmus+ programme of the European Union
Project Number: 2017-1-IT01-KA202-006241



Guidelines to provide unaccompanied children with aftercare services once they are found.

- The first contact-

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Partners



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1. Introduction

Human qualities play a more important role than knowledge and the actual mastery of techniques since it is more difficult to teach a sense of service or commitment to a person with broad technical knowledge and skills than to give those same skills and person with human qualities, committed to people.

The work on the recovery of missing children is demanding and the person characteristics are decisive for success. Personal characteristics to develop:

- Social sensitivity: it requires an ability to perceive and respond to the individual's needs, problems, emotions, preferences and ways of thinking and what he is and wants; ability to perceive the pain that is not seen.
- Belief and trust in people and their capacity to achieve and solve problems: it is necessary for the social worker to be convinced that all people are capable, impelling them to be protagonists in solving their own problems and to leave their situation. However this is not enough, people must be given the means to live, and help them or create the conditions for them to find, first and foremost, a reason.
- Ability to motivate and stimulate: ability to move, guide and activate behaviours, to induce action so that the individual can achieve their goals because social work programs depend on the motivation and interest of the people involved to be active means of the self process and change of situation. For this to happen it takes some enthusiasm and optimism. The social worker has to be able to generate initiatives and suggest solutions to problems, respecting freedom of choice and choice of each person.
- Ability for the human relationship: capacity for good and to potentiate encounters. This does not mean that the social worker has to have a style of relationship that pleases each of his clients, but it requires a work tactic based on "seduction" as a way to establish relationships of sympathy and trust with people, offering affection and interest by the customer. This requires an ability to overcome tense situations and conflicts, to assume the diversity of ways of being and also the ability to understand the faults of the other.
- Human maturity: taking responsibility for their actions and commitments, realizing the facts in a realistic way, accepting other people as unique, different and irreplaceable individuals, ability to act with balance.
- Strength and hard work to overcome difficulties: we must be persevering and act knowing that difficulties exist and we have to overcome them.

2. The first contact

The manner in which the first service takes place is always of vital importance. This is usually a difficult time for the child or young person and their families, who are weakened by the crime and who, for the most part, are unaware of the kind of support we can provide. In the same way, the first service is equally important and challenging for the professionals themselves, since they will have to respond adequately to the different purposes of this initial service. It is a time of mutual evaluation in which both parties (professional and victim) will be concerned about what the other thinks.

The child or young person can bring with him many expectations, fantasies, fears and insecurities about his role, what the professional expects of himself and of revealing personal information and particularly sensitive to a stranger. These fears and expectations are brought to the first care, and may exert some influence on the professional's work, so it is important that they be approached with the child or young person in a clear way so that the support process can begin.

The professional will also experience their own anxieties throughout the care:

- fear of being evaluated as incompetent, failure to control the conversation, not knowing what to say, the child or youth being uncooperative or hostile and / or unable to respond adequately to the needs presented by the child.

In order that this initial anxiety (shared by the child or young person and the professional) does not significantly affect the first care, we must make an effort to promote the relief of tensions and fears, in order to provide a productive space for the child or young person and for ourselves.

We can therefore point out some suggestions so that we can reduce the initial tension and anxiety usually associated with the first care:

- Knowing previously the physical space of the service, since being familiar with this contributes to the increase of the will;
- Internalize that it is not mandatory to answer all the questions that may be directed by the child, young person or their relatives;
- Feeling that almost everything we say is reparable;
- Be aware that we do not have to formulate all the questions or obtain answers to any questions the child, young person or family members may have: there are always opportunities to clarify confusing or unclear information;
- Allowing the child or young person to pause or silence and intervene only when strictly necessary: silence during the session is not necessarily negative, but we must pay attention to the way the child or young person interprets it (especially silence by the professional);
- Avoid expressing, verbal or corporeal, strangeness or confusion: it is preferable, in cases of absolute necessity, to leave the service room to consult our coordinator or a colleague.

Any professional, regardless of his area of intervention, must be able to carry out the first service, since in this, more than a specialized support, it is intended to achieve other purposes, listed below.

Thus, the first service has essentially two purposes:

a) **Providing emotional support**

The first care is perhaps the moment in which the victim presents in a more precarious emotional situation, due to the temporal proximity of the traumatic occurrence. It is the moment when you need to communicate with someone who can demonstrate understanding and, more than that, empathy for your problem. The quality of this type of support stems essentially from the personal competences of each professional, from the assimilation and application of the communication rules referred to above, as well as from the experience accumulated throughout their daily practice;

b) **Collection of information**

This collection must be in line with the problem and must be commensurate with the gravity of the situation under consideration.

We must seek to collect information at three levels:

- **Personal history and pre-victimization:** we must analyse the family history of the child or young person.
- **The educational history** also contains important aspects that can provide elements inherent in the social context of the victim and his primary support network;
- **Narration of victimization:** we must seek to identify the origins, evolution and dynamics of victimization, as well as initiatives to solve the problem, especially with the family or legal representatives.

It is important to collect and exploit some data to allow the initiation of a risk assessment:

- Nature of violence and aggressor (eg, disability or mental health status; information about alcohol or drug dependence);
 - Detail of the incidents of aggression;
 - Severity and frequency patterns;
 - Identification of alarm signals;
 - Extension of the lesions provoked (as an indicator of the severity involved);
 - Existence of risk factors for the occurrence of severe violence (eg, possession of a weapon by the aggressor).
- History of post-victimization: In order to effectively evaluate the impact of victimization, we must also analyse the conditions for intensifying or perpetuating the problem (ie, what keeps or aggravates the problem). We must also know the strategies that the child or young person uses to deal with the problem, as well as their abilities to generate change, which implies knowing their primary and secondary support network, also assessing their degree of social isolation and their situation in the family context.

The more detailed and useful the information collected, the better the assessment of the problem (s) and the legal, psychological and social needs assessment. Consequently, the intervention strategies outlined will be more efficient. However, if the victim's discourse reveals contradictions, doubts or omissions of important information, we should explore complementary sources of information (eg, family members, friends, other professionals who contact the child or young person; institutions), with the prior consent of the child or young person.

An **intervention plan should be structured** jointly, bearing in mind the request made. This request is sometimes not very explicit and may possibly be implemented in a somewhat camouflaged way, such as a request for information or through the claim that it is a friend who is experiencing the situation described. Faced with this, it is up to us to decompose that request, understanding what is implied and, first, helping the child or young person to speak directly about the situation experienced. We must focus on the present, since the call for aid is almost always focused on current problems, even though they may originate in a more or less recent past.

When all the information is gathered, it will be possible to carry out an evaluation of the collected data.

Thus, by taking the available information, and preferably by gathering with colleagues from other scientific areas, we must carry out the evaluation of the problem, proceeding as follows:

- Definition of the overall problem, considering the whole environment of the child or youth;
- Legal, psychological, medical and social needs assessment: what kind of support should the child or youth and parents and family receive?

3. Crisis intervention

If the victim is the person who suffers from the consequences of an act classified as violent and knowing that it constitutes a traumatic, sudden, negative and violent event that calls into question his or her physical and / or psychological integrity, certain situational circumstances may arise. Likewise, the suspicion or discovery that a child or young person is or has been a victim of violence may represent a time of crisis for the family or their primary caregivers. This state of the victim and / or his / her caregivers and family should be taken into account by the professionals, so it is important to state their main features.

Thus, the crisis has the following repercussions:

- Manifestation of intense psychological reactions: crying, panic, confusion, anguish, shame, low self-esteem, guilt, revolt, psychosomatic disorders, predominance of memories of traumatic experiences;
- Manifestation of social and economic pressures that lead to blockade, associated to the lack of knowledge of their rights.

The duration and intensity of the crisis period depend essentially on three factors:

- Degree of violence against the victim;
- ability of the victim to deal with the problem;
- Aid you receive after the traumatic episode.

However, the crisis situation also presents itself as a challenge: it is the positivity of the crisis situation that professionals must exploit when intervening with the victim. It is clear that the support given at a time of crisis is crucial, requiring immediate intervention with a person who is highly fragile.

Intervention in the event of a crisis should therefore be guided by the following steps:

- **End the violence**, with the aim of triggering protection procedures for the victim;
- **Assess the risk and safety of the child**, young person and their families;
- **Establish proper relationship** and communication with the child, youth and their families;
- **Identify the main problems**;
- **Deal with feelings** and provide support;
- **Explore possible alternatives**;
- **Formulate an action plan**;
- **Provide follow up.**

Crisis intervention should aim to meet the following objectives:

- Break with the idea of a unique case;
- Help parents or caregivers understand the impact of violence and correctly interpret some of the behaviours of the child or youth;
- Help the family and the child or youngster cope with fantasies about the impact of violence, avoiding catastrophization;

- Dealing with the search for explanations;
- Dealing with feelings of guilt from parents and the child or youth (explaining the aggressor's strategies and the difficulties inherent in disclosure);
- Avoid silencing or pressure "to forget" or to forgive (a situation that is more common in cases of intra-family sexual violence);
- Avoid attempts to "do justice with one's own hands";
- Sensitize parents to the importance of supporting the child or young person;
- Promote parental supervision (especially when the perpetrator has easy access to the child or young person);
- Stabilize the routines of the child or young person, in order to avoid the hyper protection of the child by their caregivers;
- Help parents cope with the child's or young person's doubts;
- Promote hope in the recovery and resolution of the problem;
- Explain the necessary legal and medical procedures.

Crisis intervention involves two phases:

a) **First phase of the intervention:** recognize the child or young person as victim, showing us that they are available to:

- Listen to your version of situational facts and circumstances adjacent to violence;
- Respect their psychological reactions, values, difficulties, living conditions and needs;
- Facilitate the release of negative emotions and feelings.

b) **Second stage of intervention:**

- Contribute to the awareness that victim status an exhausting form of self-esteem;
- Have a positive attitude towards the potential of the child or young person and their relatives;
- Encourage a more insightful and realistic view of your condition.

However, given the specific characteristics of the victimization experience, intervention in crisis is often not sufficient. Thus, there is a frequent need to ensure a continuous intervention work in order to collaborate with the child, youth and their families in the reorganization of their life project.

Thus, intervention in crisis and continued intervention are therefore complementary. We can have several areas of intervention, depending on the institution or service we are in.

We will only address three areas of action or three types of support that can be provided in different institutions and services by specialized professionals:

- Juridical support;
- Psychological Support;
- Social support.

Still, other areas of intervention may be provided by the respective professionals, whose competence is, of course, exclusive, such as: Medical Support and Nursing care; the Domiciliary Support; the Sociocultural Animation.

In any type of support it is important to retain two essential aspects for the provision of quality support to children and young victims of violence:

1. The type of support we provide is aimed at children and young people, so we must take into account developments in recent years in scientific areas such as Sociology, the Psychology of Childhood and Adolescence, Pediatrics. These areas are constantly evolving and the investigations carried out in these areas always bring valuable new contributions to the intervention.

2. The type of support we provide is intended for children and young people who are or have been victims of crime and violence. This requires that we also pay attention to studies that have been carried out in specialized areas such as victimology, as well as what is advocated as standards of quality and good practice in victim support organizations in various countries. We must also invest as professionals, ensuring the provision of quality services to these victims of crime and violence.

Both aspects point to the need to continue to study and participate in training activities (eg training courses, meetings, meetings of professionals), while acting as academically qualified professionals with daily practice and accumulated experience.

In this way, we are able to guarantee that our knowledge is not stagnant, that can be developed continuously, ensuring a better quality in the procedures used during the process of support to children and young victims of crime and violence.