RECOMMENDATION

2014-1-TR01-KA202-013194 EURehabChildren

"Integrated European Model for Rehabilitation of Victim and Offender Children"

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At the end of our studies on modules of *Integrated European Model for Rehabilitation of Victim and Offender Children* some basic principles and recommendations about what to do (TO Dos) and what should not be done (NOT TO Dos) were determined. We believe that compliance with these principles will contribute to reduce the negative impacts on offenders of ;

Violent Crimes
Sexual Crimes
Drug Abuse
Abuse and Neglect

VIOLENT CRIMES

TO DOs

- A medical assessment of the child should be performed as soon as possible.
- ***Be aware of that children do not like to talk about the abuse.***
- Professionals dealing with victim and offender children should be aware of that the abuse takes place over a period of time and the severity of the incident may increase as the time passes
- It should be kept in mind that most of the abuse incidents occur in an isolated environment with no witnesses, there for professionals should pay special attention while interviewing the children

NOT TO DOs

- ***Do not ignore to treat children as children:*** In many cases, professionals ignore that they are dealing with children and treat them like adults which eventually leads to mistakes and
- ***Do not ignore to speak a common language:*** Officials dealing with victim or offender children be able to speak common language. Professionals should talk to children in accordance to their level of physical and mental development. For instance, using specialized medical and legal terms may lead misunderstandings and collecting loose of information
- ***Do not ignore to evaluate the child's understanding abilities:*** It should be kept in mind that each child has an ability to distinguish truth from false which may directly affect the quality and the level of information gathered from the children
- ***Do not ignore to to let the child to relate what happened in his/her own words:*** Professional should give the opportunity to narrate what happened with his/her own words. They should not paraphrase what the child said. Suggestive questions should not be employed during the interview with the child
- ***Do not ignore to to use pre-prepared and structured question:*** Professionals dealing with victim and offender children should develop a well-structured questionnaire regarding the features of the event and the development level of the child before having a conversation with him/her

SEXUAL CRIMES

TO DO

- Keep calm. When children start to talk about the abuse, we have to listen the speech, that can make you feel very strong emotions, but if you be altered, or you become angry, you are impeding that children can share what happened.
- Trust. Believe in them when they told you the story and make sure that they don't feel guilty about what happened. When they told you the sexual abuse, make them feel brave for talk with you.
- Protect. Protect them taking distance from the offender immediately and reporting to the Police.
- Ask aid. In addition to go to at doctor or pediatrician to assess any physic injury (even STD). is critical that children have the opportunity to talk with a specialist Psychologist in children's sexual abuse.
- Love and acceptance. Reaffirm that they can count on your love and the acceptation of the rest of the family. Ensure then that you are going to do all that you could, but never promise something that you are not going to fulfil.
- Keep them aware. Related with the next steps to do, specially with everything related with the court process.

NOT TO DO

- Denied the Sexual abuse.
- Have a panic reaction.
- To blame the children about sexual abuse.
- Take the determination to speak with the offender.
- Make questioned extensively at children.
- Treat children in a different way after their confession.
- Overprotect them.
- Remember continually the fact or abuse.

DRUG ABUSE

TO DO

With **families:** Involving the whole family in prevention activities helps reduce the use of alcohol, tobacco and drugs

With **families:** Collaboration between parents and teachers supports smoking cessation

With **families:** Moreover, home visits for disadvantaged families reduce alcohol and cigarette consumption

With **school students:** Multicomponent interventions delivered at school and based on social influence and/or on learning social skills are helpful for reducing alcohol and drug use, especially cannabis

With **school students:** Moreover, interactive interventions targeted at problem students help reduce substance use and 'drink-driving' behaviour

With **school students:** In addition, peer-led interventions reduce illicit substance use

With **communities:** Multicomponent and interactive interventions delivered in the community reduce drug, tobacco and alcohol use in high-risk youths

With **communities:** Furthermore, community support groups, involving also other family members, help young people living in problem families

With **communities:** Mentoring programmes reduce alcohol use in young people

With **communities:** Computer-based programmes have the potential to reduce drug use when targeted at illicit recreational drug users, at least in the medium term

With **partygoers:** Multicomponent interventions involving the community reduce car accidents, public nuisance and crime related to alcohol consumption

With **partygoers:** Programmes targeting 'drink-driving' and media campaigns reduce car accidents, including fatal crashes

With **partygoers:** Police supervision in venues and their immediate surroundings reduces public disorder while training staff serving alcohol in 'responsible serving' reduces clients' alcohol consumption and intoxication levels

With **the general population:** Mass-media campaigns associated with other interventions, both school-based and/or community-based, can help reduce tobacco use

With **the general population:** They also reduce car accidents and drink-driving behaviours

With **the general population:** Computer-based programmes have the potential to reduce recreational drug use in universal drug prevention programmes, at least in the medium term

With **substance use disorders (not drug-specific):** Adolescent drug use is effectively reduced with family-based treatments. Behavioural therapies can also help, namely with cognitive behavioural therapies, both individual and in groups, as well as integrated models combining different approaches. Motivational interviewing as a standalone approach has given mixed results

With **substance use disorders (not drug-specific):** Continuing care, i.e. interventions following the initial period of more intensive care aimed at managing and sustaining recovery can help to improve treatment outcomes, irrespective of the duration and intensity of the programme

With **amphetamine users:** Some of the drugs used to treat depression (fluoxetine and imipramine) can help amphetamine users stay in treatment in the short and medium term

With **amphetamine users:** For pregnant women, medications to assist detoxification from stimulants can be used but should be reserved when specific symptoms emerge

With **cannabis users:** Problem cannabis use can lead to difficulties performing at work and legal problems; cannabis dependence has been associated with adverse psychological and physical consequences.

With **cannabis users:** Any behavioural intervention (including cognitive behavioural therapy (CBT), motivational interviewing (MI) and contingency management) can help to reduce use and improve psychosocial functioning, both in adults and adolescents, at least in the short-term

With **cannabis users:** Multidimensional family therapy helps reduce use and keep patients in treatment, especially in high-severity young patients

With **cocaine users:** Psychosocial interventions can help to reduce cocaine use by influencing the mental processes and the behaviours related to the addiction

With **cocaine users:** Medicines used to treat other diseases (such as disulfiram for alcohol addiction, antidepressants and antiparkinsonians) can help cocaine users to reduce use

With **cocaine users:** Various psycho-social treatment (including contingency management) interventions for crack abuse/dependence show some positive yet also some limited/short-term efficacy

With **cocaine users:** For pregnant women, medications to assist detoxification from stimulants can be used but should be reserved when specific symptoms emerge.

Psychosocial interventions alone or in addition to the usual care do not make a difference in both treatment and obstetrical outcomes, when standard comprehensive care options are in place, eg prenatal care, counselling

With **opioid users:** Opioid substitution treatment, combined with psychosocial support, helps patients stay in treatment and reduces use and mortality. It also has a positive impact on the mental health of patients

With **opioid users:** Methadone and buprenorphine are the recommended pharmacological treatments. Taking into account clinical practice, methadone is superior to buprenorphine in retaining people in treatment – particularly in the first weeks: and equally suppresses illicit opioid use

With **opioid users:** Heroin-assisted treatment is recommended in adult chronic opioid users who failed previous methadone treatment attempts

With **opioid users:** Opioid substitution treatment is also strongly recommended for pregnant women dependent on opioids, even more than attempting dexotification. Psychosocial interventions alone or in addition to the usual care do not make a difference in both treatment and obstetrical outcomes, when standard comprehensive care options are in place, eg substitution treatment, prenatal care, counselling

With **opioid users:** When detoxification is indicated, methadone or buprenorphine at tapered dosages are used in association with psychosocial interventions

With **opioid users:** Relapse prevention is supported by naltrexone when relapse has major practical implications (for example professionals who risk losing their job or prisoners on probation)

With **dual-diagnosis patients:** Integrated treatment combining pharmacological and psychological interventions seems to help in cases of psychosis and substance use disorders as well as anxiety and opioid disorders

With **dual-diagnosis patients:** The antipsychotic Clozapine helps to control both psychotic symptoms and reduce substance use in dual-diagnosis patients with schizophrenia

With **dual-diagnosis patients:** The therapeutic approach to tackle dual diagnosis, whether pharmacological, psychological or both, must take into account both disorders simultaneously and from the first point of contact in order to choose the best option for each individual

With **opioid injectors:** Infections caused by HIV and Hepatitis C among people who inject opioids can be prevented with opioid substitution treatment and the provision of clean needles and syringes

With **opioid injectors:** People have less risky behaviours when they are in opioid substitution treatment, i.e. they inject less, and even when they continue to inject drugs they take less risks when participating in a needle and syringe programme, participate in outreach and education programmes as well as injecting in drug consumption rooms

With **opioid injectors:** Death among drug users is reduced by keeping them in opioid substitution treatment.

With **opioid injectors:** Hepatitis C treatment is effective in active drug users and opioid substitution treatment is not a contraindication to the treatment

With **opioid injectors:** There is some evidence that education and training interventions with take-home naloxone provision decrease overdose-related deaths

With **opioid injectors:** Intranasal administration of naloxone appears to be effective in treatment of opioid overdose when naloxone injection is not possible

With **opioid injectors:** There is also some evidence that safer environment interventions (i.e. syringe exchange programmes, peer-based interventions and drug consumption rooms) help to reach, stay in contact and foster safer environments for highly marginalised target populations

With **stimulant injectors:** Outreach treatment programmes help stimulant injectors to reduce medical problems, such as skin infections

With **non-injectors:** Interventions including, for example, the distribution of clean crack kits to prevent people sharing crack pipes, personal vaporisors for cannabis users, information, education and communication material and outreach activities may help these users, however more research is needed

Social reintegration — **drug treatment:** Providing drug users with an incentive-based treatment (for example contingency management) together with some employment helps them to improve their social condition

Social reintegration — **drug treatment:** Residential treatment and therapeutic workplaces associated with contingency management improve work attendance and performance

Social reintegration — **criminal justice:** Drug court programmes (as assessed in the United States which is where most drug courts exist and where the vast majority of studies have been conducted) can help people be independent from financial assistance and find employment or enroll in education

Social reintegration — **housing:** Housing interventions to help the employability of drug users should be investigated further

Social reintegration — **education and vocational programmes:** Vocational training aimed at developing specific skills and job-seeking skills helps drug users to find employment

Social reintegration — **education and vocational programmes:** Interventions based on motivational behavioural reinforcement can help methadone maintenance clients find employment

Social reintegration — **employment:** Employee assistance programmes help drug users improve work performance

Social reintegration — **employment:** Supported employment interventions help drug users with mental problems to get a job

With **new psychoactive drugs**: Generally, prevention interventions which stress skills and coping strategies are effective, independently of the substance concerned

With **new psychoactive drugs**: Harm reduction strategies in nightlife settings which have proved to be effective for alcohol may also be effective for new psychoactive substances

With **prescription medicines**: Cognitive behavioural therapy helps to reduce benzodiazepines use when added to tapering dosages in the short term as this is not sustained at 6 months follow-up

With **prescription medicines**: Tailored letters sent by GPs to patients, standardised interview with GPs plus tapered doses and relaxation techniques are promising results of three small studies that deserve further investigation

Prison treatment: Opioid substitution treatment has a very strong protective factor against death in prison for opioid-dependent prisoners. This is also very important when drug users are released from prison and they need to find continuity of treatment in the community

Prison treatment: Substitution treatment is also particularly important in prison as it reduces injecting risk behaviours

Prison treatment: Psychosocial treatments reduce the re-incarceration rates in female drug-using offenders

Prison treatment: For drug-using offenders the use of naltrexone seems to help to reduce their re-incarceration rates

NOT TO DO

With **families:** It is not clear why interventions focusing only on one dimension (for example only schools or only training for parents) are less helpful to reduce substance use in young people

With **school students:** It is still unclear if school-based brief interventions can help to reduce substance use or improve behaviour in young people. School-based brief interventions showed no difference when compared with just the provision of information, yet when compared with no intervention at all, they showed weak evidence of reducing cannabis use

With **school students:** We cannot say if 'booster sessions' are really helpful in reinforcing the main messages of school-based prevention programmes

With **school students:** Interventions that teach social skills might not be helpful in discouraging hard drug use in students

With **school students:** In addition, programmes focused only on peers and those that just provide information might not reduce alcohol and tobacco use

With **communities:** It is not clear if programmes focused only on one component or mentoring programmes are helpful in reducing alcohol as well as drug use

With **communities:** More generally, it is not clear whether anti-alcohol and anti-cannabis community interventions reduce consumption

With **partygoers:** Information provision does not prevent drug- and alcohol-related problems and educational interventions do not influence attitudes and drinking behaviour

With **partygoers:** Electronic Age Verification (EAV) devices do not help increase the frequency of age verification at recreational premises

With **partygoers:** It is not clear if designated driving programmes (when one person in a group is designated to remain sober for the night and drive the others home) reduce drink-driving harms

With **partygoers:** Also it is not clear if drink-driving programmes discourage people from travelling in a car with an intoxicated driver and if the promotion of responsible drinking can change alcohol consumption

With **partygoers:** It is not clear if interlocks mechanisms (automatic mechanisms that lock a car's engine, preventing it from starting) reduce driving under the influence of alcohol in the long term

With **partygoers:** We do not yet know if restricted opening hours can reduce alcohol-related injuries and if programmes involving police and law enforcement measures can control and reduce alcohol sales

With **the general population:** Mass-media campaigns as standalone interventions (without any other component) do not reduce tobacco and alcohol consumption

With **the general population:** It is not clear if mass media campaigns can change behaviours related to illicit drug use

With **substance use disorders (not drug-specific):** It is not clear if residential interventions can improve treatment outcomes

With **amphetamine users:** Pharmacotherapies based on psychostimulants are probably of little value in the treatment of amphetamine dependence

With **amphetamine users:** Pharmacotherapy for routine treatment of dependent pregnant women is not recommended

With **amphetamine users:** There are no data supporting a single treatment approach that can tackle the multidimensional facets of amphetamine addiction patterns

With **cannabis users:** Pharmacotherapies based on antidepressants, anxiolytics and anticonvulsant are probably of little value in the treatment of cannabis dependence

With **cannabis users:** Pharmacotherapy for routine treatment of dependent pregnant women is not recommended

With **cannabis users:** Medical preparations containing THC seem of potential value but given the limited evidence these applications should be considered still experimental

With **cocaine users:** Pharmacotherapies based on dopamine agonists as well as anticonvulsants are probably of little value in the treatment of cocaine dependence

With **cocaine users:** Pharmacotherapy for routine treatment of dependent pregnant women is not recommended

With **cocaine users:** It is not clear whether antidepressants help reduce the craving for cocaine

With **cocaine users:** It is also not clear if either psycho-stimulants or anti-psychotics can help treat cocaine dependence

With **opioid users:** For detoxification, it is unclear if detoxification under minimal sedation can help users to complete treatment and avoid relapse

With **opioid users:** It is not clear if the opioid antagonist naltrexone, normally used to prevent relapse to use, works for long-term treatment

With **opioid users:** Detoxification under heavy sedation does not work and can actually be harmful

With **opioid users:** It not clear which option (methadone or buprenorphine) is the best choice in order to avoid drop-out when treating pregnant women

With **opioid users:** It is also unclear what helps more between detoxification or substitution treatment to reduce use when dealing with adolescents

With **dual-diagnosis patients:** So far, we are not aware of interventions which proved to cause harm

With **dual-diagnosis patients:** It is not clear if pharmacological and psychosocial treatments for depression can also help to reduce substance use

With **dual-diagnosis patients:** Pharmacological treatment of attention deficit hyperactivity disorder helps reduce ADHD symptoms but has no effect on reducing substance use or improving retention in substance use treatment

With **dual-diagnosis patients:** It is not clear if any specific pharmacotherapy is particularly beneficial in the treatment of personality disorders and substance use comorbidity disorders

With **opioid injectors:** Is not clear if being in opioid substitution treatment can help patients adhere better to Hepatitis C treatment or achieve better results

With **opioid injectors:** We are not aware of interventions for injecting opioid users that cause harm

With **opioid injectors:** It is also unclear whether drug consumption rooms can reduce HIV and Hepatitis C infections

With **stimulant injectors:** It is not clear if provision of large volumes of sterile injection equipment (in general, stimulant injectors inject more often than opioid users, thus need more syringes), provision of condoms, outreach activities focusing on injecting and risky sexual behaviours can help stimulant injectors

With **stimulant injectors:** It is not clear if injection kits adapted to local drug use patterns, such as for people that inject home-made stimulants (e.g. distribution of specific paraphernalia for the production of drugs), can help to reduce harms

With **stimulant injectors:** It is not clear if dissemination of information on how to inject safely, basic hygiene (hand washing, short nails), vein care and simple wound care as well as distribution of antibacterial creams and ointments can help to reduce harms

Social reintegration — **education and vocational programmes:** Employment counselling does not help drug users in treatment find a full-time job

Social reintegration — **drug treatment:** It is not clear if both residential treatment and therapeutic workplaces can specifically help pregnant women improve their employability

Social reintegration — **drug treatment:** Moreover, it is also unclear whether therapeutic workplaces associated with training under simulated work conditions can help improve work attendance of drug users in treatment

Social reintegration — **criminal justice:** It is not clear if drug court programmes have a more direct impact on the employability of drug users, namely by increasing their employment rate and individual annual income

Social reintegration — **criminal justice:** Furthermore, it is unclear whether drug court vocational training programmes reduce reoffending

Social reintegration — **housing:** It is not clear if psycho-social treatment interventions can help crack-cocaine users to improve their housing conditions

Social reintegration — **education and vocational programmes:** Several 'training and employment' programmes have been implemented in the United States yet it is not clear if they can really help improve drug users' employment motivation and outcomes

Social reintegration — **education and vocational programmes:** Furthermore, it is unclear whether drug court vocational training programmes reduce reoffending

Social reintegration — **employment:** It is not clear if psycho-social treatment interventions can help crack-cocaine users to improve their employment conditions

With **new psychoactive drugs**: A comprehensive insight on the scale and patterns of new psychoactive substance use

With **new psychoactive drugs**: A better understanding of the new psychoactive substances market

With **new psychoactive drugs**: Research into the short- and long-term consequences of new psychoactive substance use

With **new psychoactive drugs**: Evidence of specific and/or appropriate treatment options for new psychoactive substance users

With **new psychoactive drugs**: Outcome evaluations of current interventions and consideration of possible new approaches

With prescription medicines: It is not clear if motivational interviewing helps to reduce benzodiazepine use

Prison treatment: It is unclear if pharmacological treatment can help drug-using offenders to reduce use and criminal activity. Studies results are showing this also for the specific sub-group of female drug-using offenders, yet caution should be taken as the conclusions are based on a small number of trials.

Prison treatment: Moreover, it is unclear if the provision of needles and syringes in prison help prevent infections and reduce risky behaviours

ABUSE AND NEGLECT

TO DO's:

To prevent:

- Multidisciplinary interventions, which usually include support and training for parents, early childhood education and care to the child.
- Child school education programs for identification and defence against possible sexual abuse.
- Training in Positive Parenting: usually in groups, to improve their skills for raising children, improve their knowledge about child development and encourage them to adopt positive strategies in their relationships with their children.
- Hospital programs on prevention of head injuries, providing information to new parents on the dangers of shaking little children and how to deal with the problem of children with non-stop crying.

To take action in cases of child abuse.

- To implement a detection protocol for risk situations in childhood that includes physical, social, school and family aspects.
- To report abuse because it allows justice to protect the child, avoids that the offender abuses other minors, impose the aggressor to continue therapeutic treatment and decreases the incidence.
- To facilitate self-revelation and the emotional relief of the child, with the aim of breaking the secrecy and the corresponding feeling of isolation and guilt. Allow the child to tell about it.
- Cognitive re-evalutation in such a way that the child recognizes that his or her feelings are normal and legitimate after the experience like the one that he or she has lived.
- Therapies based on "Dramatic play" of children's stories and drawing.
- Using techniques of social skills, assertiveness, self-control,… that allows changing the alterations caused by experiences of abuse.

NOT TO DO's:

- Do not report or not register the situations of abuse.
- Accept forms of violence by tradition, culture or false right to protect intimacy.
- Accept that physical, sexual and psychological violence is an inevitable part of childhood.
- To approve "reasonable" corporal punishment when it is described or is disguised as "discipline".

- To perceive as normal those forms of violence which do not result in physical damage visible or long lasting such as sexual harassment or intimidation (bullying).
- Let yourself go by false beliefs that makes believe that the cases of violence are isolated and linked to poverty, non-biological parents or mental illness. Since the research studies show that violence against children is greater in cases of biological parents and all social strata.
- Not availability of reliable data to estimate the magnitude and nature of non-lethal violence against children.
- To blame directly or indirectly the child as responsible for the violence suffered.
- Not taking action wrongly assuming that the child has enough resilience mechanisms.
- Contribute to the stigmatization of the child with proceedings that do not respect his or her own privacy and personal data.